

High-dose inhaled corticosteroids in asthma

Inhaled corticosteroids (ICS) are the first-choice regular preventer therapy for adults and children with asthma for achieving overall treatment goals. To minimise side effects from ICS in people with asthma, the [BTS/SIGN guideline on the management of asthma](#) recommends that the dose of ICS should be titrated to the lowest dose at which effective control of asthma is maintained. Doubling the dose of ICS at the time of an exacerbation is of unproven value and is no longer recommended.

The Medicines and Healthcare products Regulatory Agency (MHRA) advises that the prolonged use of high doses of ICS (as with the use of oral corticosteroids) carries a risk of [systemic side effects](#) (for example, adrenal suppression or crisis, growth retardation in children and young people, decrease in bone mineral density, cataracts and glaucoma) and a range of [psychological or behavioural effects](#) (for example, psychomotor hyperactivity, sleep disorders, anxiety, depression and aggression). ICS have also been associated with a dose-related increased risk of both diabetes onset and progression, although this evidence is from an observational study with inherent limitations (see [MeReC Rapid Review No. 2485](#) for details). The [Committee on Safety of Medicines](#) has issued warnings about the use of high-dose ICS, particularly [in children](#) and in relation to [fluticasone](#). Children prescribed ICS should have their growth monitored annually (although isolated growth failure is not a reliable indicator of adrenal suppression).

The [BTS/SIGN guideline on the management of asthma](#) recommends that reductions in ICS dose should be considered every 3 months, decreasing the dose by approximately 25–50% each time. Data suggest that this is realistic and possible without compromising patient care (see [Hawkins et al. 2003](#)). For some children with milder asthma and a clear seasonal pattern to their symptoms, a more rapid dose reduction during their 'good' season is feasible. The guideline states that stepping down therapy once asthma is controlled is recommended, but often not implemented, leaving some people over-treated.

The CCG has recognised that this potential over-treatment puts an additional burden on the prescribing budget, and this presents an excellent and valuable opportunity for community pharmacy to contribute to the Prescribing Improvement Plan (PIP) 2013, through delivery of targeted MURs. Patients eligible for a 'Step down' review should be referred to their Nurse/ GP.

