

Asthma Prescribing Guidelines for adults over 18 years

Guidance on stepping-up and stepping-down treatment

Cornwall and Isles of Scilly recommends managing patients with asthma according to the principles of the British Guideline for the Management of Asthma¹, taking into consideration local prescribing and the cost of medicines.

Key points:

- Patients should start treatment at the step most appropriate to the initial severity of their asthma
- If treatment response is unexpectedly poor, reconsider diagnosis and check concordance, inhaler technique and trigger factors
- After stepping-up review patients in 8 weeks
- Complete asthma control needs to be achieved for 12 weeks before stepping down
- After stepping-down review patients in 12 weeks; step-up again if symptomatic during this period
- Stepping down should be a complete reversal of stepping-up; including other therapies (e.g. LTRA)
- Stepping down before 12 weeks of control can lead to exacerbations and hospital admissions

Step 1 - Inhaled short-acting β_2 -agonist (SABA) as required

Salbutamol or terbutaline prn

Step 2 - Add inhaled corticosteroids (ICS)

Consider starting inhaled corticosteroids if:

- Exacerbations of asthma in the last 2 years
- Using inhaled β_2 -agonists three times a week or more
- Symptoms three times a week or more
- Waking one night a week with symptoms

Step ↓ Reduce ICS to 200mcg/day*. Patients with seasonal symptoms may be stepped-down to Step 1 if appropriate

Step ↑ Add ICS 400mcg*; this is an appropriate starting point for many patients. (Usual range 200mcg*-800mcg*/per day)

Step 3 - Add inhaled long-acting β_2 -agonist (LABA) in combination device, or other therapies

Long-acting β_2 -agonists should²:

- only be used if regular use of standard-dose ICS has failed to control asthma adequately
- not be initiated in patients with rapidly deteriorating asthma
- be introduced at a low dose and the effect monitored for 8 weeks before considering dose increase

Step ↓ Preferred approach³: reduce dose of ICS by 25-50% whilst continuing LABA at the same dose. If control maintained, continue reducing ICS until a total daily dose of 400mcg ICS is reached. If controlled on ICS 400mcg/day for 3 months, stop LABA.

Step ↑ Replace ICS with ICS/LABA combination device; maximum of ICS 800mcg/day* in combination (if not already on this dose)

No response to LABA:

Step ↑ Discontinue LABA in the absence of benefit and increase ICS to 800mcg/day* (if not already on this dose). *Note: Some patients can take up to 6 months to gain asthma control with an ICS/LABA combination device - monitor patients closely for an improvement in symptoms before discontinuing combination device.* If control still inadequate, initiate trial of leukotriene receptor antagonist (LTRA) for 6 weeks, S/R theophylline or other therapies (trial LTRA first as side-effect profile is lower)

Step ↑ Discontinue add-on therapies in the absence of benefit and move to Step 4

Step 4 - Consider increasing ICS in combination device, or addition of 4th drug and consider specialist referral

Start at ICS/LABA combination device equivalent to ICS 1000mcg/day* (ensure that the patient is issued with an inhaled steroid safety card)

Step ↓ Reduce dose of ICS/LABA combination device by 25-50%

Step ↑ Increase ICS up to 2000mcg/day*, or trial a LTRA for 6 weeks, or SR theophylline or β_2 -agonist tablet

Step 5 - Daily steroid tablet

Instigate a daily oral steroid at the lowest dose for adequate control. Maintain ICS/LABA combination at maximum ICS 2000mcg/day*. Monitor side-effects and consider other treatments to minimise the use of steroid tablets

Step ↓ Reduce dose of ICS/LABA combination device by 25-50% (to Step 4)

Notes

*All steroid doses are quoted as equivalent beclometasone dipropionate (BDP) dose

Adapted from original guidance produced by: Jenny Gibbs, Medicines Management Team, NHS Bristol

1. British Thoracic Society. Scottish Intercollegiate Guidelines Network. British guideline on the management of asthma. 2011 update.

<http://www.sign.ac.uk/guidelines/fulltext/101/index.html>

2. Medicines and Healthcare products Regulatory Agency. Asthma: Long-acting β_2 -agonists. 2008

<http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Asthma/index.htm>

3. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2010 update <http://www.ginasthma.com/Guidelineitem.asp?i1=2&i2=1&iintId=1561>