



**ALL WALES PRESCRIBING GUIDELINES FOR ASTHMA AND COPD
CLOSING DATE: MONDAY 6 JUNE 2016**

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to awttc@wales.nhs.uk.

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CONSULTATION PRO-FORMA

Page/section number	Comment
Page 3 – Prescribing Guide for patients 18 or over	<ul style="list-style-type: none">- We welcome the clarity of the All Wales Asthma Management and Prescribing Guide, which provides straightforward advice for clinicians and will aid consistent delivery of healthcare.- We would welcome a similar guide for people with asthma under 18.- The chart could usefully include a statement to note the RCP's three questions that can remind people to assess control.- It is also important to stress at the outset, in the box entitled 'All Asthma Patients', that asthma is a highly variable condition requiring continual evaluation of control and risk of an asthma attack by people with asthma, their carers, and clinicians.- We recommend that the chart explicitly states that 'at each step assess' the following:<ul style="list-style-type: none">• Number of asthma attacks (oral steroid use)• Number of reliever inhalers used• Hospitalisation in the last year• Triggers (comorbidity assessment, rhinitis, occupational asthma, allergy)• Comorbidities <p>This would avoid key questions on concordance and control being overlooked.</p> <ul style="list-style-type: none">- Stepping up and down of treatment can be responsive to disease control but stepping up should be considered in advance of known, particularly seasonal, triggers. Seasonal triggers such as hay fever should also be managed appropriately and prophylactically where triggers or patterns of symptoms are known for people with asthma. This may be

	<p>achieved by using antihistamines or topical nasal medication, and may also require stepping up asthma treatment.</p> <ul style="list-style-type: none"> - We note that the Prescribing Guide recommends an urgent review for patients that have used more than 12 reliever medications in 12 months, in line with the recommendations of the National Review of Asthma Deaths. However, this potentially delays a review until after a year of poor control and high risk of an asthma attack. The guide could be revised to identify high reliever use at an earlier stage, such as four or more reliever medications in three months.
<p>Page 4, s.1 – General Principles</p>	<ul style="list-style-type: none"> - We commend the principle that ‘when choosing a medication for patients with asthma it is important to involve the patient in the decision, and take into account individual preference’. It could be detrimental to people with asthma to switch from their existing medication simply to align with the medications in the guidelines and chart (page 3). Control and risk should be assessed and the level of treatment and device should be decided on an individual basis. - Asthma UK provides a range of guidance and on inhaler technique including videos. It would be useful to inform people with asthma of our webpage here: www.asthma.org.uk/How-To-Use-Inhaler - We recommend the use of the term ‘written asthma action plan’ instead of ‘asthma plan’ as this encourages the use of a written document, as opposed to a verbal plan. See Gibson, P.G. and Powell, H. (2004), <i>Written action plans for asthma: an evidence-based review of the key components</i>, Thorax Vol. 59, pp.94-99. - We recommend signposting to the availability of the evidence-based Asthma UK action plans, which comply with the highest information standards. Reference to the Asthma UK action plan is pertinent given that the NHS Wales Respiratory Health Implementation Group will be distributing the hard copies of this plan to all GP practices across Wales. We understand that these will be distributed with the Prescribing Guidelines. - A Welsh language version of the Asthma UK action plan will also be available upon request from your healthcare professional. - Additionally we recommend the General Principles reference the hyperlink to Asthma UK action plan: www.asthma.org.uk/Action-Plan. A link to the Welsh language Asthma UK action plan will also be posted shortly.
<p>Page 4, s.2 – Assessment of Asthma Control</p>	<ul style="list-style-type: none"> - The Prescribing Notes could reference additional assessment tools including the evidence-based Asthma UK Risk Checker, which can be found on the Asthma UK website at: https://www.asthma.org.uk/. This could be used by people with asthma on an ongoing basis to regularly check their risk. For the evidence supporting our risk tool see Blakey et al (2013), <i>Assessing the risk of attack in the management of asthma: a review and proposal for revision of the current control-centred paradigm</i>, Primary Care Respiratory Journal, Vol. 22, pp.344–352. - The Prescribing Notes could helpfully recommend the setup of alerts on GP systems to notify prescription issues such as: <ul style="list-style-type: none"> • 4 or more short-acting beta agonists (SABA) in past 3 month triggers a high SABA use alert – recommend

	<p>review and consideration of long-acting beta agonist and/or steroid inhaler as appropriate</p> <ul style="list-style-type: none"> • 2 or more long-acting beta agonists in 3 months issued • Long-acting beta agonists without inhaled steroids in 3 months
Page 5, s.3 – Initial Therapy	<ul style="list-style-type: none"> - We welcome the recommendation of using inhaled corticosteroids as initial treatment. - This would bring the All Wales Prescribing Guidelines in line with the expected changes to the BTS/SIGN (2016) guidelines - as per the recently issued draft guidelines – and help ensure the safety of people with asthma.
Page 5, s.4 – Combined Therapy	<ul style="list-style-type: none"> - We welcome the recommendation of prescribing by brand name to avoid confusion for people with asthma with respect to inhaler technique. Ensuring people receive the inhaler on which they were shown inhaler technique is critical to their use. This should apply to all inhalers, that is, not only combined ICS/LABA treatments.
Page 6, s.4.1 – MART dosing	<ul style="list-style-type: none"> - We would emphasise the importance of healthcare professionals understanding the correct technique for the combination inhaler and the MART regimen. - The Asthma UK website has useful advice for people with asthma to which the guidelines could refer, here: https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/mart/ - Clarify that if a patient is using the maximum eight puffs per day, they should seek further advice to review their self-management plan.
Page 6, s.5.0 – High does/Add-on therapy	<ul style="list-style-type: none"> - People with asthma in the category of needing a fourth asthma medication added to the regime may be on MART, which may be viewed as one medication (though it is technically two medications in one). It may therefore be misleading to people with asthma to refer to a fourth asthma medication. It is recommended that healthcare professionals clarify this distinction for people with asthma.
Page 8 – Appendix 1 – Supplementary Asthma Step-Up and Step-Down Information	<ul style="list-style-type: none"> - We commend the detailed guidance on stepping up and stepping down medication. The use of clear guidance on control levels will aid safe decisions to reduce medication. - Asthma and COPD can co-exist. If a patient with COPD has persistent or uncontrolled symptoms, this should warrant consideration of alternative diagnoses including lung cancer, bronchiectasis or asthma. The guidelines could highlight pointers in history or examination, and tests that support alternative or co-existing diagnoses.

DECLARATION OF INTERESTS

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

Yes	Yes
No	

If **yes**, please give details below:

Name of company	Purpose of funding	Amount received (£)
ASTRAZENECA	Corporate Membership Scheme	10,000
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