

Asthma Right Care

Addressing SABA Over-Reliance in Sheffield

What is Asthma Right Care?

Asthma Right Care (ARC) is a global initiative led by the International Primary Care Respiratory Group (IPCRG).

The idea is to create a desire for change in the management of asthma because there is a real need to disrupt the current way of thinking and a real need for change.

ARC is about...

Taking a stand against over reliance on reliever inhalers and the associated over prescribing that perpetuates it.

Getting conversations started about the issue of over reliance on short acting beta 2 agonists (SABA).

The aim - To create a sense of discomfort and dissatisfaction with the present state so that there is a felt need for information about the better options for improving patient outcomes.

SABA Over-Reliance

- Asthma patients can become over reliant on their short-acting β 2 agonist inhaler because this is the inhaler they perceive to give them the most help
- SABA opens airways quickly therefore patients are able to breathe more easily

This is a risky perception.....

- Although the airway muscles have been dilated, without an ICS the underlying inflammation continues to narrow the airways
- This leaves the patient susceptible to further symptoms and a possible asthma exacerbation.
- The importance of educating patients about the function of each of their inhalers cannot be stressed enough.

The Aim of Asthma Management

Achieve complete control of the disease

Complete control of asthma is defined as:

- no daytime symptoms
- no night-time awakening due to asthma
- no need for rescue medication
- no asthma attacks
- no limitations on activity including exercise
- normal lung function (in practical terms FEV1 and/or PEF > 80% predicted or best)
- minimal side effects from medication

Let's watch a short film...

- Video removed from this version as file too big to send

Why Asthma Still Kills - The National Review of Asthma Deaths 2014

NRAD highlighted widespread issues with the quality of asthma care with several key findings including:

- 46% of asthma deaths could have been avoided if guidelines had been implemented and followed.
- Key elements of routine care were not received for example:
 - Only 23% had been provided with a personalised asthma action plan (PAAP)
 - 43% had no evidence of an asthma review in their last year of life
- There was evidence of excessive prescribing of reliever medication:
 - 39% of those who died received more than 12 SABA in the year before they died
 - 4% received more than 50 SABA!
- There was evidence of under prescribing of preventer medication

Seven years on from NRAD and the picture continues to look bleak. Asthma deaths continue to rise.

We should not accept asthma symptoms as normal

There has become a normalised behaviour that using up to one SABA inhaler per month is ok and this simply is not the case.

The reality is that someone who is using more than TWO SABA inhalers in a 12-month period is potentially over reliant on their reliever inhaler and could benefit from a review of their regular maintenance inhaler.

We want to create a desire among healthcare professionals to make a difference to asthma care.

If the ethos of ARC can become embedded in our daily practice, we can help prevent asthma deaths

Tools

- [ARC webinars](#) from PCRS
- [The Asthma Slide Rule](#)
- Airway images (or models if available)
- [PCRS poster](#)
- Asthma control test

Other useful PCRS documents:

- [The building blocks of a good asthma review](#)
- [The nine processes to achieve asthma right care](#)

The Asthma Slide Rule

Asthma Slide Rule

1. Questions for prescriber to ask themselves and a person with asthma

Using this slide rule, how much short-acting beta₂ agonist (SABA) also known as reliever/rescue/ salbutamol/'blue' inhaler would you think was acceptable for a person with asthma to take in a year, week or day before you thought a review was necessary? What made you choose that?

	Increasing SABA use											
Number of SABA inhalers Rx per year	1	2	3	4	5	6	7	8	9	10	11	12
Puffs of SABA used per year*	200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400
Puffs of SABA used per week	4	8	12	15	19	23	27	31	35	39	42	46
Puffs of SABA used per day	< 1	1	2	2	3	>3	4	>4	5	6	>6	7
	Symptoms											

**Some devices do not contain 200 puffs. Check the number in the devices you prescribe/dispense or use, and modify these messages accordingly*

Suggestion: Try asking a person with asthma the following question before asking question 1 :

'In the past 4 weeks, how often have you used your reliever/blue inhaler each day?'

