

Simple adult asthma MDI pathway

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

Kelhale 50mcg fine particle, twice as potent as Soprobec



50mcg/puff. Start at 2 puff bd (400mcg total because of increased potency).

Soprobec 100mcg, standard particle



100mcg/puff.

Start at 2 puffs bd (400mcg daily total)

Do not exceed 400mcg/day at this step (200mcg for Kelhale). Some patients may be controlled on less than this.

Plus reliever

Salbutamol MDI 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 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 montelukast 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)

Combisal 50/25 or **Flutiform K-Haler 50/5**
Fluticasone and salmeterol or fluticasone and formoterol



Breath actuated mdi

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 -**Combisal 125/25 two puffs bd (medium dose) or Flutiform K-haler 125/5 two puffs bd (medium dose)**

If no improvement when LABA added, consider stopping the LABA and increasing ICS dose to medium, suggest: **Kelhale 100mcg or Soprobec 200mcg two puffs bd (medium dose)**

BTS/ SIGN guidance July 2019 Says: before moving above medium dose ICS, 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”