WFHP Sustainable Inhaler prescribing guide for adult asthma





Not so good...

 Great! Can you breathe in quickly and deeply through your mouth within 2-3 seconds? If yes DPI should be fine







*See notes re SABA DPI use



2 puffs BD



1 puff BD halves propellant output



1 puff BD. Interchangeable with budesonide below



2 puffs BD



1 puff BD halves propellant output



1 puff BD or see above







Fostair 100/6 1puff BD

Step 2 inhalers

Fostair 100/6 and Flutiform 50/5 MDI (left) can both be switched to any of the 3 devices to the right:

Fostair 100/6 DPI Duoresp Spiromax 160/4.5 Fobumix Easyhaler 160/4.5



Fostair Nexthaler 100/6 1 puff BD



Flutiform 50/5 2 puffs bd

MOST DAMAGING INHALER

TERETE TO THE TE

Topic Control Control

Duoresp Spiromax 160/4.5 1 puff BD

OR 2 puffs OD (compliance benefit)

MART information:

https://www.asthma.org.uk/a dvice/inhalers-medicinestreatments/inhalers-andspacers/mart/ At this step **strongly consider** prescribing as **MART therapy** to reduce SABA use and improve asthma control:

Fostair 100/6 1 puff BD AND one additional puff upto 6 times daily (max total 8 puffs daily

Duoresp Spiromax 160/4.5 2puffs OD or 1-2puffs BD and extra doses when needed upto total 8 puffs daily

Fobumix Easyhaler 160/4.5 2puffs OD or 1-2puffs BD and extra doses when needed upto total 8 puffs daily



Fobumix Easyhaler 160/4.5 1 puff bd

PTO







Fostair 100/6 2 puffs BD



Flutiform 125/5 2 puffs BD
THE MOST DAMAGING INHALER

Step 3 Inhalers

Either inhaler on the left can be switched to any of the four on the right.

Fostair Nexthaler 100/6 2 puffs twice daily (device image above)

OR

Duoresp Spiromax 320/9 1 puff twice daily (device image above)

OR

Fobumix easyhaler 320/9 1 puff twice daily (device image above)

OR



Relvar Ellipta 92/22 1 puff ONCE daily

Specialist Therapies

See County asthma guidelines.

Caution- consider specialist advice prior to switching inhalers in this category as patients likely to be higher risk.

*Notes re SABA DPI use:

For reliever inhalers where there is concern that the patient may not be able to use a dry powder device during an exacerbation a backup salamol MDI and spacer can be given for emergency use and a dry powder device prescribed for day to day reliever use.

This would apply particularly to patients who have a history of frequent exacerbations or hospital admission.