

Digital poster Register Interest



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

SCAN ME

Tackling inappropriate OCS usage in severe asthma

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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:

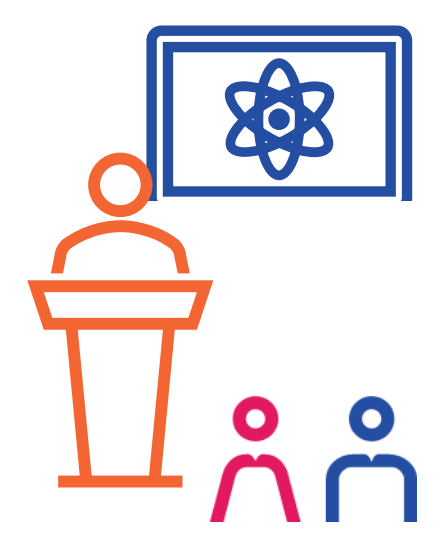
- Highlighting the current burden with OCS overuse and long-term risks to patients and the NHS.
- Discussing approaches to assess OCS exposure and OCS-related toxicities in patients.
- Considering practical tools/actions to prevent OCS-related adverse events.

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

- Burden of long-term OCS use in Severe Asthma Patients.** Prof. Liam Heaney (Professor of Respiratory Medicine)
- Adrenal Insufficiency Associated with long-term OCS Use.** Prof. Mark Gurnell (Professor of Clinical Endocrinology)
- 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.




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.

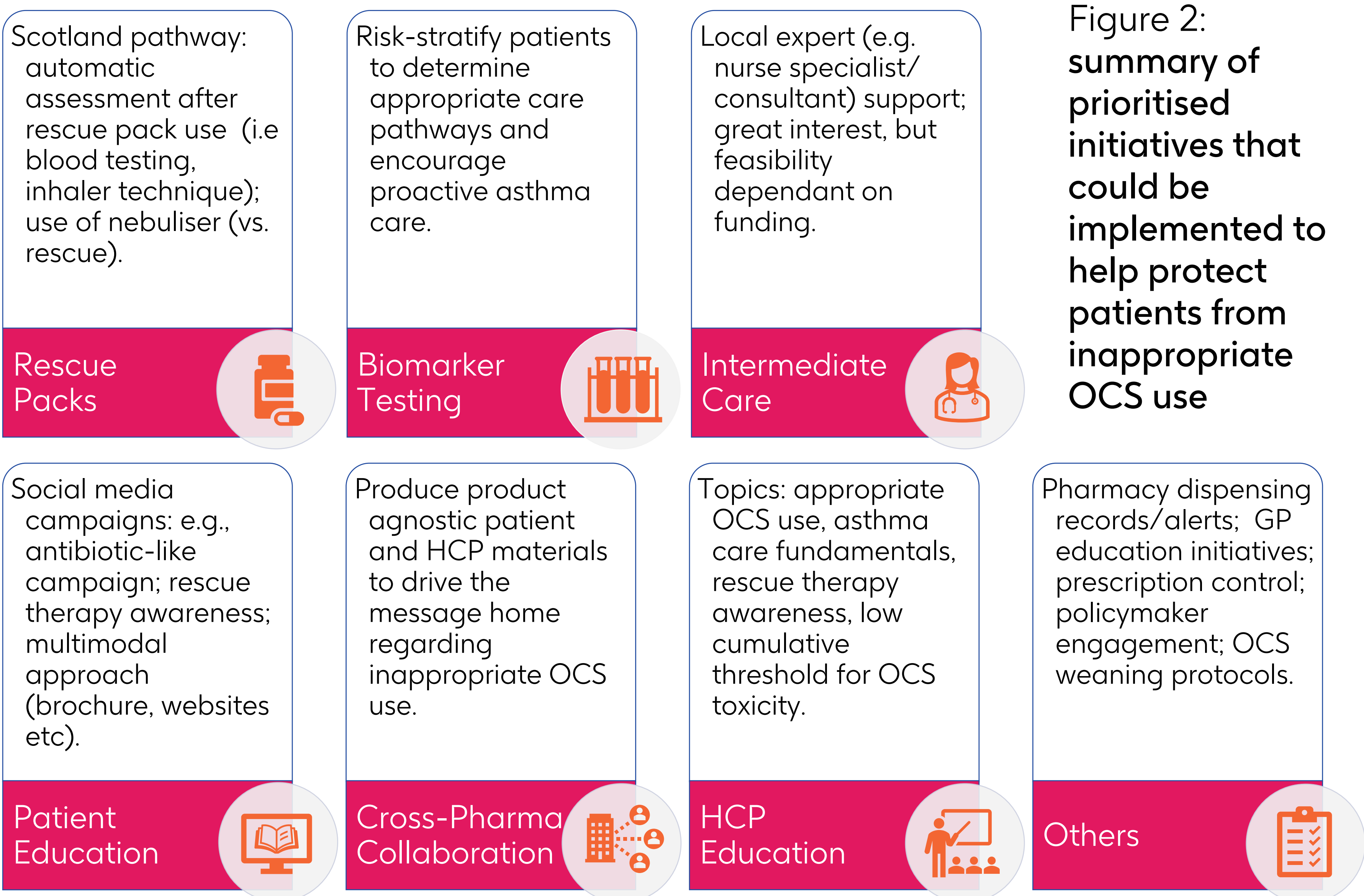


25 attendees
10 panel members

Patient Recommendations

- Transparent risk/benefit discussions (at steroid initiation) to foster informed decision-making.
- 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).

Recommendations



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

Risk-stratify patients to determine appropriate care pathways and encourage proactive asthma care.

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

Rescue Packs

Biomarker Testing

Intermediate Care

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

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

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

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

Patient Education

Cross-Pharma Collaboration

HCP Education

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.