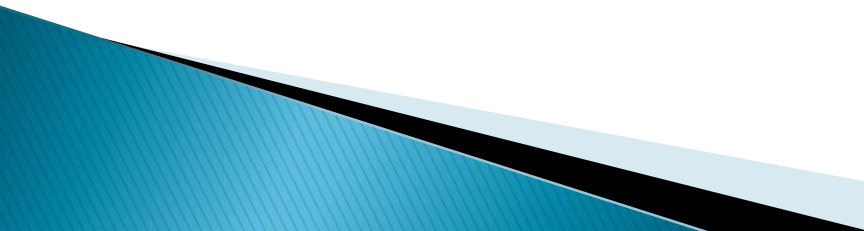


# Asthma Management

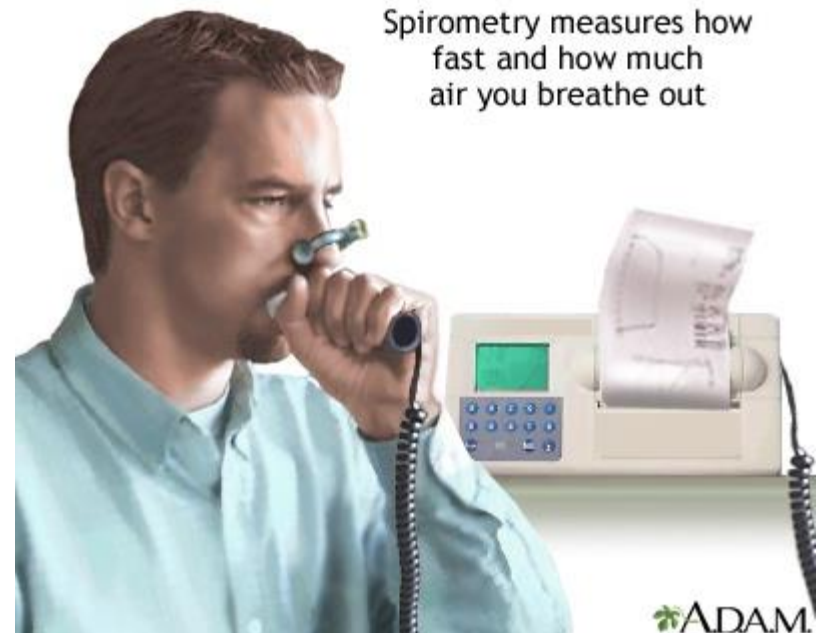
Ros Badman  
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# Asthma prevalence and NRAD

- ▶ Approx 5.4 million people in UK diagnosed with asthma (about 15%). (Asthma UK)
  - ▶ 1 / 3 will not have asthma on objective testing.
  - ▶ In 2013 there were 195 adult deaths from asthma. (National review asthma deaths 2014)
  - ▶ 45% died without seeking medical advice.
  - ▶ Only 23% had a PAAP.
  - ▶ 39% had 12 or more SABA's in 12 months
- 

# Assessment and Diagnosis

- ▶ NICE – assessment and diagnosis still in development
- ▶ BTS / Sign – 2016



# Diagnosis

Do not use symptoms alone

Do not use an isolated incident

Do use a history of atopic disorders alone

Structured history to include wheeze, cough, breathlessness and variation

Family history and triggers

Do not diagnose on a single diagnostic test

# Tests

- ▶ Spirometry – FEV1 / FVC ratio of less than 70% is obstructive. A normal spirometry when no symptoms does not exclude asthma.
- ▶ Reversibility – increase of FEV1 12% or more, or 200mls as positive.
- ▶ FeNo – >40ppb is positive
- ▶ Peak flow variability – 2–4 weeks, 20% variability is positive
- ▶ Bronchial challenges



# Suspect asthma

- ▶ Do not rule out other diagnoses if symptom control is poor after treatment.
- ▶ Review after 6–10 weeks, measure asthma control and repeat objectives.



# Self management



This is what I need to do to stay on top of my asthma:

My personal best peak flow is:

My preventer inhaler

(insert name/colour):

I need to take my preventer inhaler every day even when I feel well

I take  puff(s) in the morning and  puff(s) at night.

My reliever inhaler

(insert name/colour):

I take my reliever inhaler only if I need to

I take  puff(s) of my reliever inhaler if any of these things happen:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

Other medicines I take for my asthma every day:

With this daily routine I should expect/aim to have no symptoms. If I haven't had any symptoms or needed my reliever inhaler for at least 12 weeks, ask my GP or asthma nurse to review my medicines in case they can reduce the dose.



People with allergies need to be extra careful as attacks can be more severe.



