

LOW DOSE ICS



Pulmicort 200 Turbohaler (DPI)
1 puff twice daily



Budesonide Easyhaler DPI 200mcgs
1 puff twice daily



Clenil 200 MDI
1 puff twice daily
(Spacer recommended)

plus reliever SABA - see **TABLE 1** before stepping up

TABLE 1

ALWAYS

ICS is the Cornerstone of Treatment

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

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

INITIAL & ADDITIONAL THERAPY OPTIONS

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)

see **TABLE 1** and try different options before stepping up

LOW/MEDIUM DOSE ICS/LABA



Relvar 92/22 Ellipta (DPI)
1 puff once daily
plus reliever (SABA)
Not licensed for MART

LTRA

CONTINUE
with ICS
ADD

LTRA once daily

If no benefit
after 4 weeks then
STOP LTRA

**Leukotrine
Receptor
Antagonist**

12-14 years
Montelukast
5mg Chewtab

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

MART



Symbicort 200/6 Turbohaler (DPI)
1-2 puffs twice daily OR
2 puffs once daily

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

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)
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

RELIEVER: ICS/FORMOTEROL



Symbicort 200/6 Turbohaler (DPI)
1 puff as needed

To be prescribed in addition to daily low dose ICS/Formoterol (MART)

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>



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

Asthma & Lung UK Inhaler videos

<https://www.asthma.org.uk/advice/inhaler-videos>



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



Aerochamber Flow-Vu Youth



Aerochamber Flow-Vu Standard



Aerochamber Flow-Vu Small Mask



Aerochamber Flow-Vu Large Mask



Volumatic +/- Mask

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 - Beclometasone Dipropionate

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

MOVE UP OR DOWN AND MAINTAIN LOWEST CONTROLLING THERAPY