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Asthma Decreasing Treatment Guide

Decreasing treatment with combination ICS/LABA asthma inhaler therapy Adults >17 years

Decreasing treatment

Decreasing therapy once asthma is controlled is recommended, but often not implemented leaving some patients overtreated. The decision to step-down therapy should be jointly made between the clinician and the patient.There are few studies that have investigated the most appropriate way to decrease treatment. A study in adults on high-dose ICS has shown that for patients who are stable it is reasonable to attempt to halve the dose of ICS every three months.

Regular review of patients as treatment is decreased is important. When deciding which drug to decrease first and at what rate, the severity of asthma, the side effects of the treatment, time on current dose, the beneficial effect achieved, and the patient's preference should all be taken into account.

Patients should be maintained at the lowest possible dose of inhaled corticosteroid. Reduction in inhaled corticosteroid dose should be slow as patients deteriorate at different rates. Reductions should be considered every three months, decreasing the dose by approximately 25–50 percent each time.

Any decision should be taken after having a full discussion with the patient covering the potential consequences; such as a reappearance of symptoms and what to do if they occur[2]. Ensure an asthma action plan is provided to each patient.

Healthcare professionals should always consider poor adherence to maintenance therapy before escalating treatment in patients with difficult asthma.

Table 1: ASSESSMENT OF CURRENT ASTHMA CONTROL[2] (Preferably over 4 weeks)			
Characteristics	**Well Controlled**	**Partly Controlled**	**Uncontrolled**
Daytime symptoms more than twice a week	None of these	1-2 of these	3-4 of these
Any activity limitation due to asthma			
Any nighttime waking due to asthma			
Reliever needed more than twice a week			

Ascertain whether the patient has achieved complete asthma control for at least 3 months

YES

Step the patient down

1. Identify which combination inhaler product the patient is using and select the relevant flow-chart for this on the following pages.
2. Identify the patient's current dose and locate where this is positioned in the flow-chart
3. Follow the arrow and prescribe the next recommended inhalers(s)

Note: If the patient is prescribed add-on therapies (e.g. montelukast, oral prednisolone) consider reducing/ stopping those one by one before attempting to reduce the ICS dose

YES

Review the patient in 3 months

Has the patient achieved complete asthma control in the last 3 months (see Table 1)?

(If you previously stepped the patient up to cover the hay fever season and wish to step them down again, review the patient in 1 month rather than 3 months).

NO

YES

Step the patient down again and repeat cycle

Do not decrease treatment

1.Check inhaler technique

2.Check exposure to trigger factors

3.Check adherence to therapy and consider any issus which may affect compliance

If these have been excluded – Review

Clinicians should consider:

Patients achieve complete asthma control at different rates. Clinicians should have a discussion with the patient to decide whether to trial the current therapy for longer or to step-up again.

Suggested discussion points with patient:

1. Are there any factors affecting adherence to therapy e.g. polypharmacy, social reasons or beliefs?
2. Are there any issues affecting compliance e.g. dexterity?
3. Is the patient exposed to trigger factors e.g. smoking, pets, pollen or stress?
4. Are there any lifestyle points to consider where asthma stability is crucial e.g. impending exam
5. How long did it take the patient to achieve complete asthma control last time?
6. What would be the potential consequences of an exacerbation and does the patient know what to do if this occurs?
7. What would the patient prefer to do?

Action:

Clinicians should use their professional judgement to decide whether to continue trialling the current therapy, or to step-up again. If continuing on the current therapy for longer, the clinician should advise the patient to monitor their symptoms and short-acting bronchodilator use, and review the patient again in 1 month. Patients should be advised to return to clinic if their symptoms become problematic within this time. ***Refer to a specialist if necessary.***

