LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 57

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In this issue …

Asthma review – have you got your ACT together?

Current asthma guidelines recommend a stepwise approach to symptom management: stepping up therapy to achieve control of symptoms and stepping down treatment to a lower dose when control is good. [1,2]

Management of asthma aims to diminish or eliminate symptoms and improve lung function with minimal therapy and least possible side-effects. The Lothian Respiratory Managed Clinical Network website is a useful resource for those caring for patients with asthma. The Respiratory Managed Clinical Network (Respiratory MCN) recommends that the Asthma Control Test (ACT) is used at all 'yearly' assessments. The ACT questionnaire is the recommended way to assess a patient's symptoms.

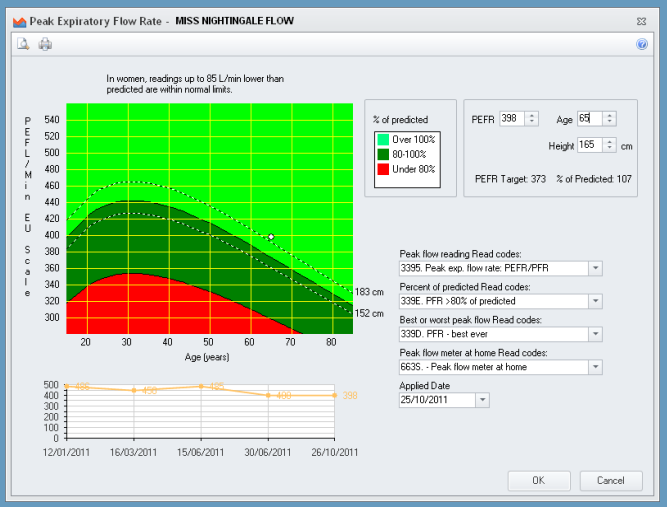
Asthma reviews should include:

- ✓ *Patient's height* – needed for predicted Peak Expiratory Flow Rate (PEFR)
- ✓ *Patient's weight* - obesity affects pulmonary function and increases steroid insensitivity
- ✓ *PEFR* – best of three
- ✓ *Drug therapy* – consider 'step down'
- ✓ *Inhaler* – check technique and compliance; consider uniformity of devices
- ✓ *Structured self-management plan* – for appropriate patients
- ✓ *Patient's asthma control* – use the ACT
- ✓ *Smoking status* – adversely affects all aspects of asthma care
- ✓ *Identification of allergens*

Key messages:

- **Inhaler technique should be assessed regularly to optimise care and control.**
- **Poor inhaler technique must be addressed before stepping patients up to higher doses.**
- **Allergens can be identified by taking a clinical history rather than testing.**
- **Antibiotics should not be routinely used to treat asthma exacerbations.**
- **Nebulisers do not improve control and should not be routinely used by patients with chronic asthma.**

Using BlueBayCT software in asthma care



The Respiratory MCN tool on BlueBayCT and the asthma review pack provide support to primary care practices and are available on the NHS Lothian intranet at www.lothianrespiratorymcn.scot.nhs.uk/index.php/publications/guidelines-and-protocols

BlueBayCT enables you to record and print out the information that is needed for an asthma review and also to print out the ACT and self-management plan. This system is currently available to all practices using VISION and all EMIS practices involved in 'Keep Well' projects.

References

1. Global Strategy for Asthma Management and Prevention. Global Initiative for Asthma (GINA). 2011. www.ginasthma.org
2. British Guideline on the Management of Asthma. BTS/SIGN Clinical Guideline 101. British Thoracic Society / Scottish Intercollegiate Network. May 2008, Revised 2012. www.sign.ac.uk

Thanks to the Respiratory MCN for contributing this article.

Minimising the steroid load with inhaled corticosteroids

Optimising patient care with inhaled corticosteroids (ICS) requires symptom control with minimised side-effects and harm. This table shows how 'standard' beclometasone doses compare to the equivalent dose of most corticosteroid inhalers. *Please note, these are not treatment recommendations.*

