Humber and North Yorkshire Children and Young People 12-17 years Asthma Guideline 2023

The enclosed asthma guidelines are intended for use by clinicians working in Humber and North Yorkshire.
These guidelines have been developed to inform treatment decisions for:

- People with suspected asthma that are awaiting objective diagnostic testing
- People with newly diagnosed asthma
- People with uncontrolled asthma considered by their clinician to require a change in treatment
- People considered by their clinician to require a change in asthma treatment for another reason through shared decision making

These guidelines **<u>are not</u>** intended to and **<u>should not</u>** be used to support or justify a switch in asthma therapy that is not clinically indicated. All change in treatment should be made through shared decision making between a patient and their clinician.

Guideline Key

- AIR: anti inflammatory reliever
- ICS: inhaled corticosteroid
- LABA: long-acting beta agonist
- LAMA: long-acting muscarinic antagonist
- LTRA: leukotriene receptor antagonist
- MART: maintenance and reliever therapy
- SABA: short-acting beta-agonist
- pMDI: pressurised Metered Dose Inhaler
- DPI: Dry Powder Inhaler

Humber and North Yorkshire
Health and Care Partnership

Humber and North Yorkshire Asthma Treatment Guidelines
Children And Young People aged 12 - 17 years

(The age range suggested is for guide only. Treatment options should be developmentally appropriate, taking into consideration patient choice and personalised education should be provided)

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Humber and North Yorkshire Health and Care Partnership

Move up or down and maintain lowest controlling therapy

Review 4-8 weeks after EVERY treatment change

Preferred track 12years+

Anti-Inflammatory Reliever Therapy

Low Dose ICS/LABA as needed *

Consider in CYP with Mild Asthma (infrequent asthma symptoms, less than twice a month and no exacerbations within the last 12 months)

Symbicort 200/6 Turbohaler (DPI)
***One** puff As Needed*

MART

Daily Low Dose ICS/LABA

Plus
Additional puffs taken, as needed, for relief (Max 8 puffs/day)

See additional notes on page 1 and 2

Symbicort 200/6 Turbohaler (DPI)
***One** puff* BD *or*
***Two** puffs* OD

Refer to Secondary Care:

- Poor Asthma Control despite optimised treatment, as per this guideline.
- 2 or more courses of oral steroids in the previous 12 months
- 1 or more attendances to ED in the previous 12 months
- Following inpatient/acute admission to hospital
- Diagnostic uncertainty
- Referral to TERTIARY Care if patient has required PICU admission for asthma.

For CYP already established on fixed dose regimes, consider switching to AIR/MART track (above) if:

- Non-adherent with fixed dose regime
- Is over 12 years and after discussion, CYP wants to switch
- Is taught face to face and can use a DPI device effectively

Once a change made review CYP within 4 weeks to ensure asthma remains controlled

***If CYP using ICS/Formoterol for relief of symptoms, more than 7 times per week, patient should be reviewed and a step up in treatment considered.**

Continue ICS
ADD
LTRA (OD)
If no benefit after 4 weeks, then
STOP LTRA

***LTRA Prescribing**
12-14 years **Montelukast 5mg** Chewable tablets **OD** at night
OR
15 years + **Montelukast 10mg** Chewable tablets **OD** at night
Discuss Potential side effects prior to prescribing

Additional Controller Therapies

Daily Medium Dose ICS/LABA
Plus
Reliever (SABA) as needed

Symbicort 200/6 Turbohaler (DPI)
***Two** puffs* BD

Combisal 125/25 (pMDI)
Two *puffs* BD ***via a spacer***

Seretide 125 (pMDI)
Two *puffs* BD ***via a spacer***

Relvar 92/22 Elipta (DPI)
***One** puff* OD

Alternative track

Regular Preventer

Daily Low Dose ICS *Plus Reliever (SABA) as needed*

Budesonide 200 Easyhaler (DPI)
***One** puff* BD

Pulmicort® 200 Turbohaler
(DPI) **One** *puff* BD

Soprobec 100 pMDI
Two** puffs* BD ***via a spacer

Clenil® 100 pMDI
Two** puffs* BD ***via a spacer

Initial Add on Therapy

Daily Low Dose ICS/LABA *Plus Reliever (SABA) as needed*

Symbicort 200/6 Turbohaler
(DPI)
One** puff BD* ***or ***Two** puffs* OD

Combisal 50/25 (pMDI)
Two *puffs* BD
via a spacer

Seretide 50 (pMDI)
Two *puffs* BD
via a spacer

Spacer Devices

Aerochamber plus Flow-Vu Youth (5-16 years)

Aerochamber plus Flow-Vu Standard

Volumatic Spacer

Spacer Tips

- Check inhaler technique before prescribing an inhaler and spacer device and at every asthma review.
- The choice of spacer should be based on age and ability.
- Children should be switched from a face mask to a mouthpiece as soon as they are able to demonstrate good technique, usually around age 4 years.
- All pMDI inhalers should be used with an appropriate spacer device.
- A spacer with a mask can be used in younger children (<5years) and in older children who cannot coordinate the use of a mouthpiece.
- Spacers should be washed according to manufacturer's instructions in warm soapy water and left to drip dry.
- (Volumatic spacers require priming and washing before first use).
- Replace spacers every 12 months.

