

All Wales Adult Asthma Management and Prescribing Guideline



CORE PRINCIPLES

- All patients with asthma should be treated with an inhaled corticosteroid (ICS) as the practice of using short acting bronchodilator (SABA) monotherapy is now outdated and no longer acceptable.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 regime) >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 asthma action plan is updated [Asthma hub](#)

INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique.
- Whenever possible choose a device with low global warming potential.
- Only choose inhalers that you have observed the patient using correctly.
- If more than one inhaler is being prescribed, both the ICS and SABA inhalers should be of the same type: i.e. do not mix MDIs and DPIs whenever possible
- Where indicated below, the MDIs should be inhaled via a spacer device such as an AeroChamber flow-vu
- 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, which has been associated with increased risk of mortality.

INDICATIONS FOR REFERRAL

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Poor control following treatment at Step 4
- ≥2 courses of oral steroids/ year despite optimising therapy in primary care

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

If asthma with infrequent symptoms (e.g less than twice a month) take ICS and SABA together on a PRN basis

DPI

ICS OPTIONS INCLUDE:

Budesonide Easyhaler 100mcg 2 doses BD Budesonide Turbohaler 100mcg 2 doses BD



SABA OPTIONS INCLUDE:

Salbutamol Easyhaler 100mcg Terbutaline Turbohaler 500mcg



OR

MDI

ICS OPTIONS INCLUDE:

Clenil Modulite 200mcg + spacer 1 dose BD Soprobec 200mcg + spacer 1 dose BD Qvar Easi-Breathe 100mcg 1 dose BD



SABA OPTIONS INCLUDE:

Salamol 100mcg + spacer Salamol Easi-Breathe 100mcg



STEP 2: PERSISTENT ASTHMA

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

Fixed dose:

See individual inhalers below
Prescribe PRN SABA

MART Regime:

1 inhalation twice daily
plus PRN ICS/LABA
Stop PRN SABA

FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair NEXThaler 100/6 1 dose BD or MART regime



Symbicort Turbohaler 200/6 1 dose BD or MART regime



Fobumix Easyhaler 160/4.5 1 dose BD or MART regime



DuoResp Spiromax 160/4.5 1 dose BD or MART regime



OR

FIXED DOSE ONCE DAILY ICS/LABA (PLUS SABA) OPTIONS INCLUDE:

Relvar Ellipta 92/22 1 dose OD
(This is a low-moderate strength ICS/LABA)



Atecura Breezhaler 125/62.5mcg 1 dose OD



OR

FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair MDI 100/6 + spacer 1 dose BD or MART regime



Luforbec MDI 100/6 + spacer 1 dose BD or MART regime



STEP 3: ADD-ON THERAPIES

Trial of montelukast 10mg nocte

Discontinue if no benefit after 6 weeks

Find out more here

[Asthmahub](#)
Get your patients to download the AsthmaHub App



DID YOU KNOW?

NHS Wales has set a target to reduce the proportion of high global warming potential (GWP) inhalers from more than 70% to less than 20% by 2025

PRESCRIBE A DPI PREFERENTIALLY UNLESS THE PATIENT CANNOT USE ONE

Learn more here



DPI: Dry Powder Inhaler
ICS: Inhaled Corticosteroid
LABA: Long-acting Beta₂ Agonist
LAMA: Long Acting Muscarinic Antagonist
MART: Maintenance and Reliever Therapy
MDI: Metered Dose Inhaler
PRN: Pro re nata 'as needed'
SABA: Short-acting Beta₂ Agonist
OD: Once daily
BD: Twice a day

Low global warming potential
 High global warming potential



Find out more about this guideline
icst.info/the-all-wales-asthma-management-and-prescribing-guideline

STEP 4: ONGOING POOR CONTROL

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

Fixed dose:

See individual inhalers below
Prescribe PRN SABA

MART Regime:

2 inhalations twice daily
plus PRN ICS/LABA
Stop PRN SABA

FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair NEXThaler 100/6 2 doses BD



Symbicort Turbohaler 200/6 2 doses BD or MART regime



Fobumix Easyhaler 160/4.5 2 doses BD or MART regime



DuoResp Spiromax 160/4.5 2 doses BD or MART regime



OR

FIXED DOSE ONCE DAILY ICS/LABA (PLUS SABA) OPTIONS INCLUDE:

Relvar Ellipta 92/22 1 dose OD
(This is a low-moderate strength ICS/LABA. If patient has poor control with this therapy, consider Step 5)



Atecura Breezhaler 125/127.5mcg 1 dose OD



OR

FIXED-DOSE OPTIONS INCLUDE:

Fostair MDI 100/6 + spacer 2 doses BD



Luforbec MDI 100/6 + spacer 2 doses BD



STEP 5: CONSIDER REFERRAL

Consider trial of add on LAMA. Discontinue if no benefit after 3 months.

Add on Spiriva Respimat 2.5mcg 2 doses OD



If already on a MDI device switch to Trimbrow MDI 87/5/9 2 doses BD
(Triple therapy containing moderate dose ICS/ LABA/LAMA)



OR

Consider trial of increasing to high strength ICS/LABA. Issue steroid card. Discontinue if no benefit after 3 months.

High dose ICS/LABA can only be used as part of fixed dose regime with PRN SABA. Not to be used as per MART.

Refer to secondary care for asthma phenotyping and consideration for biological therapy

HIGH-DOSE ICS/LABA (PLUS SABA)

Fostair NEXThaler 200/6 2 doses BD



Symbicort Turbohaler 400/12 2 doses BD



Fobumix Easyhaler 320/9 2 doses BD



DuoResp Spiromax 320/9 2 doses BD



Relvar Ellipta 184/22 1 dose OD



Atecura Breezhaler 125/260mcg 1 dose OD



OR

HIGH-DOSE ICS/LABA (PLUS SABA)

Fostair MDI 200/6 2 doses BD + spacer



Patients requiring high strength ICS/LABA plus LAMA
(These individuals have severe asthma and should be known to secondary care)

Add on Spiriva Respimat 2.5mcg 2 doses OD



OR Switch from high dose ICS/LABA to Enerzair Breezhaler 114/46/136 1 dose OD (triple therapy containing high dose ICS/LABA/LAMA)