Standard beclometasone dose (micrograms)	Approved name	Brand name		Combination brand
Regular Standard Dose - BTS Steps 2 and 3 - when combined with Long Acting Beta Agonist (LABA)				
'100 bd'	beclometasone 100 bd	Clenil® 100 bd	Qvar® 50 bd	
	budesonide 100 bd	Pulmicort® 100 bd		Symbicort® 100/6 bd
	fluticasone 50 bd	Flixotide® 50 bd		
'200 bd'	beclometasone 200 bd	Clenil® 200 bd	Qvar® 100 bd	
	budesonide 200 bd	Pulmicort® 200 bd		Symbicort® 200/6 bd
	fluticasone 100 bd	Flixotide® 100 bd		Seretide® A 100/50 bd
	fluticasone 100 bd			Seretide® E 50/25 X2 bd
	mometasone 200 od *	Asmanex® 200 od		
PAEDIATRIC Regular High Dose - BTS Step 4 - STEROID CARD REQUIRED				
'250 bd'	beclometasone 250 bd	Clenil® 250 bd		Fostair® 100/6 bd
'400 bd'	beclometasone 400 bd	Clenil® 200 X2 bd	Qvar® 100 X2 bd	
	budesonide 400 bd	Pulmicort® 400 bd		Symbicort® 400/12 bd
	fluticasone 200 bd	Flixotide® 100 X2 bd		
	mometasone 200 X2 od *	Asmanex® 200 X2 od		
ADULT Regular High Dose - BTS Step 4 - STEROID CARD REQUIRED				
PAEDIATRIC ADRENAL SUPPRESSION can occur from this dose				
'500 bd'	beclometasone 250 X2 bd	Clenil® 250 X2 bd		Fostair® 100/6 X2 bd
	fluticasone 250 bd	Flixotide® 250 bd		Seretide® A 250/50 bd
	fluticasone 250 bd			Seretide® E 125/25 X2 bd
'600 bd'	beclometasone 200 X3 bd	Clenil® 200 X3 bd	Qvar® 100 X3 bd	
	budesonide 200 X3 bd	Pulmicort® 200 X3 bd		Symbicort® 200/6 X3 bd
	fluticasone 100 X3 bd	Flixotide® 100 X3 bd		
ADULT ADRENAL SUPPRESSION can occur from this dose				
'750 bd'	beclometasone 250 X3 bd	Clenil® 250 X3 bd		
	fluticasone 125 X3 bd	Flixotide® 125 X3 bd		
'800 bd'	beclometasone 400 X2 bd	Clenil® 200 X4 bd	Qvar® 100 X4 bd	
	budesonide 400 X2 bd	Pulmicort® 400 X2 bd		Symbicort® 400/12 X2 bd
	fluticasone 200 X2 bd	Flixotide® 100 X4 bd		
'1,000 bd'	fluticasone 500 bd	Flixotide® 500 bd		Seretide® A 500/50 bd
	fluticasone 500 bd			Seretide® E 250/25 X2 bd

INCREASING STEROID DOSE

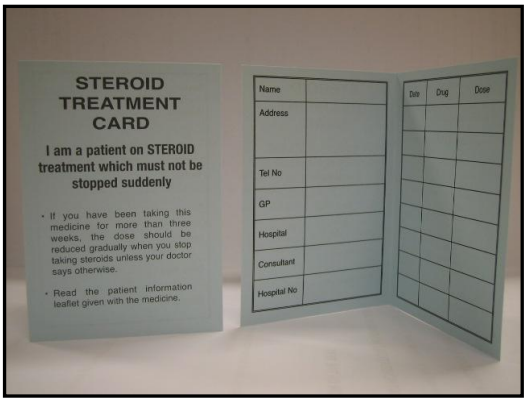
E = Evohaler; A = Accuhaler; od = once daily; bd = twice daily; BTS = British Thoracic Society; * evening dose

More on minimising the steroid load…

Inhaled corticosteroids (ICS) have a relatively flat dose response curve, so the majority of patients do not require maintenance doses above 500 micrograms fluticasone or 800 to 1,000 micrograms beclometasone or budesonide per day.

Key messages:

- **The lowest possible dose of ICS should be used. Patients with well controlled asthma should be considered for stepping down therapy, by approximately 25% of the total daily ICS dose.**
- **When stepping down therapy wait 12 weeks to judge clinical effect before making further reductions.**
- **Patients on high dose ICS should be given a steroid card and warned about the risks of adrenal suppression.**
- **Patients on high doses of inhaled steroids who receive more than four courses of oral steroids per year should be considered for specialist referral and DEXA scan.**
- **Children receiving high doses of corticosteroids should be assessed for adrenal suppression using a short Synacthen® (tetracosactide) test.**



Where do I get steroid treatment cards?

Steroid treatment cards are available from APS Management Group ☎ 0131 629 9938. To place an order e-mail to: stockorders.dppas@apsgroup.co.uk.