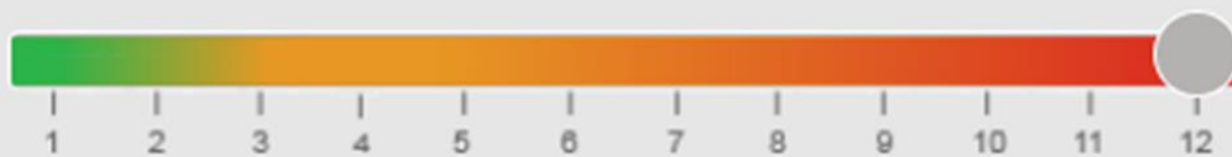
Asthma Right Care Guidance Notes available at www.pcrs-uk.org/asthmarightcare

GB-13611 Date Of Prep - Aug 2018



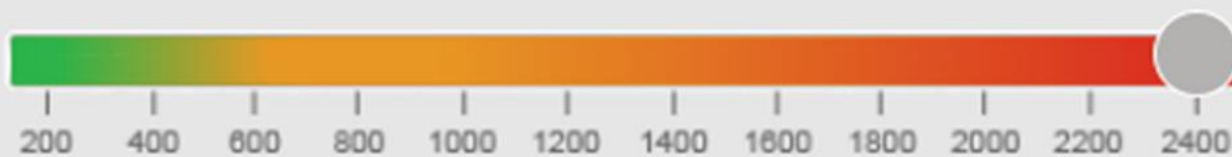
The Asthma Slide Rule

Number of SABA inhalers Rx per year



12

Puffs of SABA used per year*



2400

Puffs of SABA used per week



46

Puffs of SABA used per day



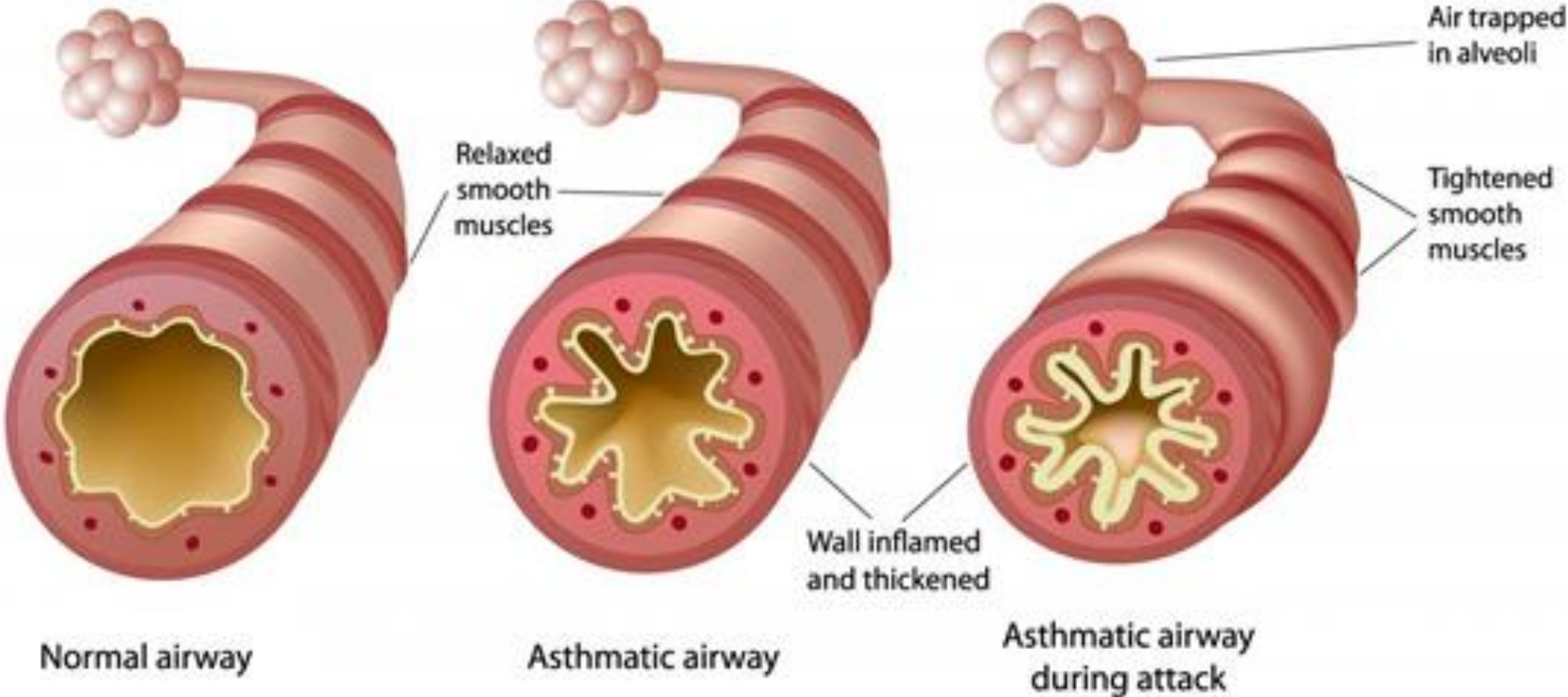
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Increasing SABA use

