

# York and Scarborough BTS/SIGN Asthma Guidance (Adults)

## Asthma -suspected

## Adult asthma - diagnosed

### Diagnosis and Assessment

**Evaluation:** - assess symptoms, measure lung function, check inhaler technique and adherence  
- adjust dose - update self-management plan - move up and down as appropriate

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



Turbo-haler



### 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

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### 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

- DPI budesonide 160mcg/formoterol 4.5 **Fobumix Easyhaler**® 1p BD £16.99 per 30 days
- ◆ MDI Beclometasone **100/formoterol 6 Fostair**® 1p BD £14.66 per 30 days.
- DPI Budesonide **200/ formoterol 6 Symbicort Turbohaler**® 1p BD £28 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.

- DPI budesonide 160mcg/formoterol 4.5 **Fobumix Easyhaler**® 2p BD £26.99 per 30 days
  - ◆ MDI Beclometasone **200/formoterol 6 Fostair**® 1p BD £14.66 per 30 days.
  - DPI Budesonide **200/ formoterol 6 Symbicort Turbohaler**® 2p BD £28 per 30 days
- If benefit from LABA but control still inadequate - continue LABA and ICS and consider trial of other therapy -

### High dose therapies

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

- DPI budesonide 320/formoterol 9 **Fobumix Easyhaler**® 2p BD £53.98 per 30 days
  - ◆ MDI Beclometasone **200/ formoterol 6 Fostair**® 2p BD (=high dose) £29.32 per 30 days.
  - DPI Budesonide **400/ formoterol 12 Symbicort Turbohaler** 2p BD £56 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*

### 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.