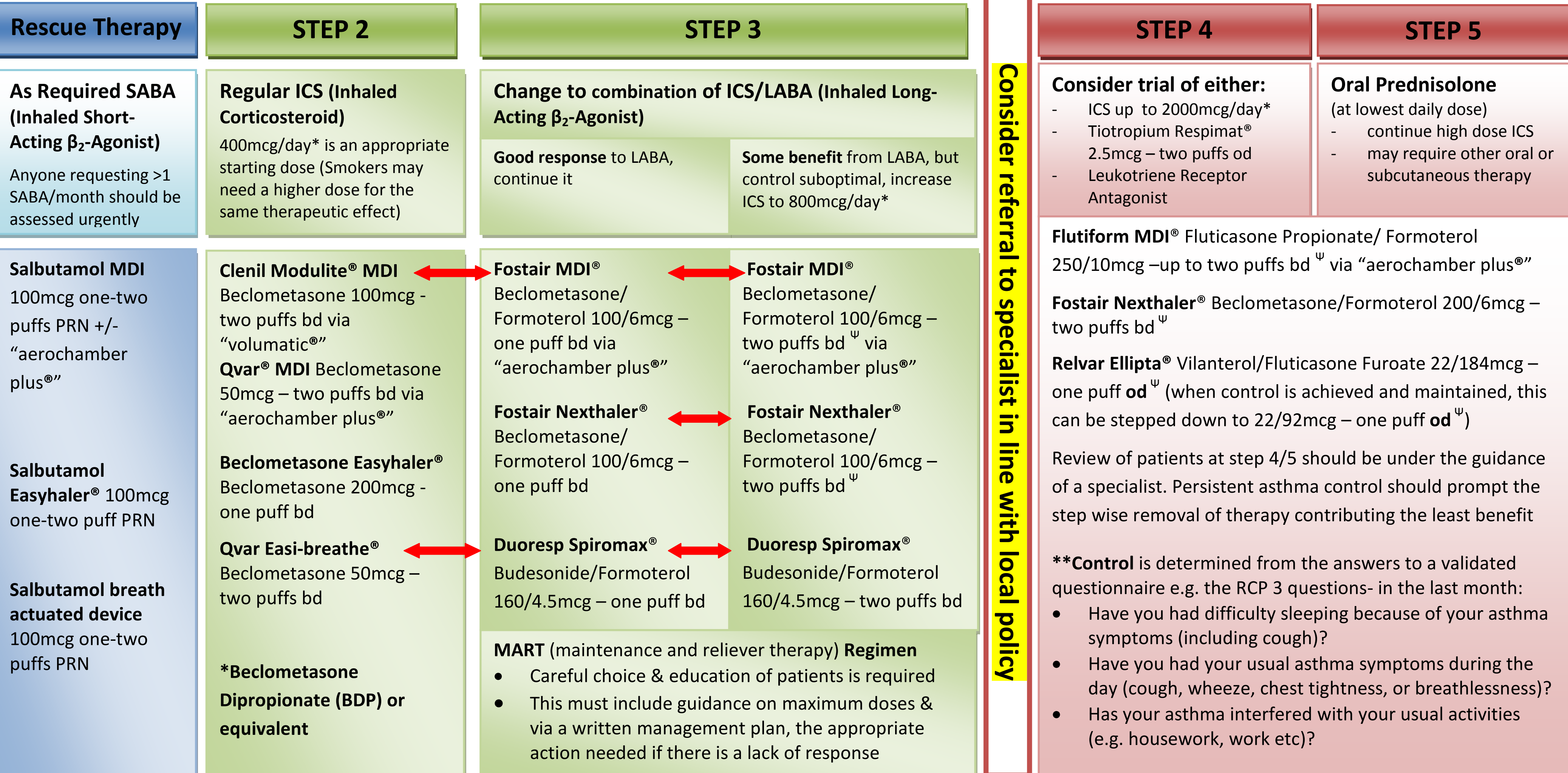
South East London Integrated Guideline for the Management of Adult Asthma

NHS

- ✓ Treatment of **tobacco dependence** is an important clinical intervention in these (and all) patients. Ask about smoking at every opportunity, offer very brief advice http://www.ncsct.co.uk/publication_very-brief-advice.php and Carbon Monoxide (CO) measurement when appropriate. More overleaf.
- ✓ Patients should be asked to **demonstrate** their inhaler technique regularly and **adherence** to therapy be established *before* stepping up therapy
- ✓ All patients should have a written **self-management plan** and when indicated, an **inhaled corticosteroid** (ICS) card (annotated with Ψ below)



Produced by the SEL Responsible Respiratory Prescribing Group. Approved by the SEL Area Prescribing Committee: May 2016. Review date: April 2018

This guideline aims to support responsible respiratory prescribing.

- ✓ Patients are significantly more likely to quit if treated with drug therapy and psychological support. Quit smoking therapies (including varenicline) are safe and effective in patients with mental illness but may need more careful monitoring (eg patients with a history of psychiatric illness such as schizophrenia, bipolar disorder and major depressive disorder, or depression). Useful resources are available at: http://www.londonsenate.nhs.uk/helping-smokers-quit/
- ✓ A change in inhaler device should only occur upon consultation with the patient as part of their annual review. Unsupported "switching" may lead to loss of symptom control and unnecessary anxiety for the patient or their carer
- ✓ To avoid confusion, LABA, LAMA and ICS inhalers should be prescribed by brand. Where the device is comparable between brands (currently only seretide and sirdupla MDI), it may be more cost effective to prescribe the cheaper one, but this should still be by brand
- ✓ ICS cards are indicated for patients prescribed ≥1000mcg beclometasone dipropionate or equivalent (annotated overleaf with the symbol Ψ) https://www.networks.nhs.uk/nhs-networks/london-lungs/documents/high-dose-inhaled-corticosteroid-alert-card-order-form

There are several common steps to all inhaler devices, but always ensure you are confident and competent to teach the devices you prescribe:

1. Prepare inhaler device – e.g. remove cap
2. Prepare ("load") dose – e.g. shake inhaler, insert and pierce capsule or "click" the dose lever
3. Breathe out (not into inhaler) as far as is comfortable
4. Put lips around mouthpiece
5. Breathe in correctly. This is the commonest error, but simply determined by the device *type*. All inhalers are either an **aerosol** or a **dry powder** (see below)
6. Remove inhaler from mouth and hold breath for 5-10 seconds or as long as is comfortable
7. Repeat as directed and finish

Adapted with permission from: http://simplestepseducation.co.uk/

Aerosol devices "*Slow and Steady*" inspiration

MDI

Respimat®

Aerochamber plus

Easi-breathe®

Dry Powder devices "*Quick and Deep*" inspiration

Easyhaler®

Nexthaler®

Spiromax®

Ellipta®

NOTE: The inhaler colour will vary depending on content

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South East London Area Prescribing Committee. A partnership between NHS organisations in South East London:
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