

March 2017

REVISED ADULT ASTHMA GUIDELINES

New Zealand has one of the highest rates of asthma in the world which disproportionately affects Maori and Pacific Island people, and those from lower socio-economic groups. In New Zealand, nearly 500 000 people take medicines for asthma; one in seven children and one in nine people aged over 15 years.¹

The Asthma and Respiratory Foundation NZ Adult Asthma Guidelines², revised and published in November 2016, provide simple, practical and evidence-based recommendations for the diagnosis, assessment and management of asthma in adults (aged 16 and over) in a quick reference format.

In this step-wise approach to asthma management, patients step up or step down as required to achieve and maintain control of their asthma, and reduce the risk of exacerbations.²

Practice Points

- Most patients with asthma should be reviewed every three months.¹ Try to make time for patients and families to discuss asthma and create shared goals of care.³
- Nominating an “asthma champion” in your practice ensures someone is responsible for checking that each patient is receiving regular follow-up as well identifying the patients with the greatest unmet need.¹
- Develop a collaborative approach to asthma care so that consistent messages are delivered to patients.³
- Focus on expanding one aspect of patient or whānau understanding of asthma at every consultation – asthma education is an ongoing process.³
- Ensure that information about asthma is delivered in a way that is matched to the stage of health literacy of the patient and their whānau. Always check that the key points have been understood as intended.³

Asthma Action (Self-Management) Plans²

- Asthma Action Plans may be based on symptoms with or without peak flow measurements.
- They comprise of either 3 or 4 stages depending on patient and health professionals preference.
- In the 4 stage plan there is an extra step giving patients the option of increasing the dose of ICS (inhaled corticosteroid).
- The SMART plan is used only with the single ICS/LABA Maintenance and reliever therapy.

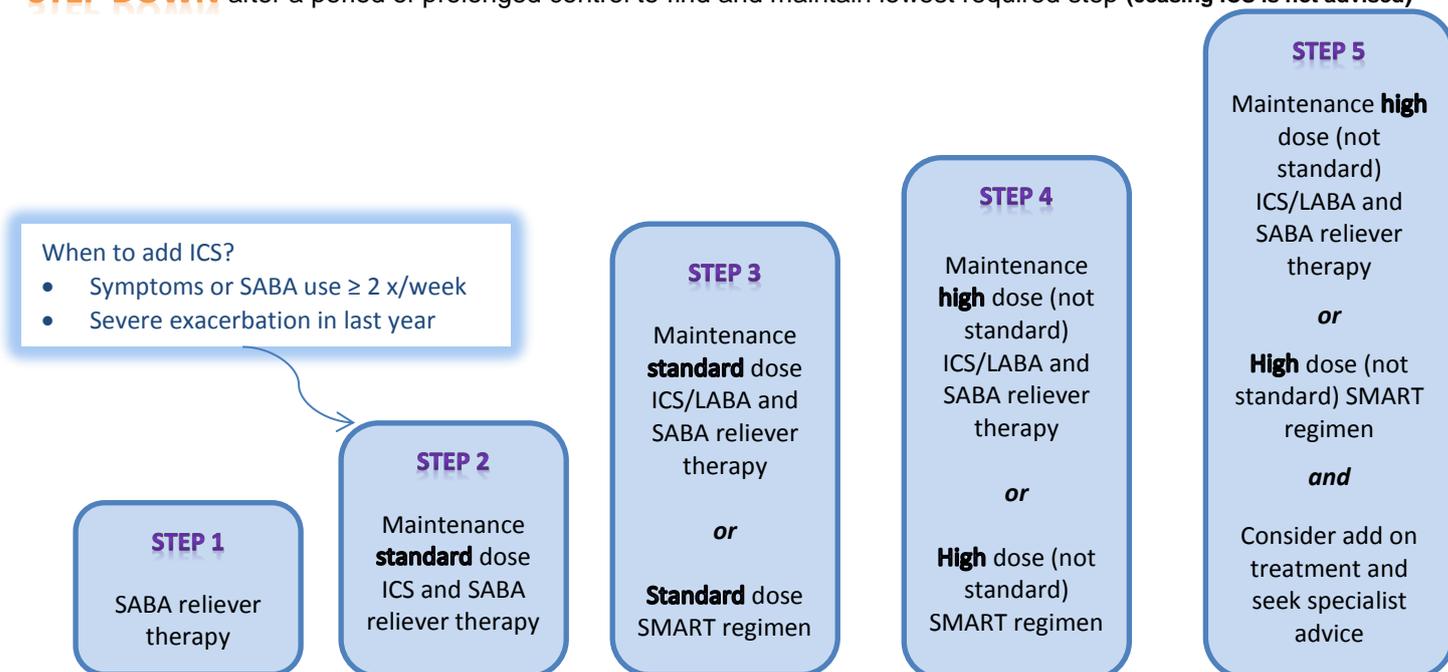
Stepwise Approach to Adult Asthma Treatment