Symptoms



Airway Images or Models



PCRS Poster

Is your asthma in the hands of the pilot or are you relying on the co-pilot three or more times a week?



The captain of your asthma care should be your regular preventer inhaler, not the co-pilot blue inhaler. If you feel that you are reliant on your blue inhaler, then you are likely to have uncontrolled asthma.

Regular overuse of your blue inhaler puts you more at risk of having an asthma attack.*

If you are experiencing frequent asthma symptoms and taking 3 or more inhalations* a week of your blue inhaler, let's talk about your asthma care and how we can help you. Book a review with your asthma nurse TODAY.

*Based on data from a study published in the British Medical Journal, 2004. <http://www.bmj.com>.
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This poster has been developed as part of the PCRS asthma flag day 2015 initiative, with a view to raising awareness of a wider patient centred approach to asthma care. The poster is available for download at www.asthma.org.uk and is intended for use as a resource for asthma nurses. It is not intended to be used as a substitute for professional medical advice. For more information, please contact your asthma nurse. © 2015 Asthma UK. All rights reserved.

Asthma control test (ACT)

Q1 During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

Q2 During the last 4 weeks, how often have you had shortness of breath?

Q3 During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

Q4 During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?

Q5 How would you rate your asthma control during the last 4 weeks?

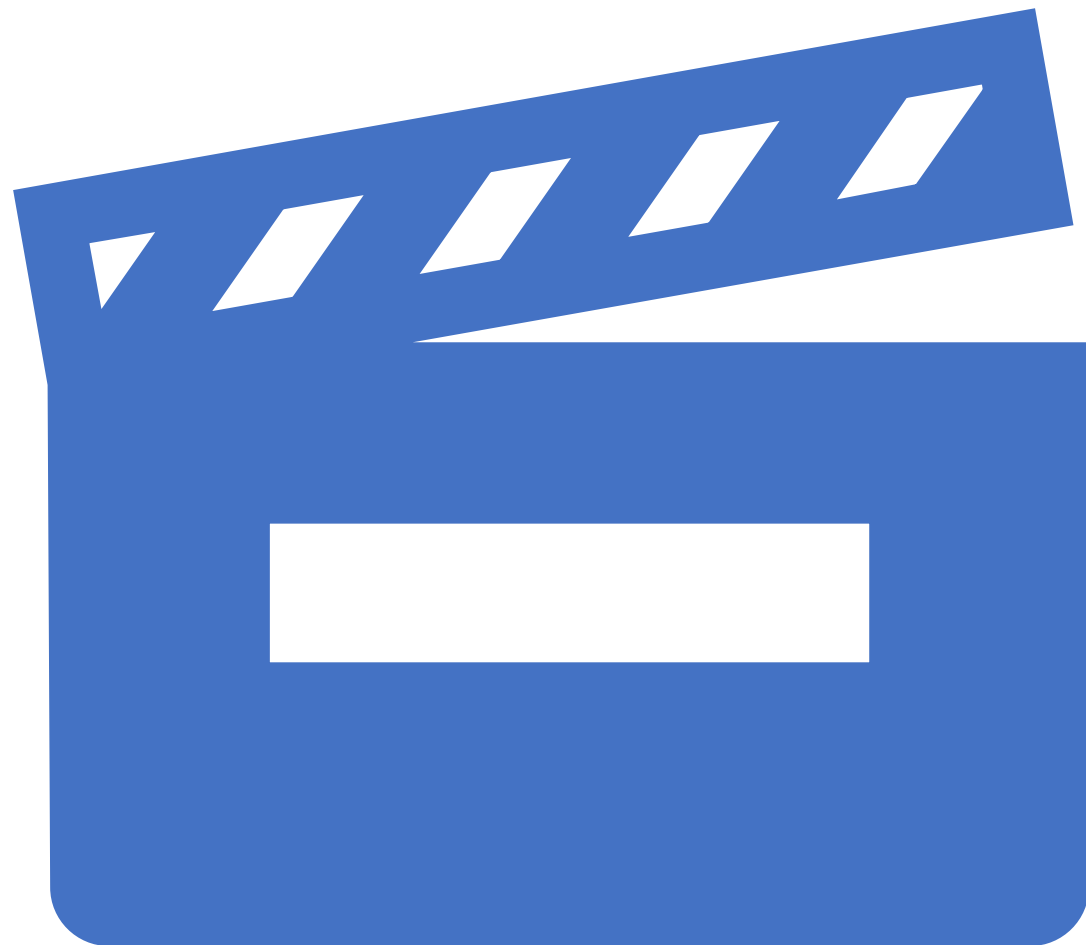
A paper/printable version of the adult ACT can be found [here](#)

A paper/printable version of the child ACT can be found [here](#)

An online version of the adult and child ACT can be found [here](#) this online version allows you to print off a report containing the results

Your practice may be able to send the ACT to patients via AccuRx

Are you
ready to take
action?



What we did in Sheffield

We want to embed the ethos of ARC into every healthcare professionals' daily practice.

MOT initiated a focussed review of some high-risk patients

These were patients identified with high SABA use via a series of searches

We asked practices to work with us to reduce SABA over reliance in asthma and to improve asthma outcomes for patients in Sheffield

Key points

Discuss ACT score/SABA over reliance, medication issues etc

Utilize tools like the slide rule and airway images to support patient education.

Always offer patient education for SABA over reliance and ICS use and explain how each medicine works

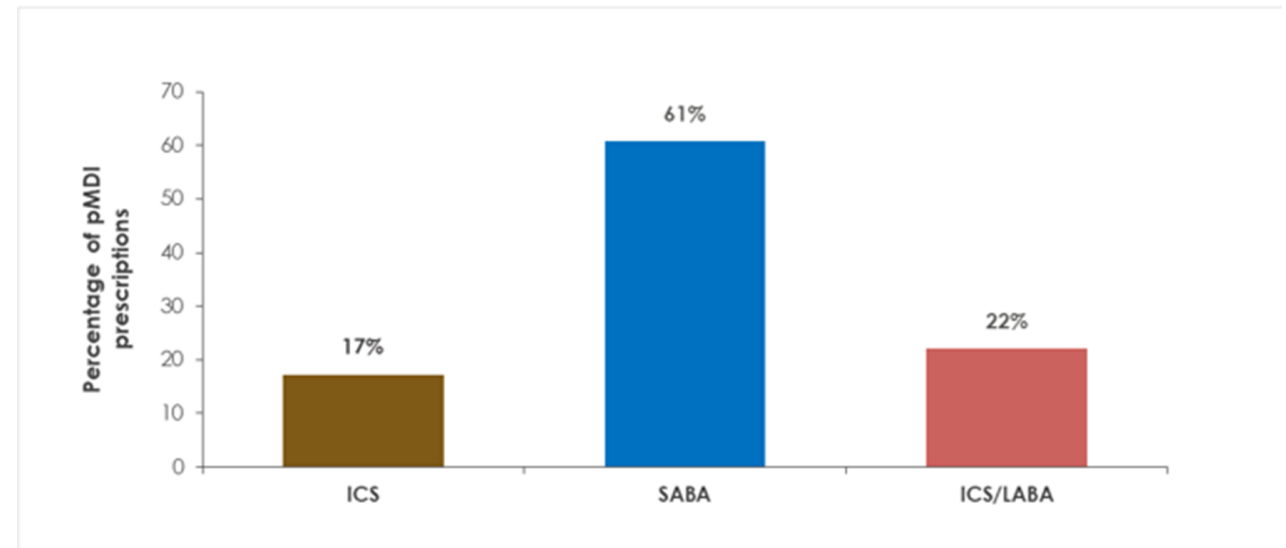
Implement any required changes to medication and/or technique training