LJF recommendations on combination inhalers
Fostair® is LJF first choice for asthma

The LJF first choice combination inhaler for asthma in adults aged 18 years and over is Fostair® (beclometasone and formoterol) and the second choice is Seretide® (fluticasone and salmeterol) or Symbicort® (budesonide and formoterol) [LJF section 3.2 (c)].

Patients are often started on too high a strength of inhaler while it is recommended that the first prescription of combination inhalers should be the lowest dose available, e.g. LJF first choice Fostair®. If no improvement is seen in symptoms after one month then a higher dose can be tried.

Guidance on the use of Fostair® is available on the Education and Training section of the LJF website.

Combination inhalers can be a cost-effective alternative to the individual products and are more convenient to use. In asthma they minimise the risk of inadvertent monotherapy with long-acting beta$_2$-agonist bronchodilators. Choice will depend on the selected inhaled steroid and preferred device.

Prescribing Indicators to support best practice

Lothian Prescribing Indicator

There is a new Lothian prescribing indicator for 2012-13: Total quantity of Fostair® inhalers ≥10% of total quantity of inhalers of Seretide® Evohaler MDI 125 and 250; Symbicort® 100/6 and 200/6 per quarter.

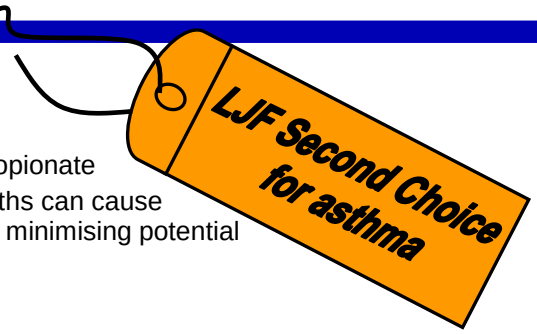
National Therapeutic Indicator

As part of an initiative to run from 1 April 2012 to 31 March 2013, GP practices will be funded the equivalent of six QOF points to deliver two prescribing actions, with the actions chosen from a basket of National Therapeutic Indicators (NTIs).[1] One of the NTIs measures high strength inhaled corticosteroids as a percentage of all inhalers (items).

Reference

1. Scottish Quality Prescribing Initiative. NHS Circular: PCA(M)(2012)08. Scottish Government. 5 April 2012. www.sehd.scot.nhs.uk/pca/PCA2012(M)08.pdf

Safe prescribing of Seretide® inhalers



The different dosing combinations for each of the Seretide® (fluticasone propionate and salmeterol) devices (Accuhaler and Evohaler) and wide range of strengths can cause confusion to clinicians and patients. Maximising the therapeutic effect whilst minimising potential harm requires careful prescribing and regular review.

Caution with LABA dose

It is a common error that Seretide® Accuhaler is prescribed as TWO puffs (= 100 micrograms salmeterol) twice daily. As the Accuhaler contains twice as much salmeterol as the Evohaler this leads to excessive dosing. The Accuhaler should be prescribed as ONE puff (50 micrograms) twice daily.

Care with device

The type of Seretide® device (Evohaler or Accuhaler) must be stated when prescribing to ensure both the correct dosing instruction and correct dose are given.

Cost effective prescribing

NHS Lothian spends over £7 million each year on LJF second choice Seretide® products and it is essential that this resource is used wisely by prescribing the most cost-effective device at a dose that minimises side-effects.

Key messages:

- **Seretide® prescriptions must state the strength, dose and device (Evohaler or Accuhaler) in order to reduce medication errors.**
- **Seretide® 250 Evohaler is more expensive than Seretide® 500 Accuhaler.**
- **Patients currently taking two puffs twice daily of any Seretide® Accuhaler should have their treatment reviewed at their next routine appointment due to possible excess dose salmeterol.**
- **Seretide® 500 Accuhaler is the only licensed Seretide® device for COPD patients.**

Thanks to Douglas McCabe, Clinical Pharmacist for contributing this article.

Bottom Line – single telephone number for Lothian Medicines Information

From 1 August 2012 the Lothian Medicines Information (MI) Service moved to a single telephone number for all of NHS Lothian. This number is 0131 242 2920 (extension 22920 internally) and is listed inside the front cover of the BNF for future reference.

MI is available to support the answering of complex questions regarding medicines for individual patients, for clinical teams based within the hospital setting your clinical pharmacist should be your first point of contact where possible.

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

The supplement can be accessed via the LJF website www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

Correspondence address:
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