



Guidelines for the management of asthma in adults 2018

Bart's Health, North East Central London Asthma Committee

WEL MOCC- NHS Newham CCG, NHS Tower Hamlets CCG, NHS Waltham Forest CCG

Christabelle Chen Lead Respiratory Pharmacist- Bart's Health



Content

- **Guideline**
- **What does Good look like- Asthma Review and Action Plans**
- **Questions**



Guideline

- **Rationale and underlying principle of guideline**
- **Application of guideline**
- **Differences between our local guide and national guidelines.**



‘ The least clinically effective and least cost effective asthma medications are those that the patient cannot and cannot take correctly’

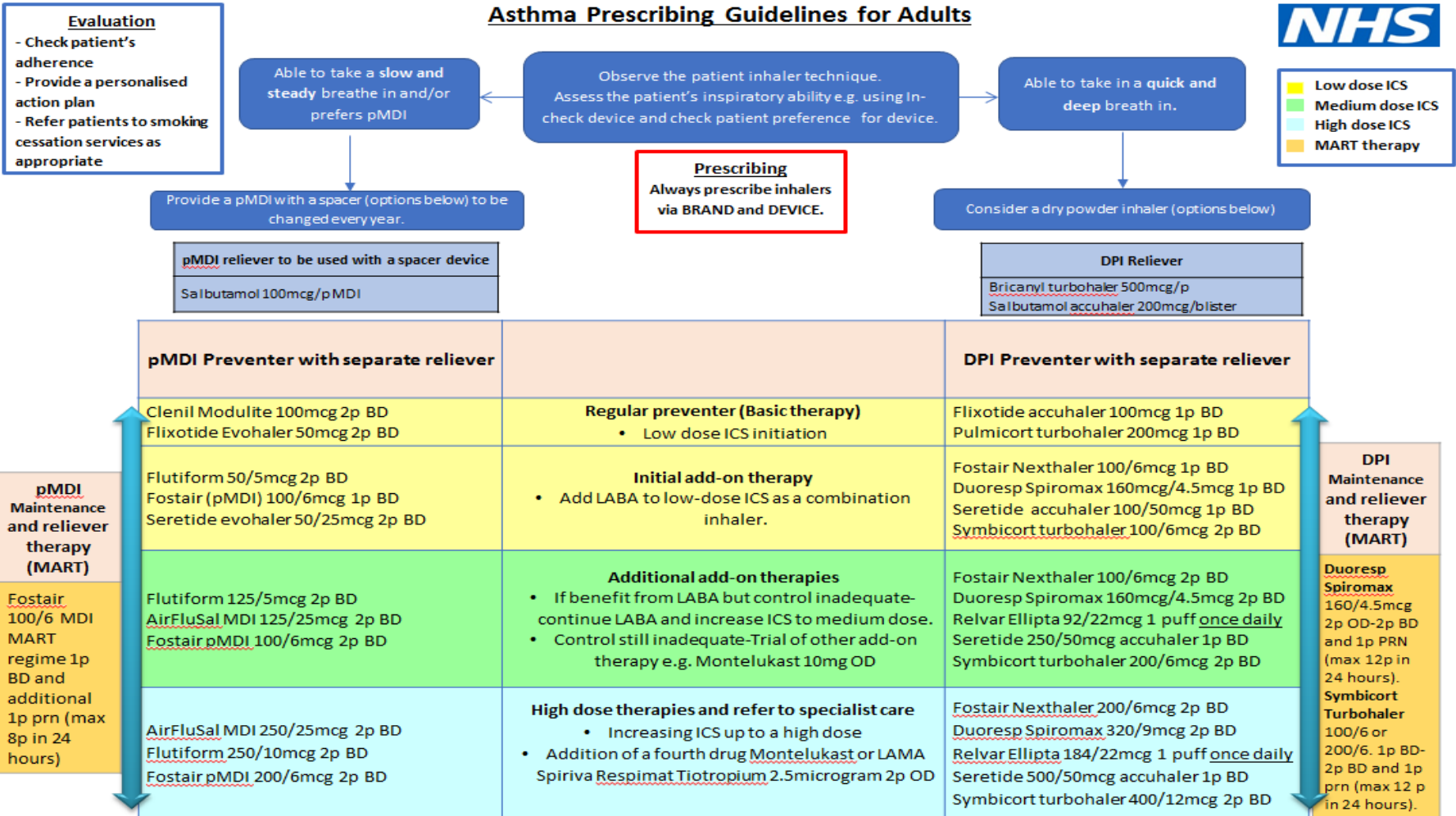


Rational steps

1. Inhaler device type- inspiratory effort & Dexterity
2. Patient's belief/ behaviour/ any other barriers
Eg. (BD dosing seretide 500 Accuhaler vs OD dosing Relvar 184 Ellipta) or MART
3. Medication strength



Asthma Prescribing Guidelines for Adults



Differences between Guidelines

- Step up from ICS monotherapy to ICS-LABA before trying the addition of montelukast
- BTS and NICE differs fundamentally on whether patients with very mild asthma requires a preventer inhaler
- Consideration of MART
- We advise a 12 month stability review before step down consideration



What does Good Look like?