Set date for follow up at 4-6 weeks – ACT score and patient comments

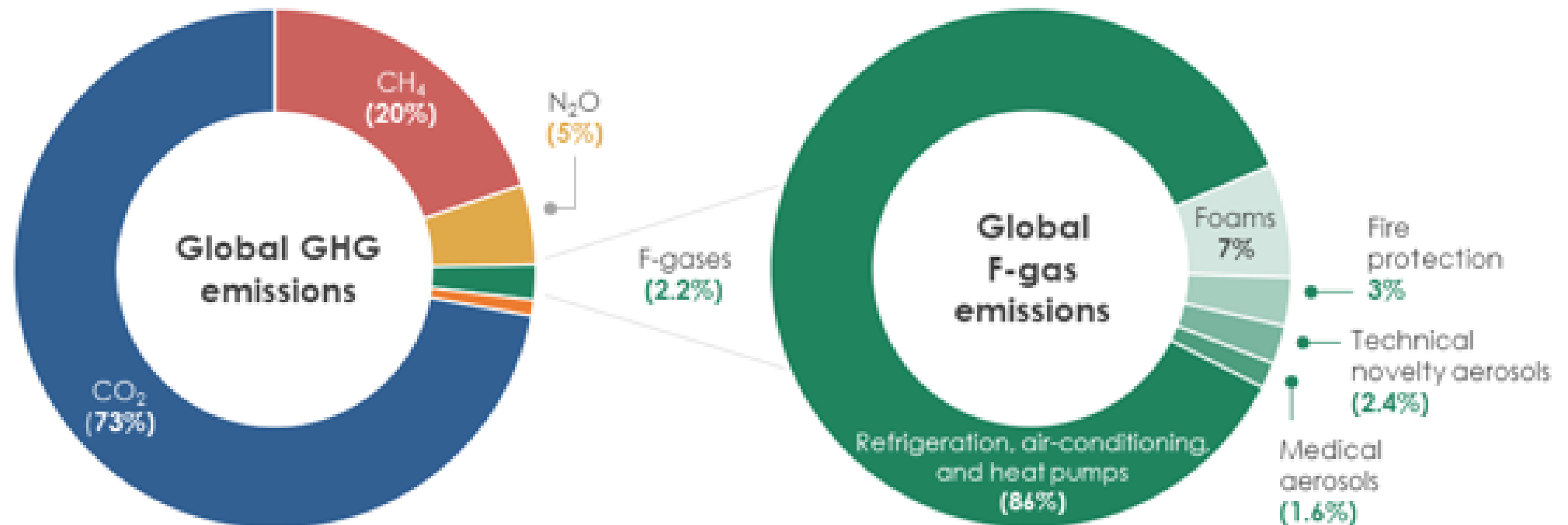
SABA use and the green inhaler agenda

- By reducing SABA over-reliance, we can reduce the amount of pMDI's being used while at the same time improving asthma care
- Aim is that over time we will see a reduction in the number of patients over reliant on SABA as well as the total number of SABA's being prescribed

Majority of pMDI prescriptions are for SABAs in the UK



Contribution of pMDIs to global warming accounts for less than 0.1%^{1,2}



SABA inhaler options

£1.46/200 doses

£1.53/200 doses

£3.60/60 doses (£12/200 doses)

£3.33/200 doses



11950 gCO₂e



28262 gCO₂e



583 gCO₂e

**Caution
Price!
Strength 200mcg/puff**



620 gCO₂e

**Caution
2 strengths**

Do You Use a Blue Inhaler?