Asthma Decreasing Treatment Guide: Seretide®, Sirdupla®, Fostair®

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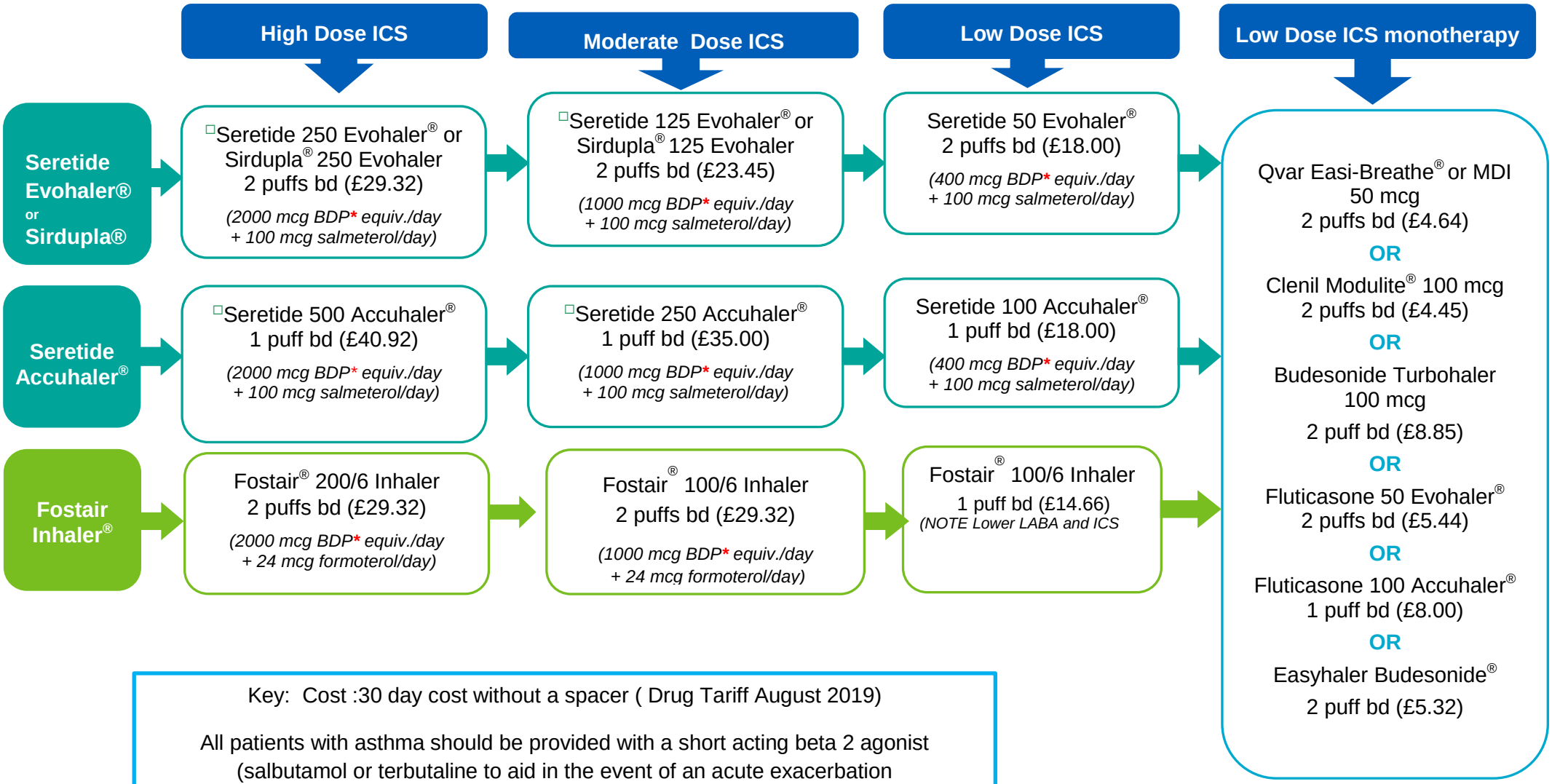

Key: Cost :30 day cost without a spacer (Drug Tariff August 2019)

All patients with asthma should be provided with a short acting beta 2 agonist (salbutamol or terbutaline to aid in the event of an acute exacerbation

