

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

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

TABLE 1

ALWAYS

ICS is the Cornerstone of Treatment

- Is it Asthma?
- Prescribe by brand
- Check inhaler technique
- Check adherence
- 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

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

Consider review if >6 requested per year

REGULAR PREVENTER

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

see TABLE 1 before stepping up

VERY LOW DOSE ICS



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



Pulmicort 100 Turbohaler (DPI)
1 puff twice a day

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

Initial Add on Therapy Options

< 5 YEARS

CONTINUE with ICS
ADD
LTRA once daily

If no benefit after 4 weeks then **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 then **STOP LTRA**

see prescribing info opposite

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 Turbohaler (DPI)
2 puffs twice a day

LTRA prescribing info

Leukotrine 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

Daily 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)



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

Licensed 6+years see notes

All products are licensed within age group unless otherwise indicated

<https://www.medicines.org.uk/emc>



MOVE UP OR DOWN AND MAINTAIN LOWEST CONTROLLING THERAPY*

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

(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.



Salamol 100 MDI (Spacer recommended)
2 puffs as required



Salamol 100 Easi-Breathe MDI
2 puffs as required



Bricanyl 500 Turbohaler (DPI)
1 puff 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

<https://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

For more information

NHS Dudley, NHS Sandwell, NHS Walsall, NHS Wolverhampton