ICST Adult Asthma Management and Prescribing Guideline

CORE PRINCIPLES

- Perform objective tests to confirm a suspected diagnosis of asthma in keeping with NICE guidelines 2024. An elevated blood eosinophil count or FeNO > 50bbp would be diagnostic of asthma with a supportive clinical history
- All patients should be treated with an inhaled corticosteroid (ICS)
- The **preferred regimen** is a regular ICS/formoterol containing inhaler, with as-needed doses of the same inhaler taken in response to symptoms (maintenance and reliever therapy, or MART)
- In mild asthma with infrequent symptoms, ICS/formoterol can now be used on an **if and when needed basis** (PRN), without regular maintenance dosing. This anti-inflammatory reliever (AIR) approach reduces the risk of exacerbations and unscheduled healthcare attendances compared with daily ICS and PRN SABA
- An alternative regime is provided in the supporting notes for established patients with stable asthma, good adherence, infrequent use of SABA(<3/year) and no exacerbations in the last year. If poor control is identified patients should be switched to the preferred regimen
- Ensure asthma action plan is updated Asthmahub

INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique (use in-check device to assess inspiratory effort)
- Whenever possible choose a device with low global warming potential (GWP) rather than those with high GWP
- If more than one inhaler is prescribed ensure these have the same technique (i.e. do not mix DPIs and MDIs)
- ICS and long-acting beta$_2$ agonists (LABA) MUST be prescribed as a combination product to obviate the risk of patients taking LABA monotherapy (associated with increased risk of mortality)
- MDIs should be used with a spacer device
- Prescribe by brand and specify device (e.g. Fostair NEXThaler)
- At step 3, Fostair, Bibeco and Luforbec are unlicensed options. See page 7 of the supporting notes for further information.

*ASTHMA CONTROL

- Uncontrolled asthma: any exacerbation requiring oral corticosteroids or frequent regular symptoms (use of reliever 3 or more times a week or nocturnal waking once or more a week)
- Before stepping up therapy confirm symptoms are due to asthma and address inhaler technique, adherence, co-morbidity smoking and triggers
- Consider stepping down treatment if good control for 3 months
- Use a validated symptom questionnaire (e.g. ACT, ACQ at any asthma review)

EXACERBATION/EMERGENCY TREATMENT (AIR/MART)

- Administer up to 6 doses of ICS/Formoterol at one minute intervals. Do not go back to SABA therapy.
- If symptoms persist, seek urgent medical advice

ICST

Find out more here

Asthmahub

Get your patients to download the AsthmaHub App

STEP 1: MILD ASTHMA
Start pathway here if mild, infrequent symptoms (<4-5 days/week)

STEP 2: PERSISTENT ASTHMA
Start pathway here if symptoms most days or waking with asthma ≥1/week

STEP 3: ONGOING POOR CONTROL
Uncontrolled, despite good adherence to low dose ICS/LABA*

STEP 4: ADD-ON THERAPIES
Uncontrolled, despite good adherence to moderate dose ICS/LABA*

Asthma regimen in keeping with NICE NG245 - Maintenance and Reliever Therapy (MART) - Patients use the same anti-inflammatory ICS/Formoterol inhaler for maintenance (BD) and reliever (PRN) doses

DPI

As needed low dose ICS/ Formoterol reliever
Maintenance doses - None
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

Symbicort Turbohaler 200/6
1 dose PRN up to 8 doses/day (rarely 12 doses/ day)

Fobumix Easyhaler 160/4.5
1 dose PRN up to 8 doses/day (rarely 12 doses/day)

WockAIR 160/4.5
1 dose PRN up to 8 doses/day (rarely 12 doses/day)

DuoResp Spiromax 160/4.5
1 dose PRN up to 8 doses/day (rarely 12 doses/day)

The use of as needed Fostair NEXThaler is off licence but supported by NICE NG245

MART low dose ICS/ Formoterol
Maintenance doses - 1 dose BD
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

Symbicort Turbohaler 200/6
Max doses/day: 12

Fobumix Easyhaler 160/4.5
Max doses/day: 12

WockAIR 160/4.5
Max doses/day: 12

Fostair NEXThaler 100/6
Max doses/day: 8

DuoResp Spiromax 160/4.5
Max doses/day: 12

Other bioequivalent products may be considered

MART moderate dose ICS/ Formoterol
Maintenance doses - 2 doses BD
Reliever doses - PRN

LICENSED OPTIONS INCLUDE

Symbicort Turbohaler 200/6
Max doses/day: 12

Fobumix Easyhaler 160/4.5
Max doses/day: 12

WockAIR 160/4.5
Max doses/day: 12

Fostair NEXThaler 100/6
Max doses/day: 8 (unlicensed)

DuoResp Spiromax 160/4.5
Max doses/day: 12

Other bioequivalent products may be considered

Add on LAMA and/or LTRA
Check blood eosinophil level and FeNO if available

FeNO or blood eosinophil raised? Yes → Refer

No

Consider an add-on trial of LAMA or LTRA for 8-12 weeks.

LICENSED OPTIONS INCLUDE

Spiriva Respimat 2.5mcg
2 doses OD

OR

Montelukast 10mg at night

(Follow the MRHA safety advice about the risk of neuropsychiatric reactions in people taking montelukast)

MDI

The use of as needed Fostair, Bibecfo and Luforbec inhalers is off licence but supported by NICE NG245

OR

LICENSED OPTIONS INCLUDE:

Fostair MDI + spacer 100/6
Max doses/day: 8

Bibecfo MDI + spacer 100/6
Max doses/day: 8

Luforbec MDI + spacer 100/6
Max doses/day: 8

Other bioequivalent products may be considered

OR

OPTIONS INCLUDE (UNLICENSED):

Fostair MDI + spacer 100/6
Max doses/day: 8

Bibecfo MDI + spacer 100/6
Max doses/day: 8

Luforbec MDI + spacer 100/6
Max doses/day: 8

Other bioequivalent products may be considered

REVIEW BENEFIT

- If benefit - continue
- If benefit but control still inadequate - trial alternative medicine in addition
- If no benefit - switch to a trial of the alternative medicine
- If no benefit to either option - refer

Existing Patients

Change all patients currently prescribed short acting bronchodilator monotherapy to as needed low dose ICS/formoterol

Change to MART low dose if uncontrolled on regular low dose ICS or ICS/LABA.

If on additional therapy (LAMA/ montelukast) decision whether to stop or continue additional therapy will be based on benefit when initially started

Change to MART moderate dose if uncontrolled on regular moderate dose ICS or ICS/LABA.

If on additional therapy (LAMA/ montelukast) decision whether to stop or continue additional therapy will be based on benefit when initially started

Refer to secondary care if uncontrolled on high dose ICS/LABA

Consider switching to moderate dose MART if good control

STEP 5: REFERRAL

Refer to secondary care for investigation of ongoing symptoms, asthma phenotyping and consideration of biological therapy

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