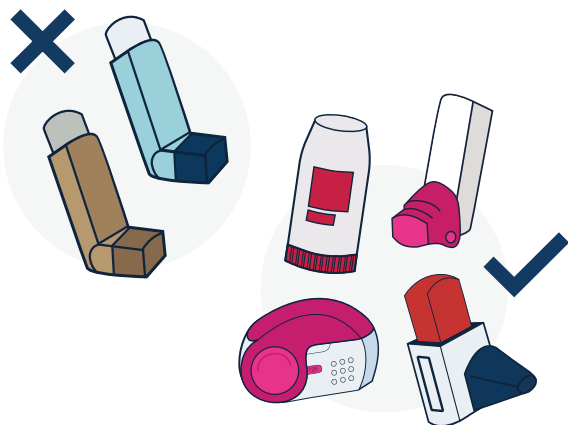


# Now is the time to make MART moves for asthma



We have been using the **blue (reliever) and the brown (preventer) inhalers for far too long.**



The National Review of Asthma Deaths (NRAD) came out a decade ago, yet as a nation, we still have the highest asthma death rate in Europe - four times that of Italy or the Netherlands<sup>1</sup>.

This is unsurprising, considering many patients still rely on their blue inhalers alone.

However:

- Blue inhalers don't treat inflammation
- Brown inhalers don't relieve symptoms quickly

First and foremost, **the best inhaler is the inhaler the patient will use** and identifying what this is should actively involve the patient. For more information on how to ensure this, see our patient-centred tip on page 2.

This article is intended for professionals caring for asthma patients 12 years and over.

The prescriber should check which inhalers are allowed for 12+ and which are for 18+.

We are grateful to Orion Pharma (UK) Ltd for sponsoring PCRS in developing resources for the Maintenance and Reliever Therapy (MART) in asthma project. The sponsor has had no input into the resource content.

# MART is...

So, let us suggest why Maintenance and Reliever (MART) is the way forward and the key points you could use to recommend it to your patients.

## 1. Simple

MART offers a simple, effective regimen with patients needing only one inhaler to relieve symptoms, control asthma attacks, and reduce asthma deaths.

MART delivers on its promise!

## 2. Safe

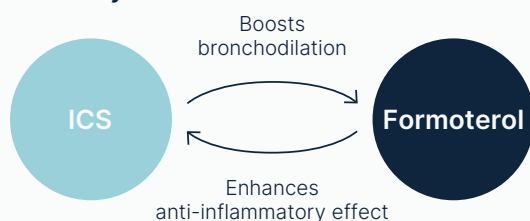
MART has been proven to reduce hospitalisation and asthma deaths<sup>2</sup>.

MART reduces:

- Over-reliance on short-acting beta-agonists (SABA) alone, i.e. reduced risk of exacerbation
- Overall inhaled corticosteroids (ICS) dosage for asthma control, i.e. fewer side-effects and steroid burden for the majority of mild/moderate asthmatics.<sup>3</sup>

## 3. Effective

Prescribing ICS (beclometasone or budesonide) and formoterol together is more effective than ICS and SABA separately. Here's why<sup>4</sup>:



## 4. Greener

SABA use significantly contributes to the total inhaler carbon footprint in the UK.<sup>5</sup>

Combining ICS and formoterol in one device halves the CO<sub>2</sub> emissions.

Choosing MART dry-powder inhalers (DPI) eliminates the need for a spacer, providing an added environmental benefit and supporting the NHS to meet its Net-Zero carbon footprint by 2045<sup>6</sup>. However, always remember the greenest inhaler is the one the patient will use effectively.



## 5. Patient-centred

A variety of MART ICS-LABA devices allows for tailored choices to suit your patient's needs and preferences.

PCRS has published an excellent [guide](#) on making patient-centred inhaler choices.

Using a single inhaler for both symptom relief and asthma control improves adherence because the patient only needs to learn one technique.



## 6. Cost-efficient

MART inhalers alleviate the burden on the NHS by reducing the risk of poor asthma control and asthma attacks.

**Bonus:** Patients only have to pay for one prescription item!



**Use these tips, and accompanying MART action plan, to discuss and implement a MART regime for your asthma patients.**

## References

<sup>1</sup> The mortality rate shows the number of deaths per 100,000 people in the year 2019. The rate is age-standardised, providing a weighted average that controls for differing age distributions between countries. International Respiratory Coalition.

<sup>2</sup> Beasley R, et al. Evaluation of Budesonide-Formoterol for Maintenance and Reliever Therapy Among Patients With Poorly Controlled Asthma: A Systematic Review and Meta-analysis. JAMA Netw Open. 2022 Mar 1;5(3):e220615.

<sup>3</sup> Cameron A, Lowest ICS dose approach backed by adverse event study. August 2024. The Limbic online news.

