Spacer devices are recommended for use with Metered Dose Inhalers (MDI’s) in all age groups.

**CLEANING**

- Wash the spacer once a month using detergent, such as washing-up liquid.
- Don’t scrub the inside of the spacer as this affects the way it works.
- Leave it to air-dry as this helps to prevent the medicine sticking to the sides of the chamber and reduces the static.
- Wipe the mouthpiece clean of detergent before using it again.
- The spacer should be replaced at least every year, especially if used daily, but some may need to be replaced sooner.
- Ensure the inhaler is compatible with the spacer device.

Spacer devices should be replaced every 6-12 months.

**Aerochamber Infant Device with mask (Orange)**

0-18 months

**Aerochamber Child Device with mask (Yellow)**

1 - 5 years

**Aerochamber Plus (Blue)**

5+ years

**Volumatic with Face Mask**

0+ years

**Aerochamber Plus with mask (Blue)**

3+ years

**Volumatic**

5+ years

**Definition of Asthma**

Central to all definitions is the presence of symptoms (more than one of wheeze, breathlessness, chest tightness, cough) and of variable airflow obstruction. More recent descriptions of asthma in both children and adults have included airway hyper-responsiveness and airway inflammation as components of the disease. (BTS/SIGN 2016)

**INHALED CORTICOSTEROIDS ARE THE CORNERSTONE OF TREATMENT IN ASTHMA**

The aim of asthma management is control of the disease. Complete control of asthma is defined as:

- No daytime symptoms
- No night time awakening due to asthma
- No need for rescue medication
- No limitations on activity including exercise
- No asthma attacks
- Normal lung function
- Minimal side effects from medication

**BEST PRACTICE**

- Review patients regularly Considering Step Up & Down accordingly
- A Spacer device is recommended when using a MDI (see back sheet)
- Check Inhaler technique and compliance at each appointment and before starting any additional therapy
- Use an in-check device to measure inspiratory effort
- Consider total steroid load when reviewing patient
- All patients should have a written Personal Asthma Action Plan (PAAP)
- Reconsider the diagnosis in patients who continue to have symptoms
- Follow up patients who have an asthma attack within 2 working days – see Acute Guidelines

**Asthma is not controlled at any step if using Short Acting B2 Agonists (SABAs)**

3 times a week or more; having symptoms 3 times a week or more; waking at least once a week.

A WELL CONTROLLED ASThmATIC SHOULD NOT REQUIRE MORE THAN ONE TO TWO SABA INHALERS PER YEAR
**Beclo metasone (BDP) Equivalent Total Daily Dose**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 years</td>
<td>200 mcg/day</td>
</tr>
<tr>
<td>5-11 years</td>
<td>400 mcg/day</td>
</tr>
<tr>
<td>12-17 years</td>
<td>600 mcg/day</td>
</tr>
<tr>
<td>18+ years</td>
<td>800 mcg/day</td>
</tr>
</tbody>
</table>

---

**REGULAR PREVENTER**

- Always prescribe by brand.
- Check inhaler technique.
- Check Compliance.
- Use a spacer with MDI.

**NO RESPONSE from LABA but control still inadequate then...**

- STOP and INCREASE ICS

**IF CONTROL STILL INADEQUATE then trial...**

- REFER

---

**INITIAL ADD ON PREVENTER**

**SMART**

- Maintenance & Reliever Therapy

**STOP SABA**

- Use Long Acting Beta 2 Agonist (LABA)

**HIGH DOSE THERAPIES**

- Using Short Acting Beta 2 Agonist (SABA)

---

**ADDITIONAL ADD ON THERAPIES**

- Increase ICS in a Combination Inhaler (ICS+LABA)

---

**SHORT ACTING B2 AGONIST (SABA)**

- Asthma not well controlled

---

**KEY POINTS**

- Budesonide (BDP)

---

**REFERENCES**

- Inhaled Corticosteroid (ICS)
- Long Acting Beta 2 Agonist (LABA)
- Dry Powder Inhaler (DPI)
- Metered Dose Inhaler (MDI)
- Leukotrine Receptor Antagonist (LTRA)**

---

**WEB SITES**

- www.dudleyrespiratorygroup.org

---

**MOSS GROVE VERSION 1 OCT 2016 © 2016 Produced by Dudley Respiratory Group. Adapted from BTS/ SICN 2015 -153**