Example asthma management in Adults

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.

**Summary of stepwise management in adults**

*BDP or equivalent

**STEP 1**

**Mild intermittent asthma**

- PRN short-acting B2 agonist
  - Salbutamol 100mcg MDI
  - or
  - Salamol® Easi-Breathe® 100mcg 2p pm

**STEP 2**

**Regular preventive therapy**

- Regular inhaled steroids
  - Clenil® 100mcg 2p bd MDI
  - or
  - Qvar® Easi-Breathe® 50mcg 2p bd

**STEP 3**

**Initial add-on therapy**

- Inhaled steroids & long-acting B2
  - Symbicort® 200/6 1-2p bd
    - plus as needed (consider SMART)
  - or
  - Seretide® 50/25 or 125/25 2p bd MDI

**STEP 4**

**Increasing doses or anti-leukotriene**

- Discontinue Montelukast if no positive response.
- If no response from long-acting B2 – stop and increase inhaled steroid up to 2000mcg/day*

**STEP 5**

**Continuous or frequent use of oral steroids**

- Consider increasing Symbicort® 200/6 up to 4 p bd
  - or
  - Seretide® 500/50 1p bd Accuhaler®

**Specialist care support**

- Secondary care referral eg Difficult Asthma Clinic, to confirm diagnosis, investigations, treatment & management

**Assess level of control using Asthma Control Test with each interaction.**

**Aim for a score above 20 as marker of control.**
Example asthma management in Children 5 to 12 years

**STEP 1**
Mild intermittent asthma

- PRN short-acting B2 agonist
  - Salbutamol 100mcg MDI & spacer* 2p pm
- or
  - Salamol® Easi-Breathe® 100mcg 2p pm

**STEP 2**
Regular preventer therapy

- Regular inhaled steroids
  - Clenil® 100mcg 2p bd MDI & spacer*
  - Turbohaler 100mcg 2p bd

**STEP 3**
Initial add-on therapy

- Discontinue Montelukast if no positive response
- No response from long-acting B2 - stop and increase inhaled steroid up to 400mcg/day*
  - Inhaled steroid may be titrated up to 400mcg* total daily dose

**STEP 4**
Persistent poor control

- Increase inhaled steroid up to 800mcg/day
  - Montelukast
    - 5–6 years 4mg od
    - 6–15 years 5 mg od
  - and
  - Symbicort® 100/6 up to 4p bd (6+)
  - or
  - Seretide® 50/25 2p bd MDI & spacer*

**STEP 5**
Continuous or frequent use of oral steroids

- licensed doses failing to achieve control
- confirm diagnosis
- investigations
- treatment & management

*Aerochambers® may be more convenient:
- yellow (with mask) for smaller/younger children
- blue for older children (with our without mask).

Assess level of control using Children’s Asthma Control Test with each interaction.
Aim for a score above 20 as marker of control.

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.
Example asthma management in Children less than 5 years

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check concordance and reconsider diagnosis if response to treatment is unexpectedly poor.

**STEP 1**
Mild intermittent asthma

PRN short-acting B2 agonist
Salbutamol 100mcg MDI & spacer with mask 1 - 2p pm

**STEP 2**
Regular preventative therapy

Continue PRN short-acting B2 agonist. Inhaled steroid may be titrated up to 400mcg* /day

Regular anti-inflammatory
Clenil® 50mcg MDI & spacer* 2p bd

or
Montelukast 4mg od Granules also available

**STEP 3**
Inhaled steroid AND anti-leukotriene

Inhaled steroid AND anti-leukotriene

Clenil® 100mcg MDI & spacer with mask 1 - 2p bd

Montelukast 4mg od Granules also available

**STEP 4**
Persistent poor control

Specialist care support

-licensed doses failing to achieve control
-confirm diagnosis
-investigations
-treatment & management

pMDI and spacer are the preferred method of delivery of B2 agonists and inhaled steroids. A face mask is required until the child can breathe reproducibly using the spacer mouthpiece.

*BDP or equivalent †Higher nominal doses may be required if drug delivery is difficult
Example COPD Management: for teaching purposes

Breathlessness and exercise limitation

**Step 1 Short Acting Inhalers**

e.g. Salbutamol 100mcg MDI 2 puffs PRN

Exacerbations or persistent breathlessness

**Step 2 Long Acting Inhalers**

FEV₁ ≥ 50% (and symptomatic) OR FEV₁ <50%

and / or

e.g. Formoterol 12mcg Tubohaler 1 puff BD (max 72mcg/day)
or
e.g. Salmeterol 50mcg bd MDI 2 puff BD Accuhaler 1pdb

*STOP SAMA before commencing LAMA

Failure to improve with bronchodilators alone or recurrent exacerbations

**Step 3 Combination Inhalers**

e.g. **Symbicort 400/12 Tubohaler 1 Puff BD**
or
**Seretide 500/50mcg Accuhaler 1 puff BD**

**STOP Formoterol or Salmeterol before commencing Combination

NB: Seretide MDI is not licensed for COPD, but is often prescribed