Spray inhalers (pressurised metered dose inhalers) contain powerful greenhouse gases and contribute to global warming. This is referred to as their carbon footprint. Please be assured these gases are not harmful to you when you use your inhaler.

That is why in Sheffield we have decided to prescribe all blue “spray” salbutamol inhalers as the brand Salamol which has a lower carbon footprint.

It has a lower carbon footprint because the Salamol canister is smaller than Ventolin® so it contains less propellant. You still get the same number of doses.

Your prescription for Salbutamol or Ventolin® inhaler may change to Salamol.

Salamol contains the same medicine*, salbutamol, and works in the same way as Ventolin®.

*Although the active ingredient is the same, the inhalers use different substances to help the medicine keep stable and work. The information leaflet that comes with the inhaler provides details.

Carbon footprint of Salamol and Ventolin® compared to car journeys

Salamol salbutamol inhaler



Ventolin salbutamol inhaler



2021 data for a medium petrol car gov.co.uk

What else can I do to help the environment?

If you have asthma and are using more than 2 blue inhalers in a year this may suggest your condition is not well controlled. Please speak to your GP practice to book a review

- Use all the doses up – don't discard inhalers with doses left in
- Return used inhalers to the pharmacy to dispose of in an environmentally safe way
- Speak to your health care professional who can review your existing inhalers and suggest even more environmentally friendly options like dry powder inhalers
- Always use your inhalers as prescribed

Right Patient – Right Device

It is important that both DPI's and pMDI's are available

Inadequate inhaler technique associated with hospital admissions

No one device suits all patients

Use a personalised approach to device selection

Challenges and Considerations for Inhaler Use

Multiple device types

Indiscrete devices

Taste

Insufficient lung function

Dexterity issues

Lack of understanding/lack of education

Coordination issues

Incorrect inhalation technique

Unable to make a seal around the mouth piece (missing teeth, cognitive impairment, facial weakness)

Dose counting (not all inhalers have dose counters)

Fear of steroids

Side effects

Inhaler Costs

Green Agenda

MART Regimes for asthma

Maintenance and reliever therapy (ICS/formoterol)

Use one inhaler as both preventer and reliever

Suitable for patients using low or medium ICS

Contain formoterol as a long yet quick acting bronchodilator and an ICS preventer

Care with licensing

- Only lower strength products are licensed as MART
- Age e.g. Fostair 100/6 (18), Symbicort Turbohaler 100/6, 200/6 (12)

Investment and Impact Fund

Providing High Quality Care

Respiratory care	RESP-01: Percentage of patients on the QOF Asthma Register who received three or more inhaled corticosteroid (ICS, inclusive of ICS/LABA) prescriptions over the previous 12 months
	RESP-02: Percentage of patients on the QOF Asthma Register who received six or more Short Acting Beta-2 Agonist (SABA) inhaler prescriptions over the previous 12 months

Investment and Impact Fund

A Sustainable NHS

Environmental sustainability

ES-01: Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued to patients aged 12 years or over

ES-02: Mean carbon emissions per salbutamol inhaler prescribed (kg CO₂e)

SABA Guardians

Will you be a SABA guardian?

- **ASK**
- **ADVISE**
- **ACT**

Patients should not expect to be, nor tolerate being, breathless and reliant on their blue inhaler every day. This is a mindset that we as SABA guardians, can begin to challenge.



ANY QUESTIONS?

Please email deborah.leese@nhs.net



Your Feedback is
important to us