Asthma Reviews & Action Plans

- Diagnosis check/ coding
- RCP 3 questions: Sleep, activity limitation, daytime symptoms
- ACT <https://www.asthmacontroltest.com> or ACQ6
- Triggers
- Smoking
- What treatment is patient currently using (how and when)-
checking understanding/Technique/adherence- check records of preventer vs relievers used.
- No of exacerbations in the last year (steroids used/ A&E attendance/ Admissions)
- Peak Flow reading (issue one as appropriate)
- Intervention needed?- see guideline
- Action Plan



Stepping up treatment

Check patients asthma control based on symptoms, limitation of activities and use of rescue medication (see below table).

Numerical asthma control tools for assessing symptom control are: ACQ (asthma control questionnaire) and Asthma Control Test (ACT).

All patients should have their adherence checked prior to increasing or commencing new asthma treatments.

Any patients not responding to ICS/LABA treatment should have their diagnoses confirmed before increasing treatment.

Are symptoms due to comorbid conditions e.g. chronic rhinitis, gastroesophageal reflux

Consider increasing preventer therapy if using short acting beta agonist 3 times a week or more.

Stepping down treatment

Consider stepping down when good asthma control has been achieved and maintained for 12 months, to find the lowest treatment that controls the patients symptoms and minimises exposure to side effects.

Choose an appropriate time for step-down (no respiratory infection, patient not travelling, not pregnant).

Step down to reduce the ICS dose by 25-50% at yearly intervals .



Patient education

Action plans based on symptoms

and/ or peak flows

PEF <80% best: increase inhaled
Corticosteroids*/ start oral steroids

PEF <60% best: commence oral steroids and
seek medical advice

If asthma attack- take 1 puff reliever every 30-
60secs to max 10 puffs.

1 My asthma triggers
Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

2 People with allergies need to be extra careful
as attacks can be more severe.

3 My asthma review
I should have at least one routine asthma review every year. I will bring my action plan to see if it needs updating. Any inhalers and spacers I have, to check I'm using them correctly and in the best way. Any questions about my asthma and how to cope with it.

Next asthma review date: _____

GP/asthma nurse contact

Name: _____
Phone number: _____

Out-of-hours contact number
(ask your GP surgery who to call when they are closed)

Name: _____
Phone number: _____

4 Get more advice & support from Asthma UK:

- 1. Speak to a specialist asthma nurse about managing your asthma on 0300 222 5800
- 2. Get free, advice and download information packs at www.asthma.org.uk
- 3. Follow us on Facebook for news and tips about your asthma www.facebook.com/asthmauk
- 4. Follow us on Twitter for news and tips about your asthma @asthmauk

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*Factors at risk of asthma associated with increased admissions and hospital emergency department visits for adults with asthma. Source: www.asthma.org.uk

How to use it

Your written asthma action plan can help you stay on top of your asthma. To get the most from it, you could...

- 1 Put it somewhere easy for you and your family to find** – like your fridge door, noticeboard, or bedside table.
- 2 Keep a photo of it on your mobile phone or tablet** – so you can check it whenever you are. You can also send it to a family member or friend, so they know what to do if your asthma symptoms get worse.
- 3 Check in with it regularly** – put a note on your calendar, or a monthly reminder on your phone to read it through. Are you remembering to use your day-to-day asthma medicines? Do you know what to do if your symptoms get worse?
- 4 Take it to every healthcare appointment about your asthma** – including A&E (hospital). Ask your GP or asthma nurse to update it if their advice for you changes.

The step-by-step guide that helps you stay on top of your asthma

Your asthma action plan

Fill this in with your GP or nurse

If you use a written asthma action plan you are four times less likely to be admitted to hospital for your asthma.*

Name and date: _____

Any asthma questions? Call our helpline: **0300 222 5800** www.asthma.org.uk

Every day asthma care:

My asthma is being managed well:

- With this daily routine I should expect/aim to have no symptoms.
- If I've not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is:

My daily asthma routine:

My preventer inhaler (insert name/colour):

I need to take my preventer inhaler every day even when I feel well

I take puff(s) in the morning and puff(s) at night.

My reliever inhaler (insert name/colour):

I take my reliever inhaler only if I need to

I take puff(s) of my reliever inhaler if any of these things happen:

- > I'm wheezing
- > My chest feels tight
- > I'm finding it hard to breathe
- > I'm coughing

Other medicines and devices (eg spacers) I use for my asthma every day:

When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are coming back (wheezing, tightness in my chest, feeling breathless, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below:

URGENT! If you need your reliever inhaler more than every four hours, you're having an asthma attack and you need to take emergency action now.

What I can do to get on top of my asthma now:

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it...

Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to my personal best.

Take my reliever inhaler as needed (up to puffs every four hours).

I carry my reliever inhaler with me when I'm out.

URGENT! See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.

Other advice from my GP about what to do if my asthma is worse (eg SMART/MART or rescue steroid tablets):

In an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot.
- My peak flow is below:

What to do in an asthma attack

- 1 Sit up straight** – try to keep calm.
- 2 Take one puff of your reliever inhaler (usually blue)** every 30 - 60 seconds, up to a maximum of 10 puffs.
- 3 If you feel worse** at any point OR you don't feel better after 10 puffs call 999 for an ambulance.
- 4 Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

After an asthma attack:

See your GP within 48 hours to make sure you're not at risk of another attack. If you get worse see them urgently. Finish any medicines they prescribe you, even if you start to feel better. If you don't improve after treatment, see your GP urgently.

What to do in an asthma attack if I'm on SMART/MART:



Questions?

