

Primary Care Asthma Review Pathway

Controller Treatment Guidance

Baseline assessment of control

- 1st step controller treatment:
 - Age < 5y: Soprobec/Clenil Modulite 100mcg 2x daily via MDI and spacer (or licensed equivalent)
 - Age ≥ 5y: Soprobec/Clenil Modulite 200mcg 2x daily via MDI and spacer (or licensed equivalent)

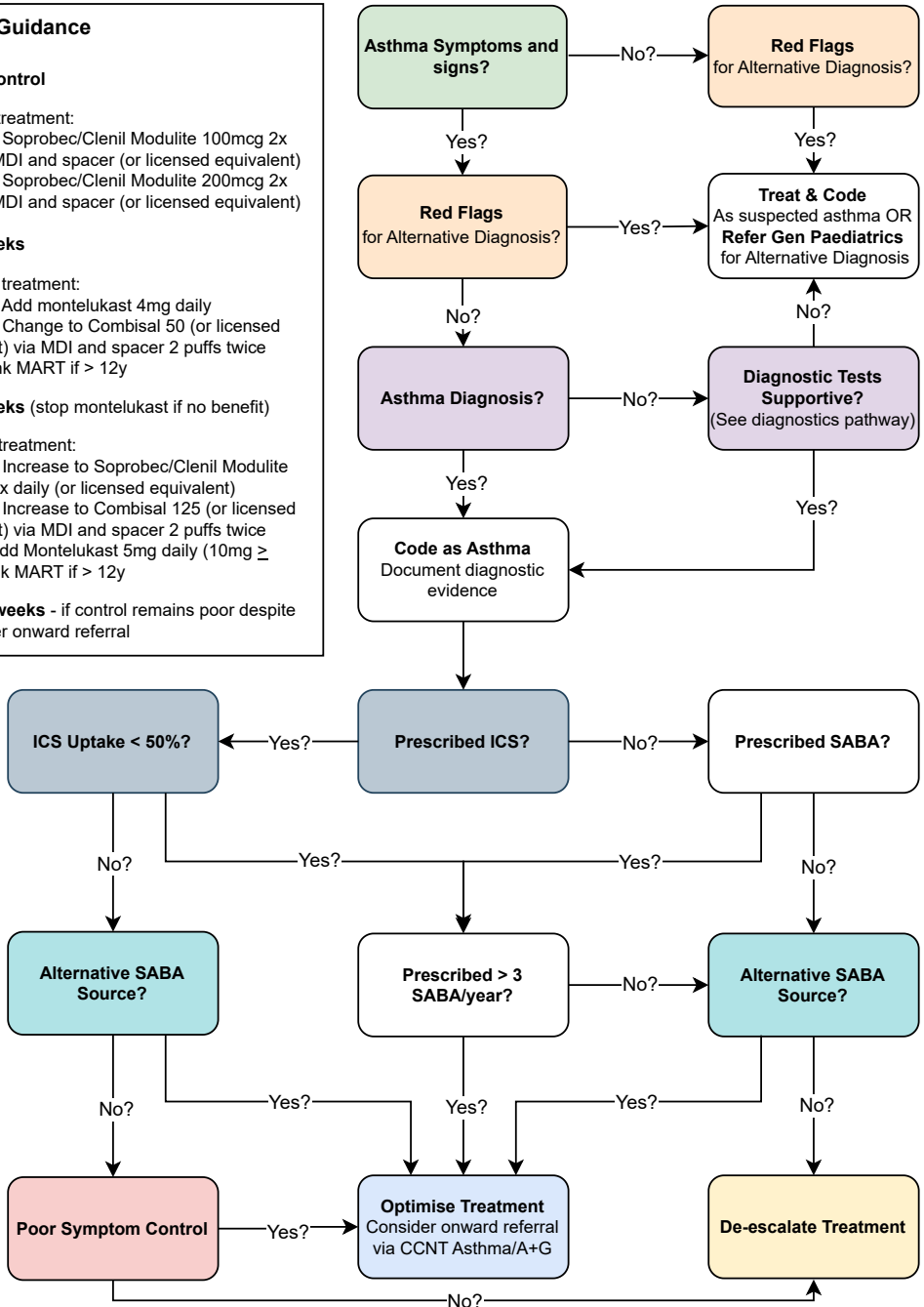
Review control in 6-12 weeks

- 2nd step controller treatment:
 - Age < 5y: Add montelukast 4mg daily
 - Age > 5y: Change to Combisal 50 (or licensed equivalent) via MDI and spacer 2 puffs twice daily - think MART if > 12y

Review control in 6-12 weeks (stop montelukast if no benefit)

- 3rd step controller treatment:
 - Age < 5y: Increase to Soprobec/Clenil Modulite 200mcg 2x daily (or licensed equivalent)
 - Age > 5y: Increase to Combisal 125 (or licensed equivalent) via MDI and spacer 2 puffs twice daily +/- add Montelukast 5mg daily (10mg ≥ 15y) - think MART if > 12y

Reassess control in 6-12 weeks - if control remains poor despite optimised treatment consider onward referral



Explanatory Notes

Asthma Symptoms	Treatment Optimisation	Asthma Diagnosis	Poor Symptom Control
<ul style="list-style-type: none"> Episodic cough and wheeze Clinician documented wheeze (not stridor) Viral/nocturnal/exercise symptoms Salbutamol response Atopy may be present Harrison sulcus Eczema Rhinitis Examination may be normal 	<ul style="list-style-type: none"> Start/increase daily ICS up to: <ul style="list-style-type: none"> 400-1000 BDPE (>5y) 200-500 BDPE (<5y) Consider add-on therapy <ul style="list-style-type: none"> combi ICS/LABA (>5y) Montelukast (<5y) Treat comorbidities Improve compliance Optimise delivery Inhaler technique Appropriate spacer