

MOVE UP OR DOWN AND MAINTAIN LOWEST CONTROLLING THERAPY*

REGULAR PREVENTER

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

see **TABLE 1** before stepping up

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

VERY LOW DOSE ICS



†Clenil 50 MDI
2 puffs twice a day
(Spacer recommended)

Pulmicort 100
Turbuhaler (DPI)
1 puff twice a day

TABLE 1

ALWAYS

ICS is the Cornerstone of Treatment

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

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

Initial Add on Therapy Options

< 5 YEARS

CONTINUE with ICS
ADD
LTRA once daily once daily
If no benefit after 4 weeks then **STOP LTRA**
see prescribing info below

5-11 YEARS

Daily Low Dose ICS plus reliever (SABA) as needed

OR

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

OR / AND

CONTINUE with ICS
ADD
LTRA once daily once daily
If no benefit after 4 weeks then **STOP LTRA**
see prescribing info below

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

LOW DOSE ICS



Clenil 100 MDI
2 puffs twice a day
(Spacer recommended)

Flixotide 50 MDI
2 puffs twice a day
(Spacer recommended)

Pulmicort 100
Turbuhaler (DPI)
2 puffs twice a day

VERY LOW DOSE ICS/LABA



6+ years

Symbicort 100/6
Turbuhaler (DPI)
1 puff twice a day

ADDITIONAL CONTROLLER THERAPIES

Daily Low Dose ICS / LABA plus reliever (SABA) as needed

see **TABLE 1**

LOW DOSE ICS/LABA



Flutiform 50/5 MDI
2 puffs twice a day
(Spacer recommended)



6+ years

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

REFER to RESPIRATORY PAEDIATRICIAN
You may consider referring before stepping up treatment.

**SEE
FAQs**

LTRA

Leukotrine Receptor Antagonist

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

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

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



Aerochamber Flow-Vu Small (0-18 months)

Aerochamber Flow-Vu Medium (1-5 years)

Aerochamber Flow-Vu Youth (5-16 years)

Volumatic +/- Mask

RELIEVER: SABA

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.



Salbutamol 100 MDI
2 puffs as required
(Spacer recommended)



Salamol 100 Easi-Breathe MDI
2 puffs as required



Bricanyl 500 Turbuhaler (DPI)
1 puff as required

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

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

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

Key for asthma guidelines

| | BDP ICS | Budesonide ICS | Fluticasone Propionate ICS | Formoterol LABA |
|-----------|---------|----------------|----------------------------|-----------------|
| Clenil | ✓ | | | |
| Pulmicort | | ✓ | | |
| Flixotide | | | ✓ | |
| Symbicort | | ✓ | | ✓ |
| Flutiform | | | ✓ | ✓ |