

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

Table 1 ALWAYS

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

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

CARBON FOOTPRINT



pMDI and spacer recommended for this age group

DO NOT routinely prescribe DPIs to children under 12yrs

They can be considered for children from 10yrs on an individual basis - ensure that the child can use the inhaler effectively before prescribing

*when stepping up advise patient they may be stepped back down

REGULAR PREVENTER

Daily Very Low Dose ICS plus reliever (SABA) as needed

See **Table 1** before stepping up

VERY LOW DOSE ICS



†Clenil 100 MDI
1 puff twice a day
(Spacer recommended)



Pulmicort 100 Turbohaler (DPI)
1 puff twice a day

INITIAL ADD ON THERAPY OPTIONS

< 5 YEARS

Continue with ICS + ADD

LTRA once daily
If no benefit after 4 weeks

STOP LTRA
see prescribing info opposite

5-11 YEARS

Daily Low Dose ICS plus reliever (SABA) as needed

OR/AND

Continue with ICS + ADD

LTRA once daily
If no benefit after 4 weeks

STOP LTRA
see prescribing info opposite

Unlicensed in children but this dose is equivalent to the licensed strength preparation.

LOW DOSE ICS

Clenil 200 MDI



1 puff twice a day

Flixotide 50 MDI



2 puffs twice a day

Pulmicort 100 Turbohaler (DPI)



2 puffs twice a day

(Spacer recommended)

LTRA - prescribing info

Leukotriene Receptor Antagonist

6 months to 5 years
Montelukast 4mg Chewtab SF or 4mg Granules SF
(do not mix with fluid can be mixed with food)
Once a day at night

6 - 11 years
Montelukast 5mg Chewtab SF Once a day at night

ADDITIONAL CONTROLLER THERAPIES

LOW DOSE ICS / LABA

plus reliever (SABA) as needed

See **Table 1**

LOW DOSE ICS / LABA



Seretide 50 MDI

2 puffs twice a day
(Spacer recommended)



Licensed 6+years see notes

Symbicort 100/6 TurboHaler (DPI) 2 puffs twice a day



All products are licensed within age group unless otherwise indicated
www.medicines.org.uk/emc

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



Volumatic with mask (0-3 years)



Volumatic without mask (from 4 years)



Aerochamber Flow-Vu Small (0-18 months)



Aerochamber Flow-Vu Medium (1-3 years)



Aerochamber Flow-Vu (4-16 years)

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 > 6 requested per year.

Salamol 100 MDI



(Spacer recommended) 2 puffs as required

Salamol 100 Easi-Breathe MDI



2 puffs as required

Easyhaler Salbutamol 100mcg (DPI)



1-2 doses as required

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

Key for asthma guidelines

	BDP ICS	Budesonide ICS	Fluticasone Propionate ICS	Formoterol LABA	Salmeterol LABA
Clenil	✓				
Pulmicort	✓				
Flixotide			✓		
Symbicort		✓		✓	
Seretide			✓		✓

Asthma & Lung UK Inhaler videos



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

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
- pMDI: pressurised Metered Dose Inhaler

† - licensed 2+yrs: consensus to use in under 2's monitor & review