



Asthma Treatment Guideline for Adults (aged 17 and over)

Sharon Andrew

MLCSU

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VERSION CONTROL.

Please access via the LMMG website to ensure that the correct version is in use.

Version Number	Amendments made	Author	Date
1.0	Document to supersede LMMG Asthma summary guideline for adults and over 12s (March 2014)	Sharon Andrew	January 2019

Background Information and the Rationale for Guideline Development.

There have recently been developments in the treatment of Asthma with the publication of new national/international guidelines, the licensing of new drugs and devices and requests by clinicians to use new inhalers. As the developments affect the current LMMG Asthma guideline, the LMMG requested a review and update of the guideline.

Acknowledgement: members of the Lancashire and South Cumbria Clinical Asthma Group led by Dr Aashish Vyas for their contributions.

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1. INTRODUCTION

Asthma guidelines have been drawn up jointly by The British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN) published in 2016ⁱ. Both BTS and SIGN are committed to continuing updates with the next update planned for publication in 2019. Following the publication of National Institute for Health and Care Excellence (NICE) guidelines (NG80)ⁱⁱ for diagnosis, monitoring and chronic asthma management (2017), there are now two national guidelines, for England at least, with some (apparently) striking differences.

The evidence base considered by the BTS/SIGN and NICE guideline development groups is broadly the same for each guideline, but the methodology used to produce recommendations is significantly different:

- SIGN methodology is a multidisciplinary clinically led process which employs robust critical appraisal of the literature, coupled with consideration of pragmatic studies to ensure that guidelines provide clinically relevant recommendations.
- NICE methodology overlays critical appraisal of the literature with health economic modelling, with interpretation supported by advice from a multidisciplinary guideline development group

These different processes have resulted in some discrepancies in recommendations made by BTS/ SIGN and NICE.

2. PURPOSE AND SUMMARY

This asthma summary guideline has been created in collaboration with the Lancashire and South Cumbria Clinical Asthma Group led by Dr Aashish Vyas, with the aim to provide a consistent approach to asthma treatment for adults within LMMG.

3. SCOPE

This guideline covers the chronic management of asthma only. These guidelines should **not** be referred to for the management of acute asthma.

This guidance does not override the individual responsibility of health professionals to make decisions in exercising their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

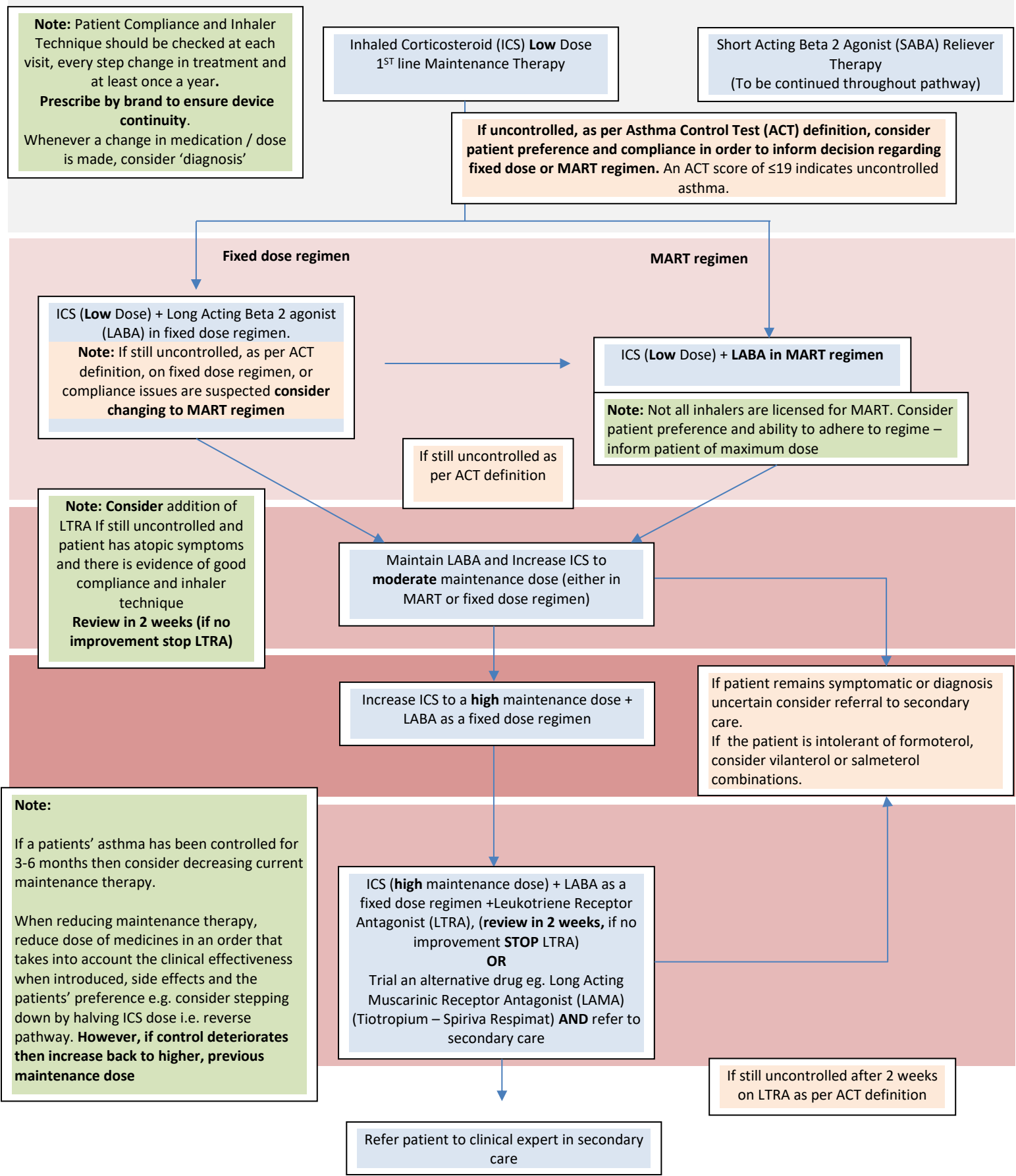
Please note that not all ICS / LABAs have a UK marketing authorisation for use in young people aged under 18 for this indication.

