Digital poster

If you would like to be involved in upcoming meetings and initiatives on tackling inappropriate OCS usage, please register your interest for more information.



Register Interest

SCAN ME

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Background

- 5–10% of the UK asthma population experience severe asthma, equivalent to ~200,000 children and adults.¹
- In emergency settings, oral corticosteroids (OCS) can be lifesaving, but acute and long-term treatment can lead to clinically important adverse outcomes, increased mortality risk and increased healthcare resource utilisation.
- Despite the risks, a recent UK-specific publication highlighted substantial OCS exposure in the UK cohort with the median number of OCS courses being 5 in the previous 12 months.¹
- There is an urgent need to align thinking away from OCS over-reliance and to ensure primary and secondary care clinicians can confidently recognise and refer people with suspected severe asthma for specialist review.

Objective

To demonstrate the need for OCS Stewardship in severe asthma alongside policy change to reduce inappropriate OCS prescribing by:

Highlighting the current burden with OCS overuse and long-term risks to patients and the NHS.

Discussing approaches to assess OCS exposure and OCS-related toxicities in patients.

Considering practical tools/actions to prevent OCS-related adverse events.

Method

A summit was held as a collaborative and systematic effort to develop a series of patient- and clinician-focused initiatives aimed at protecting patients with severe asthma from inappropriate use of OCS.

3 Expert-led Presentations

- 1. Burden of long-term OCS use in Severe Asthma Patients. Prof. Liam Heaney (Professor of Respiratory Medicine)
- 2. Adrenal Insufficiency Associated with long-term OCS Use. Prof. Mark Gurnell (Professor of Clinical Endocrinology)
- 3. Asthma and OCS Use in Primary Care. Dr. Katherine Hickman (Executive Chair of the Primary Care Respiratory Society)

Patient Experience

- The cumulative negative outcomes of long-term OCS use are rarely discussed with patients.
- HCPs often prescribe a course of OCS to manage acute exacerbations without first completing an objective in-person review of the patient.
- Ongoing Patient Challenges

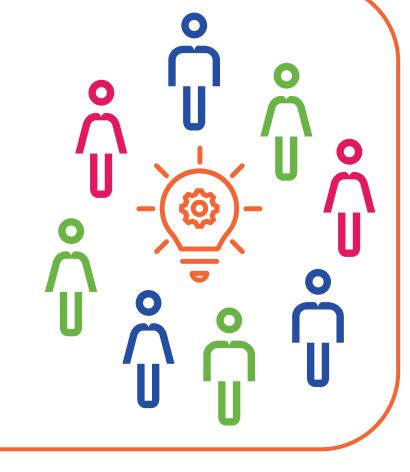




- Limited awareness among most patients of the risks (vs. involved/expert patients).
- Patient hesitancy discussing care with HCPs and asking questions.
- OCS dependency

Workshop

- A workshop was held to brainstorm initiatives that could be implemented to help protect patients from inappropriate use of OCS.
- Panel members led breakout groups to discuss issues across primary, secondary, and specialist care, as well as patient support and policy levels. This was followed by summarising the discussions and sharing potential best practices or new initiatives...



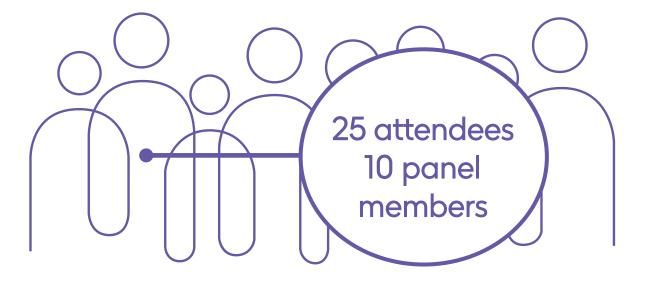
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Prioritisation

- Further discussion of the best practices and initiatives shared in the workshop
- Prioritisation of the initiatives: dependant on various factors such as their potential impact, ease and speed of implementation, and cost-effectiveness.

Results

In attendance: respiratory consultants, GPs, nurses, an endocrinologist, pharmacists, A&LUK members and an expert patient.



Transparent risk/benefit discussions (at steroid initiation) to foster informed Recommendations decision-making. Patient In-person patient assessments & post-

acute exacerbation to carefully assess patient's condition prior to prescribing OCS.

Empower patients to self-advocate (e.g. asthma care plan, self-checking peak flows, patient education, interaction with PAGs.

Figure 1: **Key recommendations from an expert** patient on what they would like to see implemented.

Scotland pathway: automatic assessment after rescue pack use (i.e blood testing, inhaler technique); use of nebuliser (vs. rescue).

Rescue Packs

Social media campaigns: e.g., antibiotic-like campaign; rescue therapy awareness; multimodal approach (brochure, websites etc).

Patient Education

Risk-stratify patients

to determine appropriate care pathways and encourage proactive asthma care.

Biomarker Testing

Produce product agnostic patient and HCP materials to drive the message home regarding inappropriate OCS use.

Cross-Pharma
Collaboration

Local expert (e.g. nurse specialist/ consultant) support; great interest, but feasibility dependant on funding.

Recommendations

Intermediate Care

Topics: appropriate OCS use, asthma care fundamentals. rescue therapy awareness, low cumulative

threshold for OCS toxicity.

summary of prioritised initiatives that could be implemented to help protect patients from inappropriate OCS use

Figure 2:

Pharmacy dispensing records/alerts; GP education initiatives; prescription control; policymaker engagement; OCS weaning protocols.

Others



Conclusions



Implementing these changes will result in positive health outcomes for patients. Changes to national and local policies as well HCP collaboration across multi-disciplinary primary/secondary/specialist care is crucial to achieving this goal.

Abbreviations

National health service; HCP, healthcare practitioner, QR, quick response; GP, general practitioner; pharma, pharmaceutical: A&LUK. Asthma and Lung UK

OCS, oral corticosteroid; NHS.

References

1. McDowell PJ et al; Clinical remission in severe asthma with biologic therapy: an analysis from the UK Severe Asthma Registry. Eur Respir J. 2023 Dec 14;62(6):2300819

Disclosures

Funding: Funded by GSK Conflicts of interest statements:

Nadia Malik is employed by GSK and holds financial equities in GSK Tom Fardon has received speaker/lecture fees from GSK and AstraZeneca; received meeting/conference travel funding from GSK and AstraZeneca; and attended an advisory board for Astra Zeneca as an unpaid participant. Shoaib Faruqi has received honoraria for speaking at educational meetings supported or organised by GSK, AZ, Chiesi, Novartis, Sanofi

from AZ, Sanofi, Circassa, GSK and Teva; received grant funding from GSK and AZ; been involved in clinical trials with GSK, AZ and Roche/Genentech; received travel funding from AZ, Sanofi, Teva and GSK; participated in advisory boards for GSK, AZ and Celltrion. Katherine Hickman is the primary care lead for National Respiratory Audit Programme and the respiratory lead for West Yorkshire and

Andrew Whittamore is the clinical lead for Asthma and Lung UK; worked with Sanofi and AZ as part of Asthma and Lung UK joint working agreement; received speaker/lecture fees from GSK, NIOX (formely Circassa), Sanofi and Chiesi; received Liam Heaney is the Academic Lead for the UK MRC Consortium for Stratified Medicine in Severe Asthma; received speaker/lecture fees conference travel funding from NAPP and Chiesi; study advice and manuscript writing services for Chiesi.