Asthma briefing

This briefing makes recommendations on the implementation of the National Institute for Health and Care Excellence (NICE) guidance chronic asthma management.[1] The differences between NICE and the British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) asthma guidance are considered and recommendations made on dealing with these differences at a local level.[1,2]

Key recommendations

- Agree local guidance for the management of asthma in consultation with local experts. Consider guidance from NICE and joint guidance from BTS and SIGN.[1,2] Pathway documents (based on NICE guidance) that can be adapted for local use are available at https://www.prescqipp.info/our-resources/bulletins/bulletin-251-asthma/
- Local decision-makers must consider where to position treatments, such as leukotriene receptor antagonists (LTRA) and maintenance and reliever therapy (MART) with inhaled corticosteroid (ICS) + long-acting beta$_2$ agonists (LABA), for which there are differing recommendations from NICE and BTS/SIGN.
- Commissioners should ensure that it is clear where adolescents fit into local asthma pathways.
- Practices should have robust systems in place to ensure that people with asthma are reviewed appropriately. As well as routine review, this also includes review of people that may be overtreated or undertreated.
- Consider decreasing maintenance therapy once a person's asthma has been controlled with their current maintenance therapy for at least three months.[1]
- Integrate the recommendations of the National Review of Asthma Deaths (NRAD) into the routine monitoring of asthma prescribing in practices and urgently follow up those at greatest risk of adverse outcomes. This includes people that over-use short-acting inhaled beta$_2$ agonists (SABA) inhalers or under-use preventer medications (or both).[3]
- Ensure that every person with asthma has an up to date personalised asthma action plan (PAAP).[1] Asthma action plans for adults and children can be found on the Asthma UK website (https://www.asthma.org.uk) and are available in English and Welsh languages.
- Ensure that when a person is first prescribed an inhaler, they are shown how to use it and that they can demonstrate they are able to use it. Inhaler technique should be observed and advised upon regularly, including when the inhaler device is changed and when there is deterioration in asthma control.[1] (NHS branded inhaler technique videos and leaflets are available as support resources at https://www.prescqipp.info/our-resources/webkits/respiratory-care/
- Prescribers should be aware of environmental issues relating to inhaler devices and be able to discuss them as part of shared decision making. Dry powder inhalers (DPIs) have a lower carbon footprint than pressurised metered dose inhalers (pMDIs) and should continue to be included as an option (for appropriate patients) in local formularies.[4]
- Advise people to return old inhalers to a pharmacy. Some pharmacies offer an inhaler recycling service. All pharmacies can dispose of pMDI canisters (which still contain greenhouse gas propellants) in an environmentally safe way.[4]
- Local guidance should support prescribers in selecting the least expensive treatment option that is appropriate and acceptable to the individual. An asthma treatment pathway costing tool to enable commissioners to estimate the financial impact of different asthma pathways and formulary choices they are considering is available at: https://bit.ly/2T8l1ep
- People should not have their treatment changed purely to follow NICE recommendations where they represent a change from traditional clinical practice guidance.[1] If treatment changes are clinically indicated (e.g. step-down/up treatment) people may be treated in line with a new locally-agreed pathway, where this is available. Examples of transitions from a BTS/SIGN-based asthma pharmacological treatment pathway to a NICE-based pathway are provided as a support resource in attachment 3.

References

1. National Institute for Health and Care Excellence (NICE). Asthma: diagnosis, monitoring and chronic asthma management (NG80). Issued 29/11/17, last updated January 2018. Accessed via www.nice.org.uk/guidance/ng80
2. British Thoracic Society/Scottish Intercollegiate Guidelines Network, British guideline on the management of asthma (SIGN 158). Issued July 2019. Accessed via https://www.brit-thoracic.org.uk/
3. Royal College of Physicians. Why asthma still kills. National Review of Asthma Deaths (NRAD). Confidential enquiry report. Issued May 2014. Accessed via http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths
4. National Institute for Health and Care Excellence (NICE). Patient decision aid. Inhalers for asthma. Last updated 23/05/19. Accessed 15/06/19 via https://www.nice.org.uk/guidance/ng80/resources

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-251-asthma/
	Tools	
	Data pack	

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