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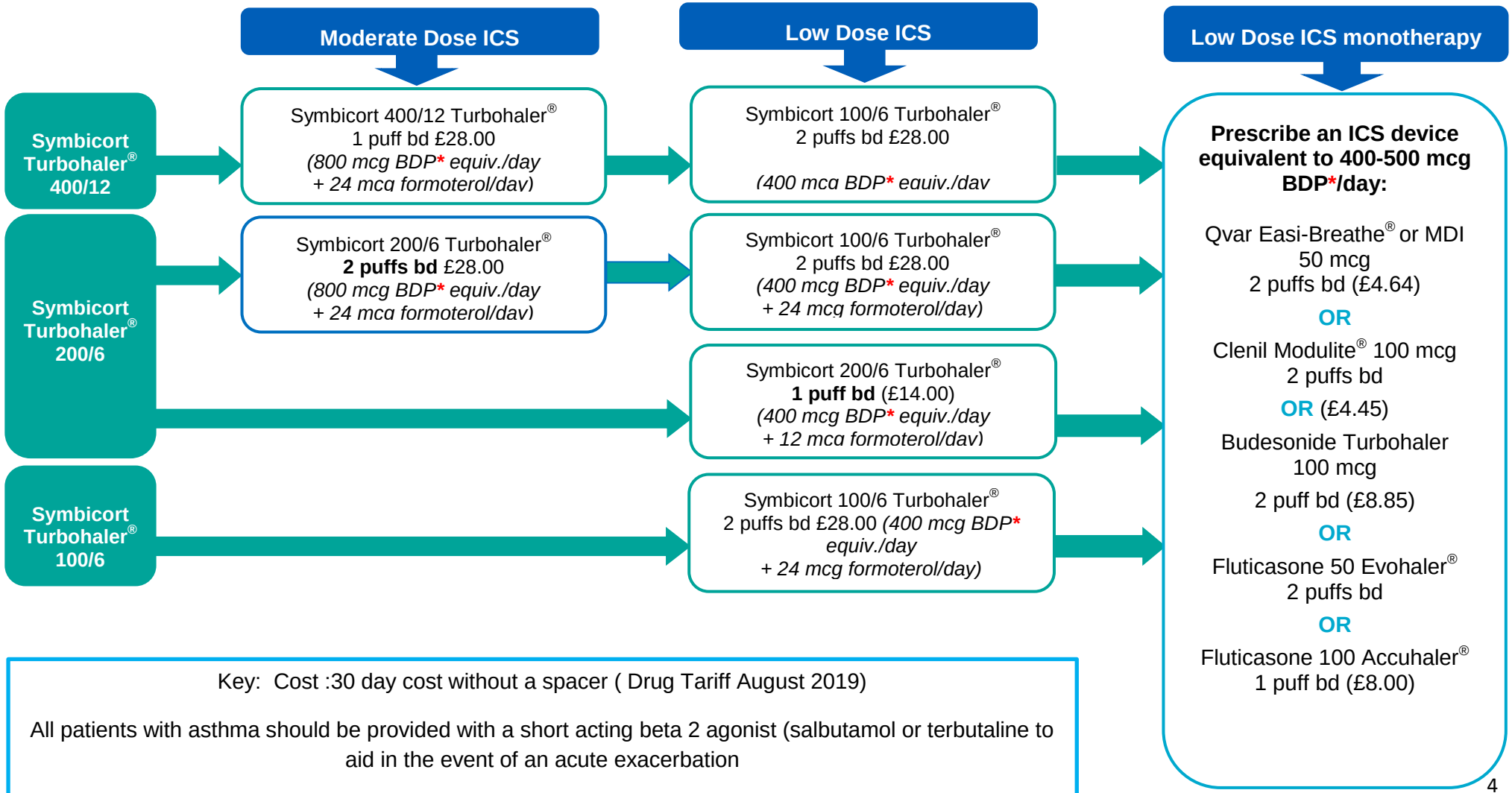
Asthma Decreasing Treatment Guide : Symbicort Turbohaler®

Note: all doses are for asthma maintenance therapy, not asthma maintenance and reliever therapy (e.g. not the SMART® regime)



