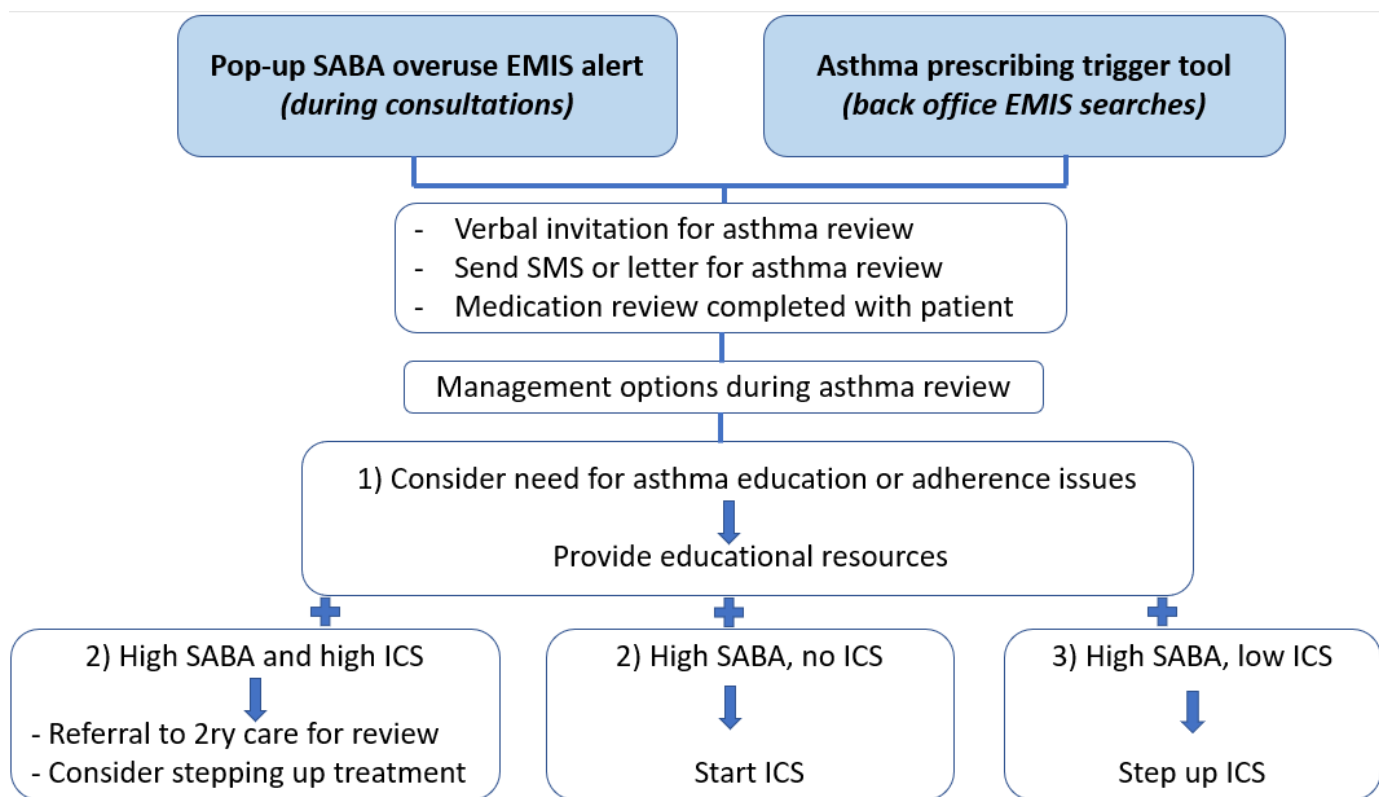


Identifying patients with asthma at high risk of hospital admission

KEY RECOMMENDATIONS

- Use the *in-consultation* EMIS pop-up and the *back office* asthma prescribing trigger tool to identify high-risk asthmatics
- Consider using our suggested asthma control questions in your annual review and our management flowchart to optimise asthma treatment
- Provide your patients with locally adapted asthma educational resources

SUGGESTED NEXT STEPS



- 1) **Asthma education needs or adherence issues:** see next page for resources.
- 2) **Patients overusing SABA and on high dose ICS:** may have a poor response to treatment, unclear diagnosis, or suspected occupational asthma. **Consider Referral to secondary care for review.**
- 3) **Patients overusing SABA and not on ICS:** Start ICS. 400 micrograms/day is an appropriate starting dose.
- 4) **Patients overusing SABA on-low dose ICS:** Add **inhaled long-acting β_2 agonist (LABA)**.
 - a. If there is benefit from LABA but control is still inadequate: **continue LABA and increase inhaled corticosteroid dose to 800 micrograms/day.**
 - b. No response to LABA: **stop LABA and increase inhaled corticosteroid to 800 micrograms/day.**
 - c. If control still inadequate: **consider leukotriene receptor antagonist or SR theophylline.**

ASTHMA EDUCATIONAL NEEDS OR ADHERENCE ISSUES

- Provide patient handout of educational resources (linked to template)

EDUCATIONAL RESOURCES

- Mobile apps: freely available to download: RightBreathe.
- Videos: Inhaler technique and using the spacer: <https://www.asthma.org.uk/advice/inhaler-videos/>
- Local group activities: Breathe Easy or singing groups: <https://www.blf.org.uk/support-in-your-area>
- Social Prescribing: <https://www.london.gov.uk/what-we-do/health/social-prescribing>

SUGGESTIONS FOR QUESTIONS TO ASK DURING ASTHMA REVIEWS

- **Occupational asthma**
Did your asthma symptoms start as an adult, or have your childhood asthma symptoms returned since you started working?
Do your symptoms improve on the days you're not at work, or on holiday?
Do your symptoms get worse after work or disturb your sleep after work?
- **Presence of rhinitis (maybe linked to poor asthma control)**
Do you suffer from two or more of the following symptoms regularly: runny nose, sneezing, nasal congestion, itching and red, watery eyes.
- **Asthma triggers**
Which asthma triggers affect you? Alcohol, Animals and pets, Viral URTIs, Emotions, Exercise, Food, Female hormonal changes, Dust mites, Indoor environment, Moulds and Fungi, Pollen, Pollution, Recreational drugs, Sexual activity, Cigarette smoke, Stress and anxiety, Cold weather.
- **Stigma related to asthma**
Research shows that there is stigma associated with asthma. Patients may be embarrassed about the diagnosis and having to use an inhaler. Have you ever experienced this?

Sometimes people appear to be overusing SABA, but may just be 'stocking up' with an inhaler to keep at work, at school or in the car.

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