

### Simple adult asthma DPI pathway

If asthma is suspected consider a monitored initiation treatment of **low dose** ICS

### **Easyhaler budesonide 200mcg**



200mcg/puff. Start at 1 puff bd (400mcg total).

Alternatively 100mcg/puff at dose of two puffs bd

Do not exceed 400mcg/day at this step

Alternatively use an Easyhaler budesonide 400mcg once a day if patient stable (licensed dose).

Manufacturer recommends use in the evening.

Alternatively beclometasone Easyhaler can be substituted at same dosage. Not licensed at a once daily dose

### Plus reliever

### **Easyhaler salbutamol 100mcg**



100mcg/puff. 2 puffs when wheezing. Max 8 puffs in 24 hrs.

Review if needing to use more than 3 times a week

If results prove beneficial, continue regular preventer

treatment with low dose ICS with SABA cover

### Initial add on therapy

BEFORE ANY INTENSIFICATION CHECK TECHNIQUE AND COMPLIANCE. Also eliminate trigger factors

Consider a trial of monteleukast for 4-8 weeks then review (NICE 2017). BTS also suggests trying montelukast as an add on to ICS alone before intensification of ICS.

BTS/SIGN July 2019 guidance suggests using a LABA as an add-on therapy to ICS+SABA using a combination inhaler before any increase in ICS dose to the medium potency (~800mcg BDP/ day)

### **Fobumix Easyhaler 80/4.5mcg**

Budesonide and formoterol



Two puffs bd (**BTS low dose ICS**)

If insufficient control using 3 RCP questions, check again technique and compliance

If improvement when LABA added but control remains suboptimal, continue with LABA and increase ICS dose to medium. **Fobumix 160/4.5mcg two puffs bd (medium dose)**

If no improvement when LABA added, consider stopping the LABA and increasing ICS dose to medium, suggest:



**Easyhaler budesonide 200mcg two puffs bd**

**BTS/ SIGN guidance July 2019 Says: before moving above medium dose ICS (above 800 mcg BDP equivalent), patient should be referred to specialist care**

### Useful tips

Both BTS/SIGN and NICE recommend that asthmatics only have a salbutamol/terbutaline inhaler alone if they have asthma with infrequent short lived wheeze for occasional use. It may be appropriate therefore to set issue as acute and no more than one at a time. Review regularly.

Exercise induced asthma- BTS says for most patients this is an expression of poorly controlled asthma and regular treatment including ICS should be reviewed

Ensure that SABA inhalers have a dosage which reflects a rescue dose such as “two puffs when necessary for breathlessness”. Avoid the dosage “two puffs four times a day”