Frimley Health and Care

Start—regular inhaled corticosteroid (ICS)

Primary care medicines management of ASTHMA- formulary inhalers

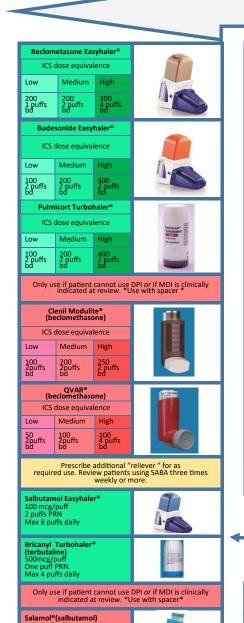
Initial add on therapy - add inhaled long action beta agonist (LABA) to low dose ICS

S/MART licensed options. (Find MART action plans here)

Non S/MART options

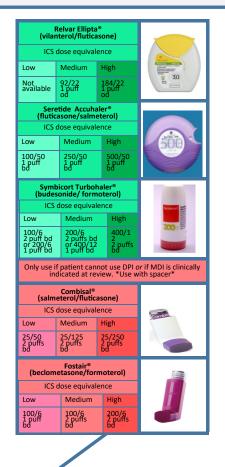
Additional add-on therapies

Consider trial of montelukast 10mg at night at any stage.



2 puffs PRN Max 8 puffs daily





No response to LABA?

Stop LABA and consider increased dose of ICS to medium dose.

Benefit from LABA but control still inade-

Continue LABA and increase ICS to medium dose

Control still inadequate? Consider trial of other therapy eg montelukast if not already trailed or LAMA (long acting antimuscarinic).

Spiriva Respimat[®] (tiotropium) 2puffs OD Review after 6-8weeks



Dry powder inhalers (DPIs) needs less co-ordination and reduces carbon footprint. However a deep, forceful inhalation is required.

MDI (with spacer device) can help with co-ordination difficulties, increases lung deposition, reduces local side effects. A long slow, gentle inhalation is required.

Video and patient leaflets for inhaler technique access here

Use an "In-Check" dial for assessment of inspiratory flow and to aid inhaler technique training.

> DPI (lower carbon footprint) to be considered first

MDI (higher carbon footprint to be considered if the patient is unable to use a DPI and/ or has reduced inspiratory flow

Empty, part used or unused inhalers and cartridges should be returned to pharmacies for safe disposal

Prescribe additional "reliever" for as required use.

Prescribe inhalers by brand only

Inhalers are listed in alphabetical order (not preference).

Decide on the best device with the patient

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