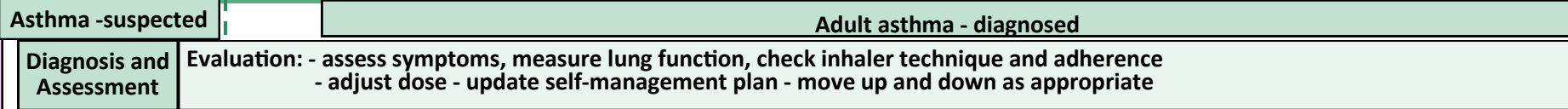


York and Scarborough BTS/SIGN Asthma Guidance (Adults)

Patients should start treatment at the step most appropriate to the initial severity of their asthma. **Check adherence and reconsider diagnosis if response to treatment is unexpectedly poor**



KEY

- Easyhaler
- MDI
- Turbohaler

Stepping down

- If patient stable, consider stepping down dose of ICS by 25-50% every three months.
- Offer regular review whilst patient is being stepped down.

Consider monitored initiation of treatment with low dose ICS.
 Add inhaled corticosteroid 200-800mcg/day*
 400mcg is an appropriate starting dose for many patients.
Start at dose of inhaled corticosteroid appropriate to severity of disease. All shown = 400mcg BDP per day

- DPI Budesonide Easyhaler 200mcg 1p BD £5.31 per 30 days
- ◆ MDI Beclometasone **Clenil**® 200mcg 1p BD £4.85 per 30 days
- DPI Budesonide (Pulmicort Turbohaler®) 200mcg 1p BD £7.10 per 30 days

Infrequent, short-lived wheeze

Regular preventer

Low dose ICS
 Add inhaled corticosteroid 200-800mcg/day*
 400mcg is an appropriate starting dose for many patients.
Start at dose of inhaled corticosteroid appropriate to severity of disease. All shown = 400mcg BDP per day

- DPI Budesonide Easyhaler 200mcg 1p BD £5.31 per 30 days
- ◆ MDI Beclometasone **Clenil**® 200mcg 1p BD £4.85 per 30 days
- DPI Budesonide (Pulmicort Turbohaler®) 200mcg 1p BD £7.10 per 30 days

Initial add-on therapy

Add inhaled LABA to low dose ICS (normally as a combination inhaler)

If LABA successful use in combo with ICS 400mcg BDP

- No DPI Easyhaler choose either MDI or Turbohaler
- ◆ MDI Beclometasone **100/formoterol 6 Fostair**® 1p BD £14.66 per 30 days.
- DPI Budesonide **200/ formoterol 6 Symbicort Turbohaler**® 1p BD £38 per 30 days

Additional add-on therapies

No response to LABA—stop LABA and consider increased dose of ICS. If benefit from LABA but control still inadequate - continue LABA and increase ICS to *medium dose*. Up ICS to 800mcg.

- No DPI Easyhaler choose either MDI or Turbohaler
- ◆ MDI Beclometasone **200/formoterol 6 Fostair**® 1p BD £14.66 per 30 days.
- DPI Budesonide **200/ formoterol 6 Symbicort Turbohaler**® 2p BD £38 per 30 days

If benefit from LABA but control still inadequate - continue LABA and ICS and consider trial of other therapy - LTRA, S-R theophylline, LAMA

High dose therapies

Consider trials of: Increasing ICS up to *high dose*. Up ICS to 2000mcg per day.

- No DPI Easyhaler choose MDI or Turbohaler
- ◆ MDI Beclometasone **200/ formoterol 6 Fostair** 2p BD (=high dose) £29.32 per 30 days.
- DPI Budesonide **400/ formoterol 12 Symbicort Turbohaler** 2p BD £76 per 30 days = 1600mcg BDP/ day

Addition of a 4th drug = LAMA as tiotropium (Spiriva Respimat)
 OR 1) LTRA ,
 2) SR theophylline or
 3) β agonist tablet
Refer patient for specialist care

Continuous or frequent use of oral steroids

Use daily steroid tablet in the lowest dose providing adequate control.

Maintain *high dose* ICS

Consider other treatments to minimise use of steroid tablets.

Refer patient for specialist care

Short acting β2 agonists as required – consider moving up if using three doses a week or more. ■ DPI Salbutamol Easyhaler 100mcg 1-2p up to QDS PRN 200 dose inhaler £3.31 per inhaler ◆ MDI Salbutamol 100mcg 1-2p up to QDS PRN 200 dose inhaler £1.50 per inhaler ● DPI Terbutaline 500mcg (Bricanyl® Turbohaler) 1p up to QDS PRN 100 dose inhaler £6.92 per inhaler. If patient using >3 X per week – red flag for poor control of asthma.