

## Asthma Management in Adults and Children Aged 12 and over

Confirm asthma [diagnosis](#) with structured clinical history and objective tests [blood eosinophil count **or** fractional exhaled nitric oxide (FeNO), spirometry, peak expiratory flow].

### Existing patients with confirmed asthma diagnosis

Any patient on SABA alone, regardless of asthma control

Change to AIR therapy

Any low dose ICS containing regimen and uncontrolled

Consider low dose MART

Any moderate dose ICS containing regimen and uncontrolled

Consider moderate dose MART

Any high-dose ICS containing regimen and uncontrolled

Refer to specialist in asthma care

*Patients whose asthma is stable and well controlled on their current ICS containing treatment should not have their regimen changed solely to comply with this guidance.*

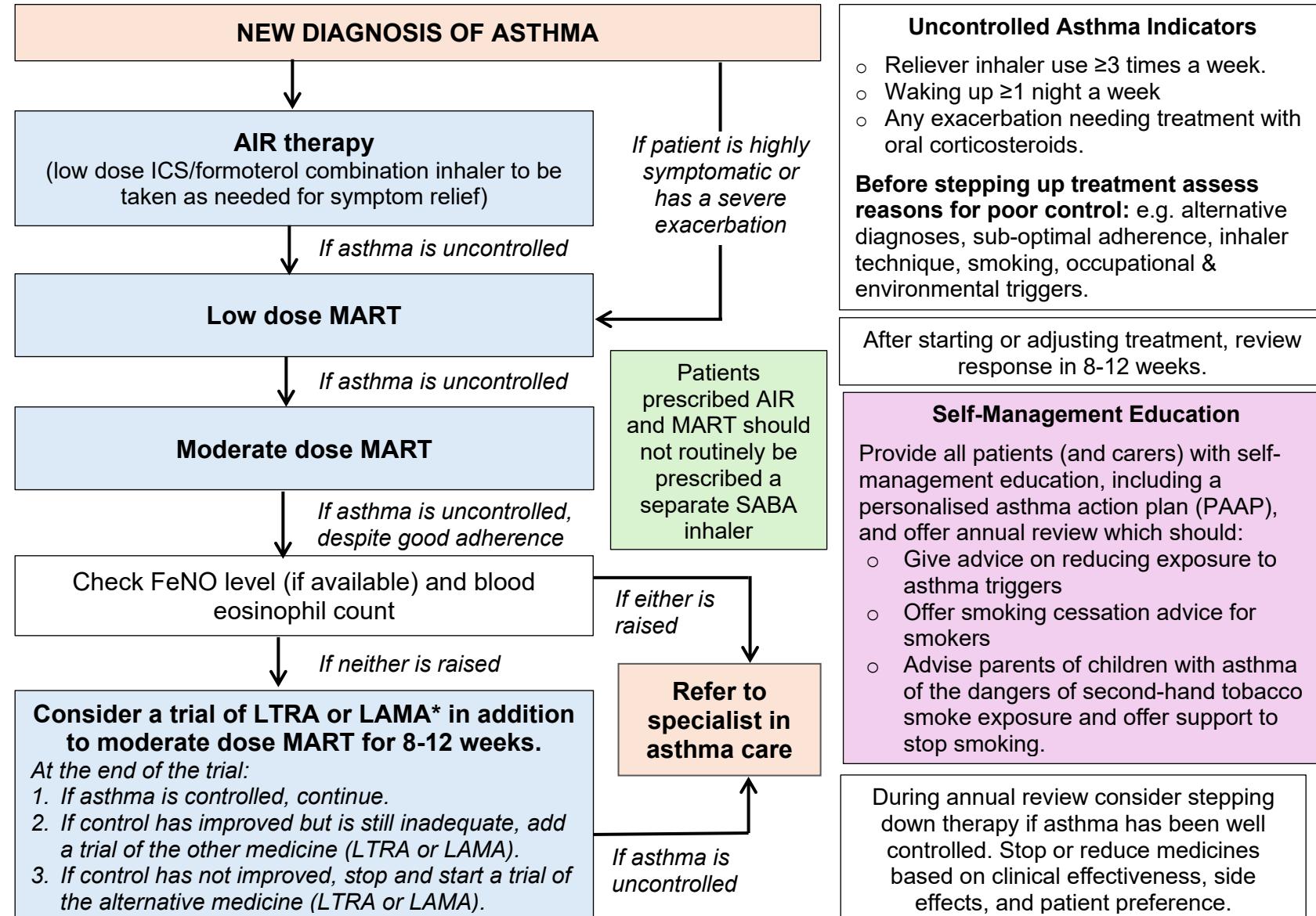
\*LAMA

Spiriva Respimat®  
**GREEN**

ICS/LABA/LAMA

Trimbow® 87/5/9  
**AMBER 1**

ICS, inhaled corticosteroid  
LAMA, long-acting muscarinic receptor antagonist



LABA, long acting beta2 agonist

AIR

LTRA, leukotriene receptor antagonist

Anti-inflammatory reliever therapy

### Uncontrolled Asthma Indicators

- Reliever inhaler use ≥3 times a week.
- Waking up ≥1 night a week
- Any exacerbation needing treatment with oral corticosteroids.

**Before stepping up treatment assess reasons for poor control:** e.g. alternative diagnoses, sub-optimal adherence, inhaler technique, smoking, occupational & environmental triggers.

After starting or adjusting treatment, review response in 8-12 weeks.

### Self-Management Education

Provide all patients (and carers) with self-management education, including a personalised asthma action plan (PAAP), and offer annual review which should:

- Give advice on reducing exposure to asthma triggers
- Offer smoking cessation advice for smokers
- Advise parents of children with asthma of the dangers of second-hand tobacco smoke exposure and offer support to stop smoking.

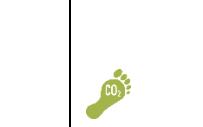
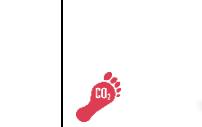
During annual review consider stepping down therapy if asthma has been well controlled. Stop or reduce medicines based on clinical effectiveness, side effects, and patient preference.

SABA, short acting beta2 agonist

MART, Maintenance and reliever therapy

