**TREATMENT OF ADULT ASTHMA**

**REMEMBER!**
- LOWEST DOSE TO CONTROL SYMPTOMS
- CHECK TECHNIQUE & CONCORDANCE AT EACH VISIT

**ASTHMA**
Treatment according to symptoms:

1: Kelhale (beclomethasone extra-fine particles MDI) or Budesonide (Easyhaler or Turbokhaler) (DPIs)
   - ICS dose should be in the range of (adjusted according to need):
     - 100-200 micrograms twice daily for Kelhale
     - 200-400 micrograms twice daily for Budesonide
   (Inhaler choice dependent on technique and patient preference)

**STILL SYMPTOMATIC**

Check Inhaler Technique and Adherence

- Good technique
- Poor technique: Try a different device eg breath actuated or dry powder

2. Combination Therapy

- **Maintenance and Reliever therapy (MART)**
  - Do not co-prescribe a SABA

  * How to prescribe MART
    - **Fobumix** 80/4.5 or 160/4.5 (DPI) OD or BD and as required up to 12 inhalations/day
    - **Symbicort** 100/6 or 200/6 (Turbohaler) OD or BD and as required up to 12 inhalations/day
    - **Fostair** 100/6 twice daily plus as required up to 8 inhalations/day (Nexthaler)

- If remains uncontrolled
  - add Leukotriene antagonist eg montelukast 10 mg nocte

**Twice daily fixed dosing may be suitable for some patients but is associated with a greater exacerbation rate**

**STILL SYMPTOMATIC OR FREQUENT EXACERBATIONS**

3: Add a LAMA:
   - if using MART → **add** Tiotropium Respimat
   - if fixed dose ICS / LABA → **convert to** BD Trimbow or OD Enerzair Breezhaler

4: Consider trial of Azithromycin 250 mg OD (3-month trial and review)
   - seek Advice and Guidance if required (Electronic Referral Service)

5. Treat exacerbations with oral prednisolone (Refer if repeated > twice a year)

6: Refer to HUTH Severe Asthma service for consideration of biological treatment in patients with repeated exacerbations, eosinophils ≥0.3 and IgE (30-1500)

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