For full prescribing information please refer to the BNF and SPC ensuring correct SPC according to dose is consulted.

4. ADDITIONAL INFORMATION

MART = Maintenance And Reliever Therapy. This is when a combination inhaler is to be used by a patient as both the maintenance and reliever therapy, as part of a specific treatment regime. A separate reliever inhaler is not needed.

5. PHARMACOLOGICAL TREATMENT PATHWAY FOR ADULTS (AGED ≥17)



EXAMPLES OF INHALER PATHWAYS

Accuhaler / Ellipta Dry Powder Pathway (Single inhaler pathway) – Fluticasone plus vilanterol



Flixotide 100 Accuhaler
(1-2 puff twice daily)

Low / Moderate Dose ICS
+LABA



Relvar Ellipta 92/ 22
(1 puff daily)

High Dose ICS +LABA



Relvar Ellipta 184/22
(1 puff daily)

QVAR / Fostair Nexthaler Pathway (Single Inhaler Pathway) – Beclometasone plus Formoterol



QVAR 100 Autohaler
(1 puff twice daily)

Low Dose ICS + LABA



Fostair NEXThaler 100 / 6
(1 puff twice daily)

Moderate Dose ICS +LABA



Fostair NEXThaler 100 / 6
(2 puffs twice daily)

High Dose ICS +LABA



Fostair NEXThaler 200 / 6
(2 puffs twice daily)

NB Fostair NEXThaler 100/6 and 200/6 do not currently have a licence for use in young people under the age of 18.

Clenil / Fostair MDI Pathway (Single Inhaler Pathway) – Beclometasone plus Formoterol

Please note different doses apply to MART regimen for Fostair 100/6



Clenil Modulite 100 inhaler
(2 puffs twice daily)

Low Dose ICS + LABA



Fostair 100 / 6 Inhaler
(1 puff twice daily)

Moderate Dose ICS +LABA



Fostair 100 / 6 inhaler
(2 puffs twice daily)

High Dose ICS +LABA



Fostair 200/6 Inhaler
(2 puffs twice daily)

NB Fostair 100/6 and 200/6 do not currently have a licence for use in young people under the age of 18.

Flutiform MDI Pathway (Single Inhaler Pathway) –Fluticasone plus Formoterol



Flixotide 50 Evohaler
(2 puffs twice daily)

Low Dose ICS + LABA



Flutiform 50 Inhaler
(2 puffs twice daily)

Moderate Dose ICS +LABA



Flutiform 125 Inhaler
(2 puffs twice daily)

High Dose ICS +LABA



Flutiform 250 Inhaler
(2 puffs twice daily)

NB Flutiform 250 inhaler is licensed for use in adults only (age not stipulated).

Turbohaler Pathway (Single Inhaler pathway) – Budesonide plus Formoterol

Please note different doses apply to MART regimen



Pulmicort 200 Turbohaler
(1 puff twice daily)

Low Dose ICS + LABA

OR



Symbicort 100 / 6 Turbohaler
(2 puffs twice daily)



Symbicort 200 / 6 Turbohaler
(1 puff twice daily)

Moderate Dose ICS +LABA



Symbicort 200 / 6 Turbohaler
(2 puffs twice daily)

High Dose ICS +LABA



Symbicort 200 / 6 Turbohaler
(4 puffs twice daily)

OR



Symbicort 400 / 12 Turbohaler
(2 puffs twice daily)

6. REFERENCES

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- ⁱ Health improvement Scotland. BTS/SIGN British Guideline for the management of asthma. 2016. SIGN 153.
- ⁱⁱ Asthma: diagnosis, monitoring and chronic asthma management, NICE NG80, November 2017. <https://www.nice.org.uk/guidance/ng80>