## Preferred\* Inhaler Options for Adults and Children Aged 12 and over

- Always prescribe inhalers by brand.
- The choice of inhaler should be based on assessment of correct technique, the patient's preference, lowest environmental impact and the presence of a dose counter. A spacer should always be prescribed with a metered dose inhaler (MDI).
- Before starting any new treatment, always assess adherence and inhaler technique. This should be checked at every review or consultation.
- When clinically appropriate, prescribe a dry powder inhaler (DPI) to reduce the environmental impact and carbon footprint.

	FOBUMIX EASYHALER® budesonide/formoterol 160/4.5mcg DPI 	SYMBICORT TURBOHALER® budesonide/formoterol 200/6mcg DPI 	DUORESP SPIROMAX® budesonide/formoterol 160/4.5mcg DPI 	FOSTAIR NEXTHALER® Beclometasone/formoterol 100/6mcg DPI 	PROXOR® or BIBECFO® Beclometasone/formoterol 100/6mcg pMDI 
<b>Licensed age</b>	12 years and over	12 years and over	12 years and over	18 years and over	18 years and over
<b>AIR Therapy</b>	1 puff as needed	1 puff as needed	1 puff as needed	Not licensed**	Not licensed**
<b>Low dose MART</b>	1 puff twice daily	1 puff twice daily	1 puff twice daily	1 puff twice daily	1 puff twice daily
<b>Moderate dose MART</b>	2 puffs twice daily	2 puffs twice daily	2 puffs twice daily	Not licensed**	Not licensed**
<b>Reliever puffs</b>	1 puff as needed	1 puff as needed	1 puff as needed	1 puff as needed	1 puff as needed
<b>Maximum dose</b>	8 puffs in 24 hours (up to 12 puffs for short periods)	8 puffs in 24 hours (up to 12 puffs for short periods)	8 puffs in 24 hours (up to 12 puffs for short periods)	8 puffs in 24 hours	8 puffs in 24 hours
<b>Shelf-life</b>	4 months after opening foil wrapping	3 years	12 months after opening foil wrapping	6 months after opening wrapping	3 months from collecting from pharmacy

 Low carbon footprint inhaler

 High carbon footprint inhaler

mcg = micrograms

DPI = Dry powder inhaler

pMDI = Pressurised metered dose inhaler

AIR = Anti-inflammatory reliever therapy

MART = Maintenance and reliever therapy

\*The inhalers listed above are the preferred inhaler options across South West London ICB. Inhalers not on this list may be initiated by respiratory specialists and should not be changed without prior consultation. For additional formulary options, please refer to [SWL NetFormulary](#).