

Humber and North Yorkshire Children and Young People 6-11 years Asthma Guideline 2023

The enclosed asthma guidelines are intended for use by clinicians working in Humber and North Yorkshire.

These guidelines have been developed to inform treatment decisions for:

- People with suspected asthma that are awaiting objective diagnostic testing
- People with newly diagnosed asthma
- People with uncontrolled asthma considered by their clinician to require a change in treatment
- People considered by their clinician to require a change in asthma treatment for another reason through shared decision making

These guidelines **are not** intended to and **should not** be used to support or justify a switch in asthma therapy that is not clinically indicated. All change in treatment should be made through shared decision making between a patient and their clinician.



Humber and North Yorkshire
Health and Care Partnership

HNY Asthma Treatment Guideline CYP 6-11years FINAL Approved by IPMOC 20.09.23

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Guideline Key

- AIR: anti inflammatory reliever
- ICS: inhaled corticosteroid
- LABA: long-acting beta agonist
- LAMA: long-acting muscarinic antagonist
- LTRA: leukotriene receptor antagonist
- MART: maintenance and reliever therapy
- SABA: short-acting beta-agonist
- pMDI: pressurised Metered Dose Inhaler
- DPI: Dry Powder Inhaler

Humber and North Yorkshire Asthma Treatment Guidelines

Children And Young People aged 6 – 11 years

(The age range suggested is for guide only. Treatment options should be developmentally appropriate, taking into consideration patient choice and personalised education should be provided)



Review 4-8 weeks after EVERY treatment change

Move up or down and maintain lowest controlling therapy

Regular Preventer

Daily Very Low Dose ICS
Plus Reliever (SABA) as needed

Soprobeq 100 pMDI
One puff BD via a spacer

Clenil® 100 pMDI
One puff BD via a spacer

Soprobeq 50 pMDI
Two puffs BD via a spacer

Clenil® 50 pMDI
Two puffs BD via a spacer

DPI Choice – Pulmicort 100 DPI, One puff BD
Only consider if child has received appropriate face to face education, is able to use the inhaler correctly AND follow up is arranged within 4-8 weeks.

Principals of Good Asthma Care – consider before stepping up or down

- ICS is the cornerstone of treatment
- Check the diagnosis is correct
- Check inhaler technique
- Check adherence
- Identify and document triggers
- Use a spacer with Meter Dose Inhalers
- Provide a Personalised Asthma Action Plan
- Maintain lowest controlling therapy
- **Asthma is not controlled if using >2 SABA's per year**
- **Consider review if >3 SABA requested per year**

Initial Add on Therapy

Daily Low Dose ICS
Plus Reliever (SABA) as needed

OR/
AND

Continue ICS
ADD
LTRA (Once Daily)
If no benefit after 4 weeks, then **STOP LTRA**

Soprobeq 100 pMDI
Two puffs BD via a spacer

Clenil® 100 pMDI
Two puffs BD via a spacer

DPI Choice – Pulmicort 100 DPI, TWO puff BD
Only consider if child has received appropriate face to face education, is able to use the inhaler correctly AND follow up is arranged within 4-8 weeks.

LTRA Prescribing
6months-5years
Montelukast 4mg Chewable tablets or granules
Once daily at night
OR
6-11years
Montelukast 5mg Chewable tablets
Once daily at night
Discuss Potential side effects prior to prescribing

The green leaf symbol identifies the lower carbon footprint regimen and devices.
pMDI and spacer recommended for this age group
DO NOT routinely prescribe DPIs to CYP under 12 years
DPI's can be considered in CYP under 12 years, ONLY following a shared decision-making process with the child and family AND
Ensure good inhaler technique before prescribing

Additional Controller Therapies

Daily Low Dose ICS/LABA
Plus Reliever (SABA) as needed

Combisal 50/25 (pMDI)
Two puffs BD via a spacer

Seretide 50 (pMDI)
Two puffs BD via a spacer

DPI Choice – Symbicort 100/6 DPI
TWO puffs BD
Only consider if child has received appropriate face to face education, is able to use the inhaler correctly AND follow up is arranged within 4-8 weeks.