My asthma is getting worse if I notice any of these:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough)
- I am waking up at night
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising)
- I am using my reliever inhaler  times a week or more
- My peak flow drops to below

This is what I can do straight away to get on top of my asthma:

**1** If I haven't been using my preventer inhaler, start using it regularly again or:

Increase my preventer inhaler dose to  puffs  times a day until my symptoms have gone and my peak flow is back to normal

Take my reliever inhaler as needed (up to  puffs every four hours)

If I don't improve within 48 hours make an urgent appointment to see my GP or asthma nurse.

**2** If I have been given prednisolone tablets (steroid tablets) to keep at home:

Take  mg of prednisolone tablets (which is  x 5mg) immediately and again every morning for  days or until I am fully better.

**URGENT!** Call my GP or asthma nurse today and let them know I have started taking steroids and make an appointment to be seen within 24 hours.



I'm having an asthma attack if any of these happen:

- My reliever inhaler is not helping or I need it more than every  hours
- I find it difficult to walk or talk
- I find it difficult to breathe
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot
- My peak flow is below



**THIS IS AN EMERGENCY TAKE ACTION NOW**

**1** Sit up straight – don't lie down. Try to keep calm

**2** Take one puff of my reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs

**3** A) If I feel worse at any point while I'm using my inhaler

B) If I don't feel any better after 10 puffs

C) If I feel better: make an urgent same-day appointment with my GP or asthma nurse to get advice

CALL 999

Ambulance taking longer than 15 minutes? Repeat step 2

If I feel better, and have made my urgent same-day appointment:  
 • Check if I've been given rescue prednisolone tablets  
 • If I have these I should take them as prescribed by my doctor or asthma nurse

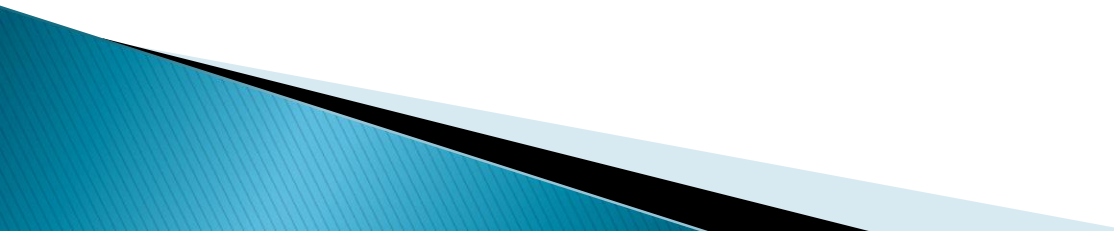
**IMPORTANT!** This asthma attack information is not designed for people who use the Symbicort® SMART regime OR Fostair® MART regime. If you use one of these speak to your GP or asthma nurse to get the correct asthma attack information.

# Acute asthma

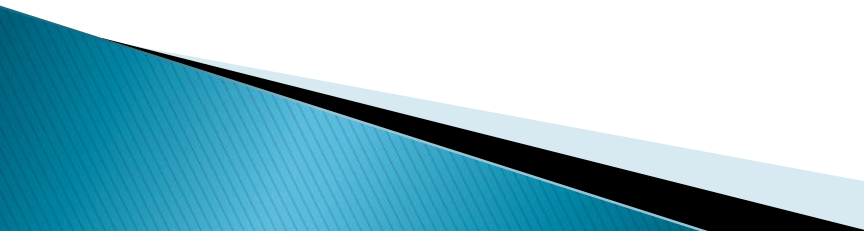
- ▶ Moderate – PEF 50–75% of best
- ▶ PEF lower than 50% – **ADMIT**
- ▶ Severe – PEF 33–50% of best, RR > 25 /min, HR > 110/min, unable to complete sentences
- ▶ Life threatening – PEF < 33% of best, sats < 92%, silent chest, poor respiratory effort, hypotensive



# Refer

- ▶ Any doubt about diagnosis
  - ▶ Hospital admissions with poorly controlled symptoms
  - ▶ Complicating co-morbidities – 50% of asthmatics have 3 or more
  - ▶ Consideration of biological treatments (omalizumab / mepolizumab)
  - ▶ > 2 course of prednisolone in 12 months.
- 

# Think about treatable traits

- ▶ Dysfunctional breathing
  - ▶ Vocal Cord dysfunction
  - ▶ Nasal polyps / rhinitis / sinus disease – 75% of asthmatics have rhinitis
  - ▶ Fixed airflow obstruction
  - ▶ Immune deficiency
  - ▶ GORD
  - ▶ Obesity / OSA / hypoventilation
  - ▶ Psychology
- 

# Compliance

- ▶ Inhaler technique!
- ▶ Inhaler technique!
- ▶ Inhaler technique!