New guidance from the NZ Adult Asthma Guidelines (2016), Asthma + Respiratory Foundation NZ



STEP UP to achieve control and reduce risk of exacerbations

STEP DOWN after a period of prolonged control to find and maintain lowest required step (ceasing ICS is not advised)



SABA: short-acting bronchodilator; LABA: long-acting bronchodilator; ICS: inhaled corticosteroid; SMART: Single ICS/LABA Maintenance And Reliever Therapy

Practice points

- Consider stepping up if patient has uncontrolled symptoms, exacerbations or at increased risk.
- Consider stepping down if symptoms are controlled for three months and at low risk for exacerbations.
- Alternative therapies eg sodium cromoglycate, nedocromil or montelukast may be considered in some patients at the lower steps.
- In asthma patients with features of COPD, long acting muscarinic antagonists (LAMA) may be considered.
- At each step check inhaler technique, treatment adherence, understanding of self-management plan and barriers to self-care.

Recommended ICS/LABA doses in adult asthma (funded treatments)						
Step 3				Step 4 + 5		
Seretide 50/25	2 inh BD	+ SABA for relief		Seretide 125/25	2 inh BD	+ SABA for relief
Seretide 100/50	1 inh BD	+ SABA for relief		Seretide 250/50	1 inh BD	+ SABA for relief
Symbicort 100/6	2 inh BD	+ SABA for relief		Symbicort 200/6	2 inh BD	+ SABA for relief
Symbicort 200/6	1 inh BD	+ SABA for relief		Breo Ellipta 100/25	1 inh daily	+ SABA for relief
OR				OR		
SMART regimen				SMART regimen		
Symbicort 100/6	2 inh BD	+	1 inh for relief	Symbicort 200/6	2 Inh BD	+ 1 inh for relief
Symbicort 200/6	1 inh BD	+	1 inh for relief	(Symbicort 400/6 is not recommended)		

Recommended standard daily doses of ICS in adult asthma (as in Step 2) microgram/day	
Beclomethasone dipropionate	400-500
Beclomethasone dipropionate extra fine	200
Budesonide	400
Fluticasone propionate	200-250

Treatable Risk Factors include	Non-pharmacological measures to improve asthma outcomes
Overlapping disorders: COPD, bronchiectasis, allergic bronchopulmonary aspergillosis, dysfunctional breathing	<ul style="list-style-type: none"> • provide smoking cessation support • advise and support weight loss • breathing exercise programmes • avoiding known triggers (e.g. NSAIDs) • ensure a warm/dry domestic environment • avoid “unflued” gas heaters
Co-morbidities: obesity, GORD, rhinitis, sinusitis, depression/anxiety	
Environmental: smoking, occupational exposures, provoking factors e.g. NSAIDs, beta-blockers	
Behavioural: adherence, inhaler technique	