Think MART (>12y) Refer onwards if uncontrolled 	<ul style="list-style-type: none"> Asthma Control Test (ACT) <ul style="list-style-type: none"> Less than 19 Response to ICS trial Peak Expiratory Flow (PEFR) <ul style="list-style-type: none"> Diurnal variation Salbutamol response Spirometry: <ul style="list-style-type: none"> ppFEV1 < 70% Reversibility > 12% FeNO > 30ppb Use PEF/ACT/Treatment trial if FeNO/Spirometry unavailable 	<ul style="list-style-type: none"> ACT < 19 Sleep disturbance Exercise limitation <ul style="list-style-type: none"> Routine SABA Needing to stop SABA > 3x/week SABA > 6 devices/yr OCS in last 12 months Unscheduled medical attendance in last 12 months School absence
Alternative SABA Sources	Medication Usage	Treatment De-escalation	Alternative Diagnosis Red Flags
<ul style="list-style-type: none"> Sibling Hoarding Independent Purchase <ul style="list-style-type: none"> The above may require a home visit Community Pharmacy Secondary Care (SABA issued from unscheduled medical attendances) 	<ul style="list-style-type: none"> 2 puffs BD = 30 days <ul style="list-style-type: none"> Seretide MDI Sirdupla MDI Combivent MDI Combisal MDI Symbicort turbohaler 2 puffs BD = 50 days <ul style="list-style-type: none"> Clenil modulite MDI Soprobec MDI 	<ul style="list-style-type: none"> Wean/Stop ICS <ul style="list-style-type: none"> Consider time of year Consider total BDP Monitor Symptom control After 1 yr good symptom control. <ul style="list-style-type: none"> Edit Asthma diagnosis to past problem. Remove repeat meds 	<ul style="list-style-type: none"> Wet cough Low weight for height X-ray changes Stridor/Absence of wheeze Prominent vomiting history Choking with feeding Finger clubbing