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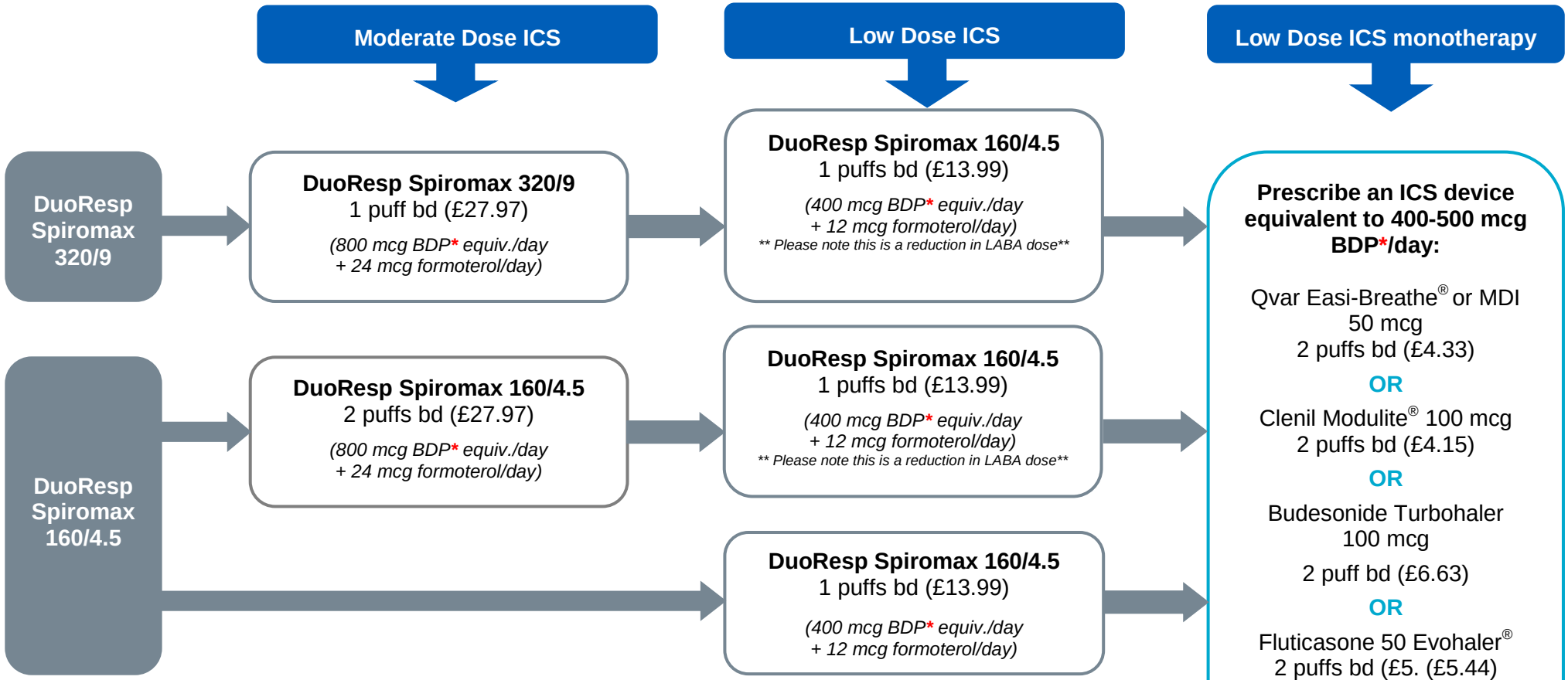
Asthma Decreasing Treatment Guide: DuoResp Spiromax®

Note: all doses are for asthma maintenance therapy, not asthma maintenance and reliever therapy (e.g. not the SMART® regime)



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References

1. British Thoracic Society. Scottish Intercollegiate Guidelines Network. British guideline on the management of asthma. 2019 https://www.sign.ac.uk/assets/sign158.pdf2.
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5.North Derbyshire Clinical Guideline .Step Down guidance April 2018. http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_3/Asthma_step_down.pdf