- Refer to Secondary Care:**
- Poor Asthma Control despite optimised treatment, as per this guideline.
 - 2 or more courses of oral steroids in the previous 12 months
 - 1 or more attendances to ED in the previous 12 months
 - Following inpatient/acute admission to hospital
 - Diagnostic uncertainty
 - Referral to TERTIARY Care if patient has required PICU admission for asthma.

- Additional Considerations:
- If no response to LABA – stop LABA, refer to secondary care and consider increasing to medium dose ICS.
 - **Ensure principals of good asthma care addressed prior to increasing.**
 - If benefit from LABA and low dose ICS but control still inadequate consider trial of LTRA, if not previously trialled (see above)

Spacer Devices



[Aerochamber plus Flow-Vu Youth \(5-16 years\)](#)



[Volumatic Spacer](#)

Spacer Tips

- **Check inhaler technique before prescribing an inhaler and spacer device and at every asthma review.**
- All pMDI inhalers should be used with an appropriate spacer device.
- Most children from around 4-5 years old can use a spacer with a mouthpiece.
- A spacer with a mask can be used in younger children (<5years) and in older children who cannot coordinate the use of a mouthpiece.
- Spacers should be washed regularly according to manufacturer's instruction, in warm soapy water and left to drip dry.
- (Volumatic spacers require priming and washing before first use).
- Replace spacers every 12 months.
- Some children will need a second device for use in school/childcare.

Relievers (SABA)



Salamol produces half the carbon emissions of a Ventolin Evohaler.



Salamol 100 (pMDI)
1-2 puffs PRN

Via an age-appropriate spacer device

Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

Aim of Treatment

To achieve control of symptoms and maintain control by increasing and decreasing treatment as necessary.

Use the lowest effective doses to achieve control.

Good Asthma control is defined as:

- No daytime symptoms
- No night-time waking due to asthma
- No need for reliever medications
- No limitation on activity including exercise
- No exacerbations
- Normal lung function
- Minimal side effects from treatment

Asthma is not controlled if:

- Using reliever 3 times a week or more.
- Having symptoms 3 times a week or more.
- Waking at least once a week.
- Using > 2 reliever inhalers per year
- Consider review if >3 requested per year.

Stepping Down Preventer ICS

High doses of ICS may cause long term harm, if a patient is well controlled and stable then consider reducing the dose:

- Consider stepping down ICS doses when asthma has been controlled on current therapy for at least 3 months.
- Discuss with the CYP and their family the potential risks and benefits of stepping down their ICS.
- After treatment is reduced the patient should have their treatment reviewed within 4-8 weeks.
- Update the patient's Personalised Asthma Action Plan.

Air Quality & Asthma

- Indoor and outdoor air pollutants in the air can act as triggers for many people with asthma.
- During an asthma review HCP's should ask about potential sources of indoor and outdoor air pollution (such as patient smoking/parental smoking, open solid fuel fires, damp and mould, proximity of homes/school to busy roads etc.) **These should be clearly documented.**
- If patient or parent smokes or vapes, give 'Very Brief Advice' and signpost to local stop smoking services.
[Find Your Local Stop Smoking Service \(LSSS\) - Better Health - NHS \(www.nhs.uk\)](#)
- If patient reports issues with damp and mould in their home, refer to HNY Air Pollution leaflet, which can be found via the Healthier Together website (QR code below).
- If the family need further support, signpost to Citizens Advice - [Housing - Citizens Advice](#)
- If any concerns raised regarding outdoor air pollution, signpost patients to pollution forecast - [Pollution forecast - Defra, UK](#)

Where can I find more asthma resources?

[Asthma & Lung UK Inhaler technique videos](#)

Add QR Code

[HNY Healthier Together](#)

Add QR Code