The green leaf symbol identifies the lower carbon footprint regimen and devices.

Inhaler choice should be based on an individual patient's needs, choice, and ability to use the device.

Controlled asthma has a significantly lower environmental impact than uncontrolled asthma.

Greener Practice Guide

Principals of Good Asthma Care – consider before stepping up or down

▪ ICS is the cornerstone of treatment	▪ Use a spacer with Meter Dose Inhalers
▪ Check the diagnosis is correct	▪ Provide a Personalised Asthma Action Plan
▪ Check inhaler technique	▪ Maintain lowest controlling therapy
▪ Check adherence	▪ **Asthma is not controlled if using >2 SABA's per year**
▪ Identify and document triggers	▪ **Consider review if >3 SABA requested per year**

Relievers (SABA)

Salbutamol Easyhaler (DPI) 1-2 puffs PRN

Bricanyl Turbohaler 500 (DPI) 1 puff PRN up to QDS

Salamol 100 (pMDI) 1-2 puffs PRN Via an age-appropriate spacer device

Salamol 100 Easi-Breath (pMDI) 1-2 puffs PRN

Short-acting Beta Agonist use (SABA) in Asthma

SABA over-use (3 or more canisters per year) is associated with increased risk of asthma attacks and asthma deaths. SABA should not be prescribed using repeat prescription unless a robust system is in place to identify and address SABA over-use.

AIR/MART Reliever (ICS/Formoterol)

Symbicort 200/6 Turbohaler (DPI)
ONE puff As Needed
(MAX 8 Puffs/day)
Same inhaler used for both Maintenance and Relief prescribe in addition to daily low dose ICS/Formotorol (MART)

***If CYP using ICS/Formoterol for relief of symptoms, more than 7 times per week, patient should be reviewed and a step up in treatment considered.**

See Page 3 for further guidance on AIR/MART regimes in CYP

Aim of Treatment

To achieve control of symptoms and maintain control by increasing and decreasing treatment as necessary. Use the lowest effective doses to achieve control.
Good Asthma control is defined as:

- No daytime symptoms
- No night-time waking due to asthma
- No need for reliever medications
- No limitation on activity including exercise
- No exacerbations
- Normal lung function
- Minimal side effects from treatment

Asthma is not controlled if:

- Using reliever 3 times a week or more.
- Having symptoms 3 times a week or more.
- Waking at least once a week.
- Using > 2 reliever inhalers per year
- Consider review if >3 requested per year.

Stepping Down Preventer ICS

High doses of ICS may cause long term harm, if a patient is well controlled and stable then consider reducing the dose:

- Consider stepping down ICS doses when asthma has been controlled on current therapy for at least 3 months.
- Discuss with the CYP and their family the potential risks and benefits of stepping down their ICS.
- After treatment is reduced the patient should have their treatment reviewed within 4-8 weeks.
- Update the patient's Personalised Asthma Action Plan.

Air Quality & Asthma

- Indoor and outdoor air pollutants in the air can act as triggers for many people with asthma.
- During an asthma review HCP's should ask about potential sources of indoor and outdoor air pollution (such as patient smoking/parental smoking, open solid fuel fires, damp and mould, proximity of homes/school to busy roads etc.) **These should be clearly documented.**
- If patient or parent smokes or vapes, give 'Very Brief Advice' and signpost to local stop smoking services.
  Find Your Local Stop Smoking Service (LSSS) - Better Health - NHS (www.nhs.uk)
- If patient reports issues with damp and mould in their home, refer to HNY Air Pollution leaflet, which can be found via the Healthier Together website (QR code below).
- If the family need further support signpost to Citizens Advice - Housing - Citizens Advice
- If any concerns raised regarding outdoor air pollution, signpost patients to pollution forecast - Pollution forecast - Defra, UK

Maintenance and Reliever Therapy (MART)

MART uses combined ICS/formoterol as both the preventer and reliever in asthma. Formoterol is a long-acting bronchodilator that is also fast acting, providing effective, rapid relief from bronchoconstriction.

Maintenance and Reliever Therapy

- MART is associated with fewer asthma exacerbations than treatment regimens using a fixed dose ICS/LABA combination inhaler with SABA reliever.
- MART ensures that symptomatic asthma patients receive an inhaled corticosteroid, even when adherence to preventer therapies is sub-optimal.
- MART provides fast and effective relief of asthma symptoms.
- In CYP co-prescribe SABA + Spacer alongside their MART regimen, for use in an emergency.
- In older CYP, who self-manage their asthma, they may choose to use their ICS/LABA in an emergency. BUT it is recognised that when CYP are in settings, such as school it is likely that schools will have access to and administer SABA via a spacer in an emergency.
- Provide a dedicated MART Asthma Action Plan when prescribing MART.

MART PAAP

Add QR Code

Where can I find more asthma resources?

Asthma & Lung UK Inhaler technique videos

Add QR Code

HNY Healthier Together

Add QR Code