The four-step adult asthma consultation

<p>1. Assess asthma control</p>	<ul style="list-style-type: none"> ➤ Complete the Asthma Control Test (ACT) score: <ul style="list-style-type: none"> ● 20-25: well controlled ● 16-19: partly controlled ● 5-15: poorly controlled ➤ Review: <ul style="list-style-type: none"> ● lung function tests - Peak flow monitoring and/or spirometry ● history of severe asthma attacks in last 12 months (requiring urgent medical review, oral steroids or bronchodilator nebuliser use) ➤ Use Asthma Review Screening tool in Patient Management System (PMS)
<p>2. Consider other relevant clinical issues</p>	<ul style="list-style-type: none"> ➤ Ask about compliance with maintenance treatment ➤ Check inhaler technique ➤ Enquire about clinical features associated with an increased risk ➤ Consider treatable risk factors ➤ Decide whether peak flow monitoring is indicated
<p>3. Decide if step up or step down maintenance therapy required</p>	<ul style="list-style-type: none"> ➤ Is a step up in treatment required if asthma is not adequately controlled, patient has poor lung function or has had recent severe exacerbations? ➤ Is a change to the SMART regimen required in patients prescribed ICS/LABA treatment who have had a recent severe exacerbation? ➤ Is a step down in treatment possible if there has been a sustained period of good control?
<p>4. Complete asthma action (self management) plan</p>	<p>Decide which action plan to use. Download from https://www.asthmafoundation.org.nz/resources/asthma-action-plans</p> <ul style="list-style-type: none"> ➤ Action plans may be based on symptoms with or without peak flow measurements. ➤ They comprise of either 3 or 4 stages depending on patient and health professionals preference. ➤ In the 4 stage plan there is an extra step giving patients the option of increasing the dose of ICS (inhaled corticosteroid). ➤ The SMART plan is used only with the Single ICS/LABA Maintenance And Reliever Therapy.

Information obtained from NZ Adult Asthma Guidelines 2016 (Asthma and Respiratory Foundation NZ)

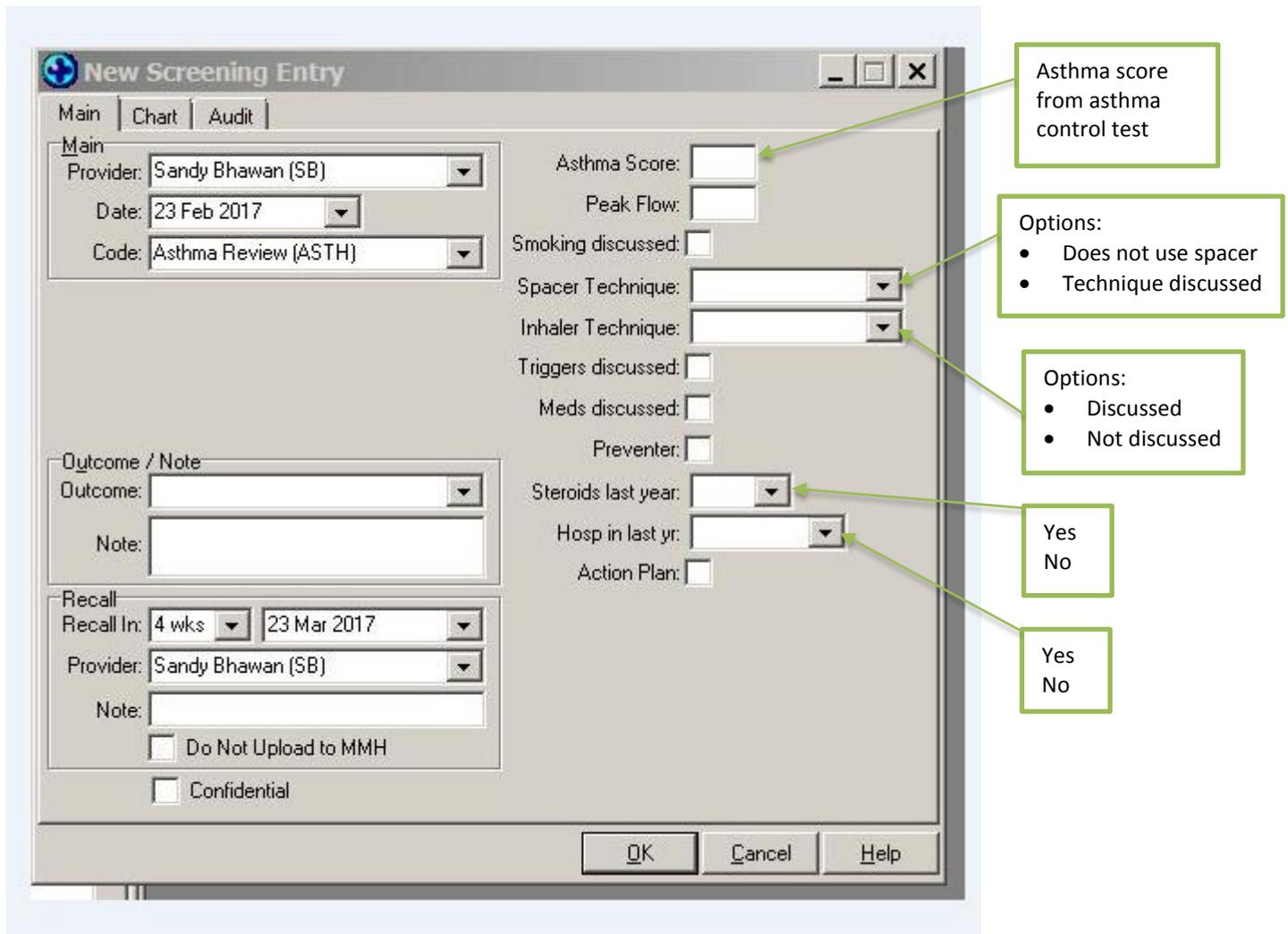
For Adult Asthma quick reference tutorials presented by Professor Richard Beasley go to

