

Implementing Maintenance and Reliever Therapy in adults with asthma aged 17 years and older in a primary care surgery over a 12-month period: Effects on inhaled corticosteroid prescribing, short-acting β 2-agonist reliance and severe exacerbations

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Background

Asthma management in primary care may be neglected owing to time pressures, varied expertise, or a reluctance to change by health professionals and patients.

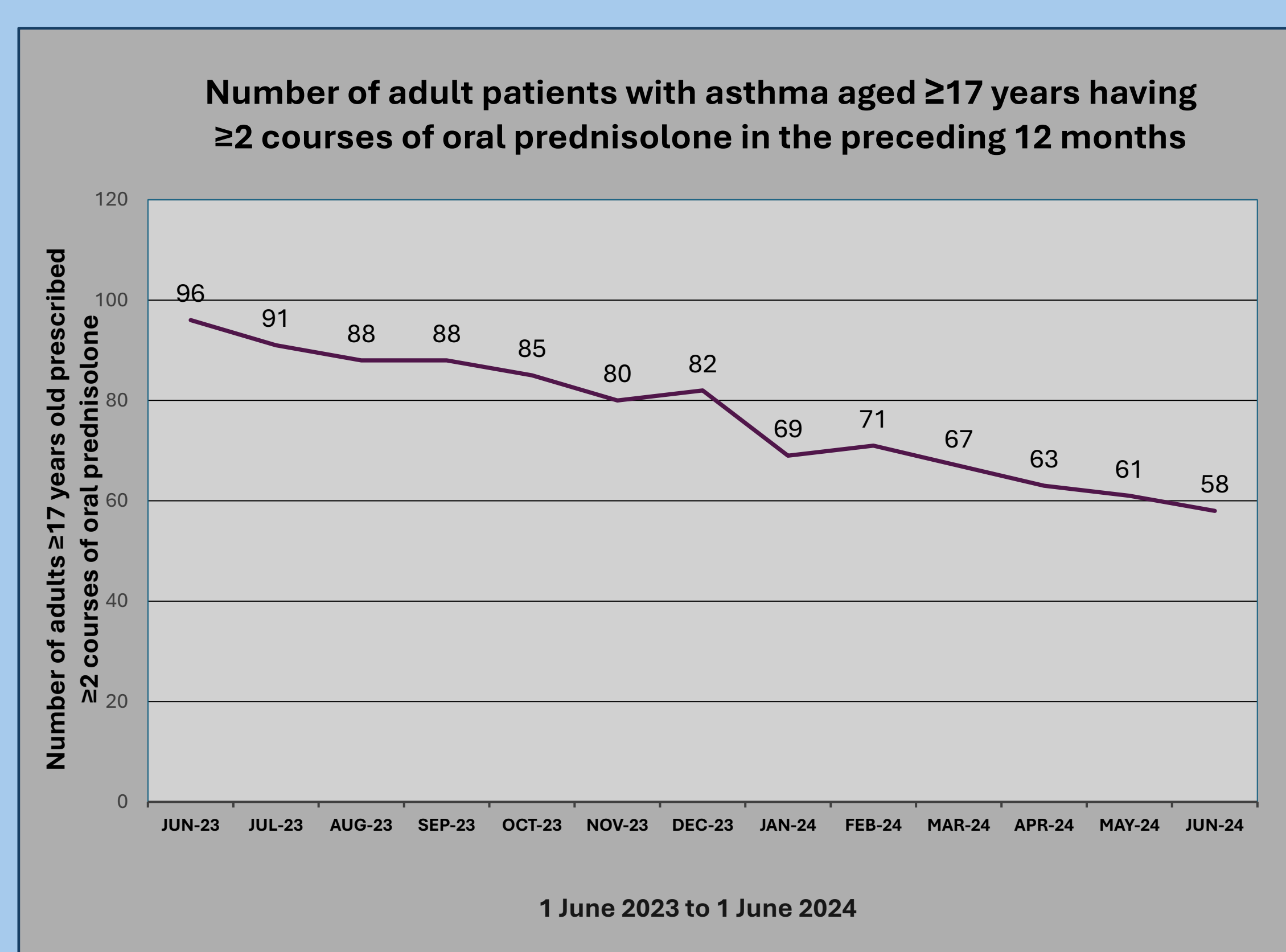
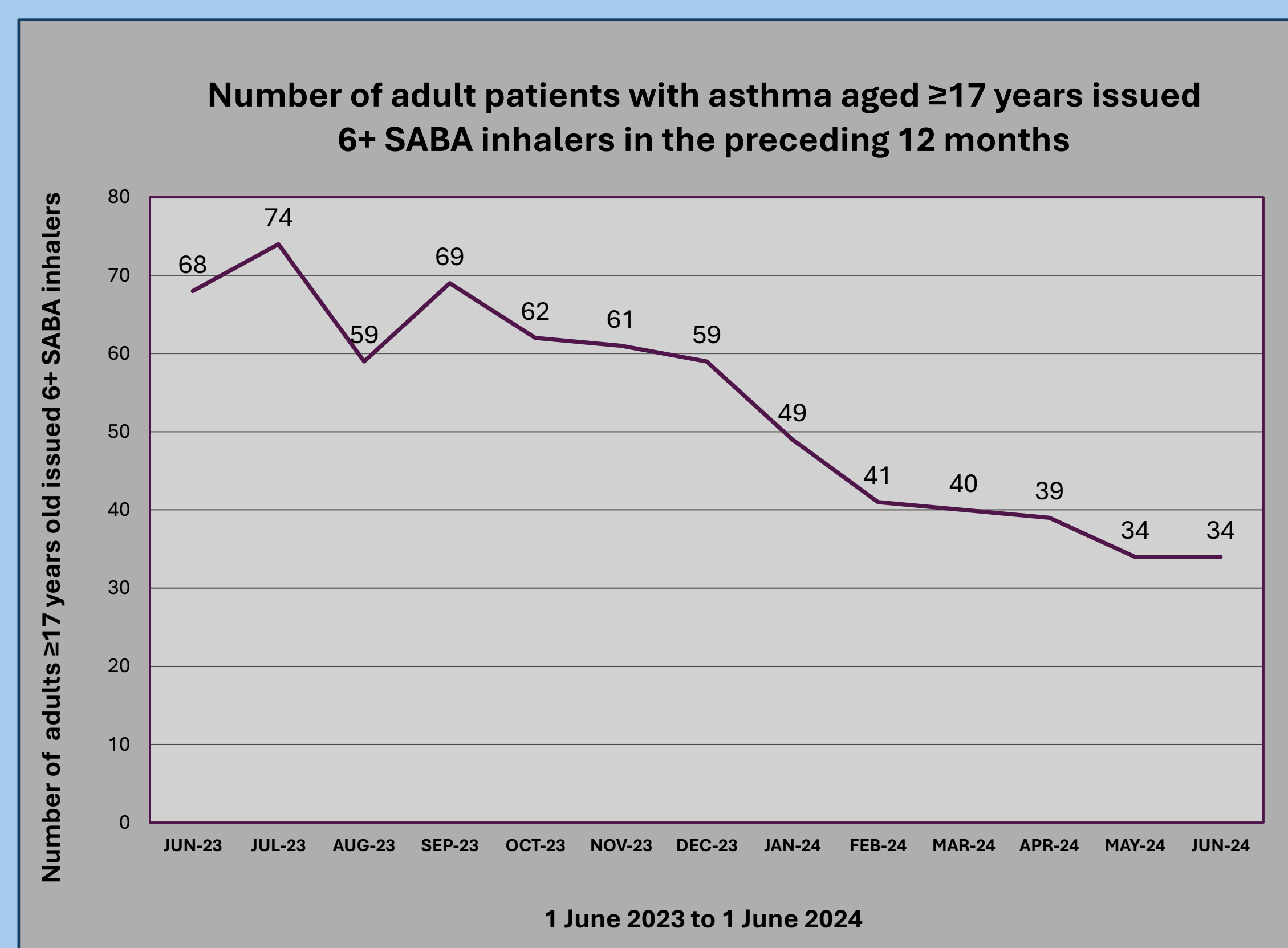
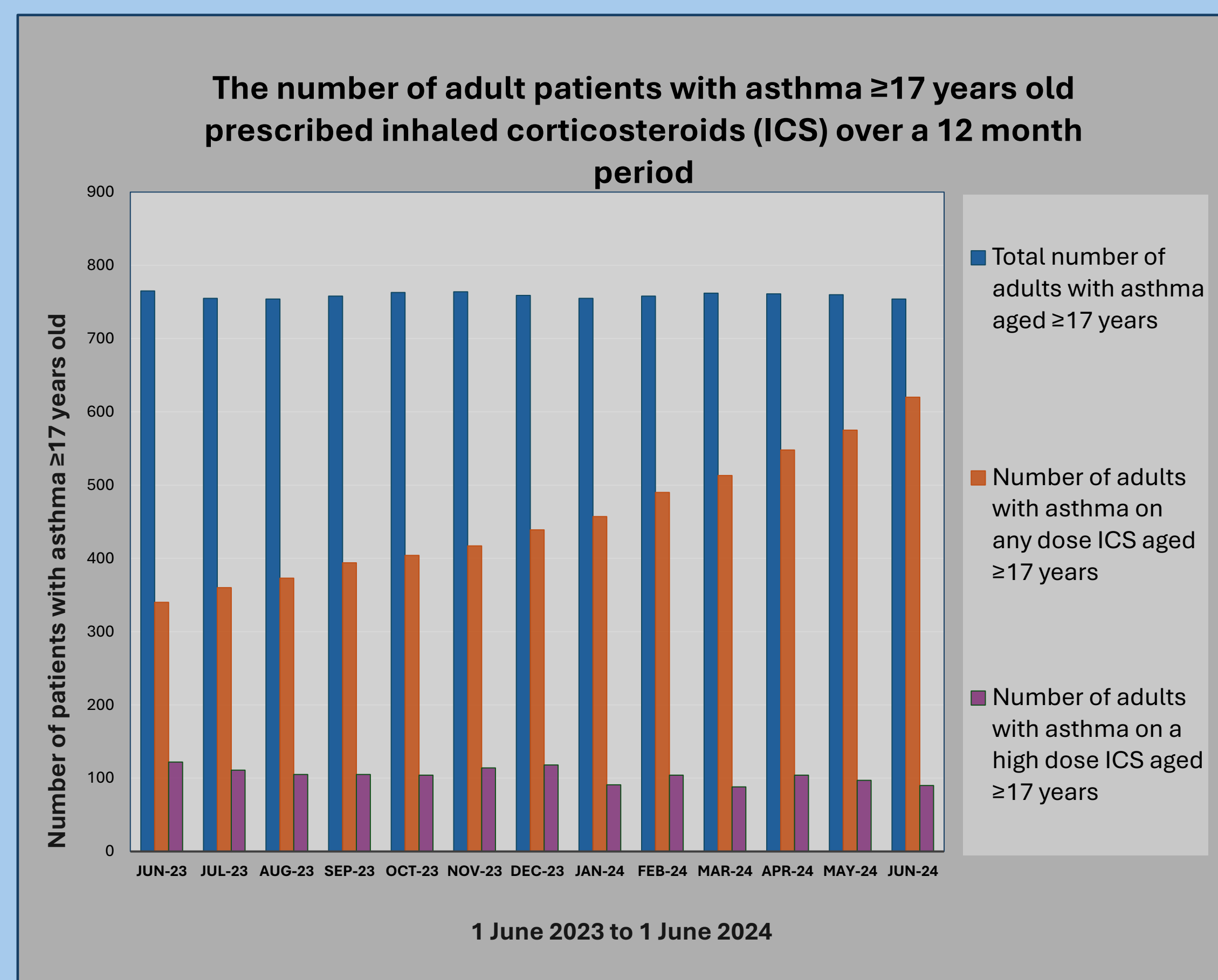
The Global Initiative for Asthma (GINA) supports using a single inhaler containing a low to medium dose inhaled corticosteroid (ICS) plus formoterol as a maintenance and reliever therapy (MART) in patients with asthma over 12 years old.

Aims

- Promote lowest effective doses of ICS
- Reduce inappropriate reliance on salbutamol (SABA) inhalers
- Reduce the risks of asthma exacerbations and the need for oral corticosteroids (OCS)

Method

- Conducted a search of all adult patients aged ≥ 17 years old with a clinical code of asthma using the PrescQIPP Asthma Focus Audit Tool between 1 June 2023 and 1 June 2024.
- Measured the number of patients prescribed a high dose ICS as a proportion of all doses of ICS in the search group.
- Measured the number of patients issued 6 or more SABA inhalers in the last 12 months.
- Measured the number of patients issued 2 or more courses of oral prednisolone in the preceding 12 months.



Results

- The number of patients prescribed an ICS increased from 340 (44% of adults with asthma) to 620 (82.2% of adults with asthma) in 12 months
- The proportion prescribed a high dose ICS reduced from 36% to 14.5%
- Patients issued with 6+ SABA inhalers reduced from 68 to 34 (50% reduction)
- There was a 39.5% decrease in the number of patients prescribed ≥ 2 courses of OCS in the preceding 12 months

Discussion

This audit supports the change from SABA reliant asthma management in favour of formoterol/ICS based MART therapies to improve asthma control and reduce severe exacerbations in a primary care setting.



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