

## CORE PRINCIPLES

- Asthma is an inflammatory condition and **PRN SABA alone is not an effective treatment option and is linked to asthma deaths**
- Review Control within a maximum of 3 months of change in therapy
- Poor asthma control** - Use of reliever (including PRN doses of MART regime) >3x/week, poor symptom control, exacerbations  
*More than 6 SABA prescriptions/year should prompt urgent review*
- Review inhaler technique, concordance and co-morbidity prior to stepping up therapy
- Consider stepping down treatment if asthma well controlled
- Ensure asthma action plan is updated

## INHALER PRINCIPLES

- Choice of inhaler is based on patient's preference and technique
- If more than one inhaler is being prescribed both ICS and SABA should require a similar technique (do not mix MDI's and DPI's)
- MDI's should be taken via a spacer device such as an AeroChamber
- Prescribe by brand to ensure consistent device

## INDICATIONS FOR REFERRAL

- Diagnostic uncertainty
- Complex comorbidity
- Suspected occupational asthma
- Poor control at Step 4/5
- ≥ 2 courses oral steroids/year

### STEP 1: NEW ASTHMA DIAGNOSIS

Commence **regular low dose** ICS plus PRN SABA.

Reinforce need to take ICS and that SABA should not be required more than 3 times per week

If mild asthma with infrequent symptoms (e.g less than twice a month) take ICS and SABA together on a PRN basis

MDi

#### ICS OPTIONS INCLUDE:

Clenil Modulite  
100mcg + spacer  
2 puffs BD



Qvar Easi-breathe  
50mcg  
2 puffs BD



#### SABA OPTIONS INCLUDE:

Salbutamol  
100mcg + spacer



Salbutamol Easi-breathe  
100mcg



OR

DPI

#### ICS OPTIONS INCLUDE:

Budesonide  
Easyhaler  
100mcg 2 puffs BD



Budesonide  
Turbohaler  
100mcg 2 puffs BD



#### SABA OPTIONS INCLUDE:

Salbutamol  
Easyhaler 100mcg



Terbutaline  
Turbohaler 500mcg



### STEP 2: PERSISTENT ASTHMA

Change to **regular low dose** ICS/LABA inhaler

**One puff** twice daily fixed dose or MART regime  
(Stop PRN SABA if MART prescribed)

OR

Consider once daily ICS/LABA (plus PRN SABA)

#### FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair 100/6  
+spacer



OR

#### FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair Nexthaler  
100/6



Symbicort  
200/6



Fobumix 160/4.5



Duoresp 160/4.5



OR

#### ONCE DAILY ICS/LABA (PLUS SABA)

Relvar 92/22  
one puff od



### STEP 3: ADD ON THERAPIES

Trial of montelukast 10mg nocte

Discontinue if no benefit after 6 weeks

### STEP 4: ONGOING POOR CONTROL

Increase to regular **moderate dose** ICS/LABA inhaler

**Two puffs** twice daily fixed dose or MART regime  
(Stop PRN SABA if MART prescribed)

OR

Consider once daily ICS/LABA (plus PRN SABA)

#### FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair 100/6  
+spacer



OR

#### FIXED-DOSE/MART OPTIONS INCLUDE:

Fostair Nexthaler  
100/6



Symbicort  
200/6



Fobumix 160/4.5



Duoresp 160/4.5



OR

#### ONCE DAILY ICS/LABA (PLUS SABA)

Relvar 92/22  
(This a low-moderate strength ICS/LABA and if poor control despite this therapy consider step 5)



### STEP 5: REFERRAL

Refer to secondary care for asthma phenotyping and consideration for biological therapy

Consider trial of **add-on** Spiriva Respimat-discontinue if no benefit after 3 months



Spiriva Respimat  
2.5mcg 2 puffs od

Consider trial of increasing to high-strength ICS/LABA - discontinue if no benefit after 3 months  
**High dose ICS/LABA can only be used as part of fixed dose regime with PRN SABA. Not used as per MART.**

#### HIGH DOSE ICS/LABA (PLUS SABA)

Fostair 200/6  
2 puffs bd + spacer



Flutiform 250/10  
2 puffs BD + spacer



OR

#### HIGH DOSE ICS/LABA (PLUS SABA)

Fostair Nexthaler  
200/6 2 puffs BD



Symbicort 400/12  
2 puffs BD



Fobumix 320/9  
2 puffs BD



Duoresp 320/9  
2 puffs BD



Relvar 184/22  
1 puff OD