<http://www.nzasthmaguidelines.co.nz/resources.html>

References: for full guidelines (including the management of acute/severe asthma) refer to NZ Adult Asthma Guidelines 2016 (Asthma + Respiratory Foundation NZ) on <http://www.nzasthmaguidelines.co.nz/>

Asthma Screening Tool

To improve proactive monitoring of patients with asthma and their treatment, Hutt Union Community Health Services (HUCHS) have developed an 'Asthma Review' screening tool (see over), which they have offered to share with practices in the TeAHN network. It allows the GP or practice nurse to record various aspects of asthma management in a single tool.



The screenshot shows a 'New Screening Entry' form with the following fields and callouts:

- Main Section:**
 - Provider: Sandy Bhawan (SB)
 - Date: 23 Feb 2017
 - Code: Asthma Review (ASTH)
- Outcome / Note Section:**
 - Outcome: [Dropdown]
 - Note: [Text Area]
- Recall Section:**
 - Recall In: 4 wks
 - Date: 23 Mar 2017
 - Provider: Sandy Bhawan (SB)
 - Note: [Text Area]
 - Do Not Upload to MMH
 - Confidential
- Right Side Fields:**
 - Asthma Score: [Text Input] (Callout: Asthma score from asthma control test)
 - Peak Flow: [Text Input]
 - Smoking discussed:
 - Spacer Technique: [Dropdown] (Callout: Options: Does not use spacer, Technique discussed)
 - Inhaler Technique: [Dropdown] (Callout: Options: Discussed, Not discussed)
 - Triggers discussed:
 - Meds discussed:
 - Preventer:
 - Steroids last year: [Dropdown] (Callout: Yes, No)
 - Hosp in last yr: [Dropdown] (Callout: Yes, No)
 - Action Plan:

References

1. Bpac report 2016: Asthma in Primary Care. Retrieved from <http://www.bpac.org.nz/Report/2016/June/asthma.aspx>
2. NZ Adult Asthma Guidelines 2016 (Asthma + Respiratory Foundation NZ). Retrieved from <http://www.nzasthmaguidelines.co.nz>
3. Asthma education in primary care. BPJ. 2015; Issue 70:19-27.