

CORE PRINCIPLES


- All patients with asthma should be treated with an inhaled corticosteroid (ICS); using short acting bronchodilator (SABA) monotherapy is now outdated and no longer acceptable.
- Review control within a maximum of 3 months of change in therapy
- Poor asthma control - Use of reliever (including PRN doses of MART regimen) >2 times per week, poor symptom control, exacerbations. *More than 6 SABA prescriptions per year should prompt urgent review*
- Review inhaler technique, adherence and co-morbidity at every opportunity including prior to stepping up therapy
- Consider stepping down treatment if asthma is well controlled
- Ensure patient has an asthma action plan and that it is updated appropriately

INHALER PRINCIPLES


- Choice of inhaler is based on patient's preference and technique
- Whenever possible choose a device with low global warming potential (🌱 Low global warming potential 🌿 High GWP)
- Only choose inhalers that you have observed the patient using correctly
- If more than one inhaler is being prescribed, both the maintenance and reliever inhalers should be of the same type; do not mix MDIs and DPIs
- Where indicated below, the MDIs should be inhaled via a spacer device such as an AeroChamber Plus Flow-Vu, and consider the importance of choosing a device with a dose counter
- Always prescribe by brand to ensure consistent device
- Inhaled corticosteroids (ICS) and long-acting bronchodilators (LABA) MUST be prescribed as a combination product to obviate the risk of patients inadvertently taking the LABA as mono-therapy

RESCUE THERAPY (SABA OPTIONS) INCLUDE:


Easyhaler Salbutamol DPI
100mcg PRN




Bricanyl Turbohaler DPI
500mcg PRN



Salamol MDI
100mcg PRN + spacer



Salamol Easi-Breathe
100mcg PRN



SABA only therapy is not recommended

STEP 1: NEW ASTHMA DIAGNOSIS

Commence **regular low-dose** ICS plus PRN SABA.

Reinforce need to take ICS and that SABA should not be required more than twice per week

OR ICS/LABA Reliever Regimen if asthma with infrequent symptoms (e.g. less than twice a month) consider 1 inhalation of Symbicort 200/6 PRN.

STEP 2: PERSISTENT SYMPTOMS

Change to **regular low-dose** ICS/LABA inhaler

EITHER Fixed dose regimen:

See individual inhalers below (Continue rescue SABA)

OR MART regimen:

1 inhalation ICS/LABA twice daily PLUS rescue ICS/LABA

(Stop rescue SABA)

OPTIONAL Add-on therapies:

Trial of Montelukast (10mg nocte) - discontinue if no benefit after 6 weeks

STEP 3: ONGOING POOR CONTROL

Increase to **regular moderate-dose** ICS/LABA inhaler

EITHER Fixed dose regimen:

See individual inhalers below (Continue rescue SABA)

OR MART regimen:

2 inhalations ICS/LABA twice daily PLUS rescue ICS/LABA

(Stop rescue SABA)

OPTIONAL Add-on therapies:

Trial of Montelukast (10mg nocte) - discontinue if no benefit after 6 weeks

STEP 4: REFERRAL

If symptomatic, **add on** LAMA

OPTIONS INCLUDE:

ADD
Spiriva Respimat 2.5mcg
2 doses OD



OR

SWITCH TO
Trimbow MDI 87/5/9
2 doses BD

If already on a MDI device



Discontinue if no benefit after 3 months

Consider referral to secondary care, but first:

1. Is the diagnosis correct?
2. Is the patient on regular maintenance oral steroids or high dose ICS?
3. Good inhaler technique?
4. Good adherence?
5. >3 exacerbations/year and/or eosinophil count >0.3?

YES

Refer to severe asthma clinic

NO

Address adherence issues, consider differential diagnosis

OTHER INDICATIONS FOR REFERRAL:

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Poor control following treatment at Step 4
- ≥2 courses of oral steroids/ year

DPI
Inhale quick and deep

DPI OPTIONS (BD or OD regimens) INCLUDE:

Easyhaler Budesonide 200mcg
1 dose BD



Pulmicort Turbohaler 200mcg
1 dose BD



Easyhaler Budesonide 400mcg
1 dose OD



OR

DPI OPTIONS (PRN regimen) INCLUDE:

Symbicort Turbohaler 200/6
1 dose PRN



OR

FIXED-DOSE (BD or OD regimen) INCLUDE:

Fostair NEXThaler 100/6
1 dose BD



Fobumix Easyhaler 160/4.5
1 dose BD



Relvar Ellipta 92/22
1 dose OD



Ateectura Breezhaler 125/62.5
1 dose OD



OR

MART REGIMEN OPTIONS INCLUDE:

Fostair NEXThaler 100/6
1 dose BD plus prn doses



Fobumix Easyhaler 160/4.5
1 dose BD plus prn doses



Symbicort Turbohaler 200/6
1 dose BD plus prn doses



OR

FIXED-DOSE AND MART REGIMENS, OPTIONS INCLUDE:

Luforbec MDI 100/6 + spacer
1 dose BD or
MART regimen 1 dose BD plus prn doses



FIXED-DOSE (BD or OD regimen) OPTIONS INCLUDE:

Fostair NEXThaler 100/6
2 doses BD



Fobumix Easyhaler 160/4.5
2 doses BD



Relvar Ellipta 92/22
1 dose OD



Ateectura Breezhaler 125/127.5
1 dose OD



OR

MART REGIMEN OPTIONS INCLUDE:

Fobumix Easyhaler 160/4.5
2 doses BD plus prn doses



Symbicort Turbohaler 200/6
2 doses BD plus prn doses



OR

FIXED-DOSE REGIMEN OPTIONS INCLUDE:

Luforbec MDI 100/6 + spacer
2 doses BD



MDI
Inhale slow and steady

MDI OPTIONS INCLUDE:

Kelhale 100mcg + spacer
1 dose BD



Soprobe 200mcg + spacer
1 dose BD



Clenil 200mcg + spacer
1 dose BD



AeroChamber Plus Flow-Vu spacer (where applicable)



Asthmahub app

- A digital personalised asthma action plan
- Regular users of this app improve wellness

Signpost patients to Self-Management App



Asthma+ Lung UK

More patient resources here



Find out more about this guideline



BD: Twice daily
OD: Once daily
DPI: Dry Powder Inhaler
GWP: Global Warming Potential
ICS: Inhaled Corticosteroid
LABA: Long-acting Beta₂ Agonist

LAMA: Long-acting Muscarinic Antagonist
MART: Maintenance and Reliever Therapy
mcg: micrograms
MDI: Metered Dose Inhaler
PRN: As needed
SABA: Short-acting Beta₂ Agonist

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