

Below are the preferred treatment choices, please see local formulary for full listing.

LOW DOSE ICS

Table 1 ALWAYS

Asthma is not controlled if using > 2 reliever inhalers per year. REVIEW if > 6 requested per year

plus reliever SABA

See **Table 1** before stepping up

Pulmicort 200 Turbohaler (DPI)



200mcgs
1 puff twice a day

Budesonide Easyhaler (DPI)



200mcgs
1 puff twice a day

Clenil 200 MDI



1 puff twice daily (Spacer recommended)

ICS is at the cornerstone of Treatment

- Is it Asthma?
- Prescribe by brand
- Check inhaler technique
- Check Compliance
- Identify & document trigger factors
- Use a spacer with MDI
- Ensure patient is using an ICS or ICS in a combination inhaler
- Provide an Asthma Action Plan
- Maintain lowest controlling therapy

MOVE UP OR DOWN AND MAINTAIN LOWEST CONTROLLING THERAPY

LOW DOSE ICS/LABA

INITIAL

Symbicort 200/6 Turbohaler (DPI)
1 puff twice daily OR 2 puffs once daily plus reliever (SABA)



INITIAL

Seretide 50 MDI
2 puffs twice a day (spacer recommended) plus reliever (SABA)



LOW/MEDIUM DOSE ICS/LABA

Relvar 92/22 Ellipta (DPI)



1 puff once daily plus reliever (SABA)
Not licensed for MART

SMART/MART

Symbicort 200/6 Turbohaler (DPI)



1-2 puffs twice daily OR 2 puffs once daily

Duoresp 160/4.5 (DPI)



plus reliever (ICS/Formoterol) (max 12 puffs/day)
SMART/MART

LTRA

Continue with ICS
ADD

LTRA once daily

If no benefit after 4 weeks then

STOP LTRA

Leukotriene Receptor Antagonist

12-14 years
Montelukast 5mg Chewtab

15+ years
Montelukast 10mg tablet once a day at night

MEDIUM DOSE ICS/LABA

ADDITIONAL

Symbicort 200/6 Turbohaler (DPI)
2 puffs twice daily plus reliever (SABA)

ADDITIONAL

Seretide 125 MDI
2 puffs twice daily (Spacer recommended) plus reliever (SABA)

For patients who are already using Symbicort (above) with separate reliever - SABA; and using 3 or more SABAs per year, consider replacing SABA Reliever with ICS/Formoterol Reliever - (SMART)

RELIEVERS

RELIEVER: SABA

Bricanyl 500 Turbohaler



(DPI) (only salbutamol intolerant)
1 puff as required

Salbutamol Easyhaler



100mcgs
2 puffs as required OR
200mcgs
1 puff as required

Salamol 100 MDI



(Spacer recommended)
2 puffs as required

Salamol 100 Easi-Breathe MDI



2 puffs as required

To be prescribed in addition to daily ICS or daily ICS/LABA

SMART/MART RELIEVER: ICS/Formoterol

Symbicort 200/6 Turbohaler (DPI)



1 puff as required
To be prescribed in addition to daily low dose ICS/Formoterol (MART)

Duoresp 160/4.5 (DPI)



Asthma & Lung UK Inhaler videos

www.asthma.org.uk/advice/inhaler-videos



12-17 YEARS

REFER to Respiratory Paediatrician

If you have used above treatment options and control not achieved OR diagnostic uncertainty OR If any concerns refer sooner

(see local formulary) **SPACER DEVICES (TO BE USED WITH MDIs ONLY)**



Volumatic +/- Mask



Aerochamber Flow-Vu Standard



Aerochamber Flow-Vu Small Mask



Aerochamber Flow-Vu Large Mask

CARBON FOOTPRINT

- HFC in MDIs contribute to the NHS carbon footprint DPIs have a lower carbon footprint BUT patient preference and inspiratory flow MUST be considered before offering DPIs
- UNCONTROLLED ASTHMA CONTRIBUTES TO A HIGHER CARBON FOOTPRINT



Greener Inhaler Toolkit for GP Practices
<https://bit.ly/3xE23Qh>

Key for asthma guidelines

	BDP ICS	Budesonide ICS	Fluticasone Propionate ICS	Fluticasone Furoate ICS	Formoterol LABA	Vilanterol LABA	Salmeterol LABA
Clenil	✓						
Pulmicort		✓					
Easyhaler Budesonide		✓					
Symbicort		✓			✓		
Duoresp		✓			✓		
Relvar				✓		✓	
Seretide			✓				✓

KEY

- ICS Inhaled Corticosteroid
- LABA Long Acting Beta₂ Agonist
- SABA Short Acting Beta₂ Agonist
- LTRA Leukotriene Receptor Antagonist
- MDI Metered Dose Inhaler
- DPI Dry Powder Inhaler
- MART Maintenance & Reliever Therapy
- HFC Hydrofluorocarbon
- SMART Single Maintenance & Reliever Therapy
- BDP Beclomethasone Dipropionate