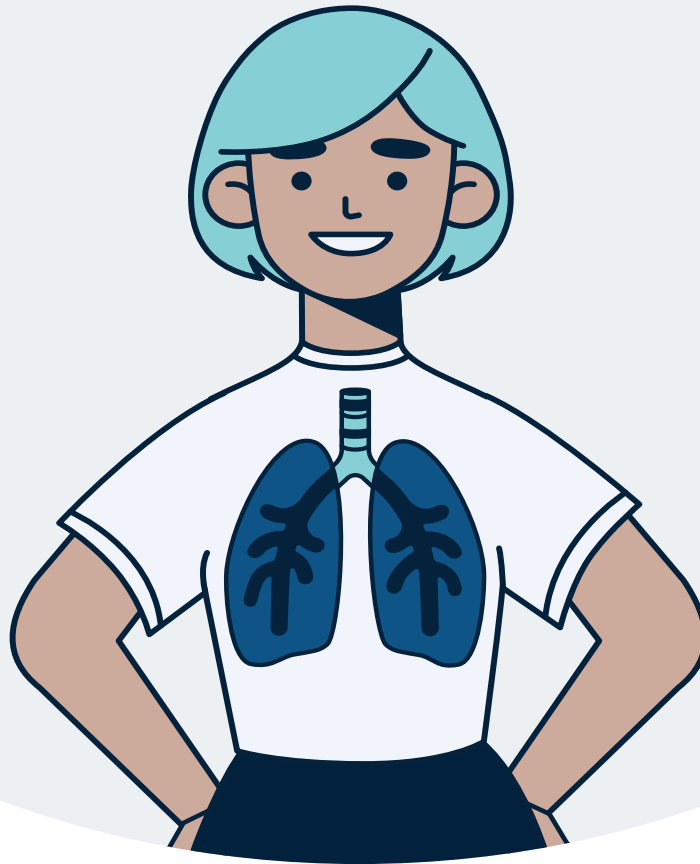
<sup>4</sup> Adapted from: Barnes PJ. Inhaled corticosteroids. Pharmaceuticals. 2010 Mar 8;3(3):514-40.

<sup>5</sup> Wilkinson A, et al. S26 An assessment of short-acting  $\beta$ 2-agonist (SABA) use and subsequent greenhouse gas (GHG) emissions in five European countries and the consequence of their potential overuse for asthma in the UK. BMJ Thorax 2021 Jan 21

<sup>6</sup> Delivering a 'Net Zero' National Health Service. Oct 2020. Available at: <https://www.england.nhs.uk/greennhs/publication/delivering-a-net-zero-national-health-service/>



# My MART Asthma Action Plan



First name:

Surname:

Surgery:

Nurse/doctor name:

Date completed:

 /  / 

MART inhaler type:

Usual daily dose:

Other asthma medication:

## What is asthma?

**Asthma** is a chronic inflammatory disease of the airways. The airways become sensitive and react to triggers. (see asthma triggers)

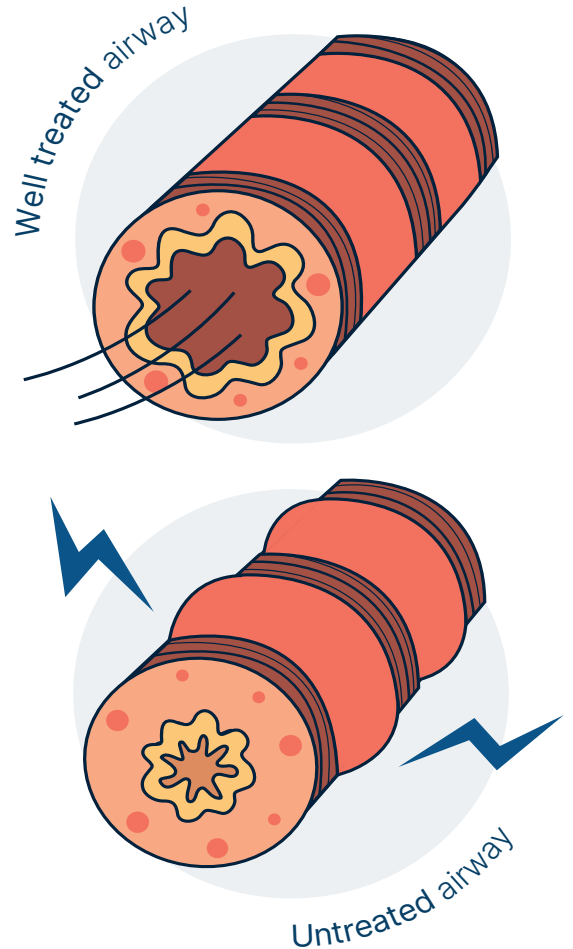
**Symptoms** include wheezing, breathlessness, chest tightness, and coughing.

**Treat** asthma using a single MART inhaler to reduce inflammation and open the airways.

**Have a personalised asthma action plan**

**Management** involves avoiding triggers where possible and taking inhalers as prescribed

**Asthma** control is good when I have no symptoms BUT I should still use my inhaler every day



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## What is a MART Plan?

A MART (Maintenance and Reliever Therapy) plan is a simple way to manage asthma with one inhaler:

**1** One inhaler for everything  
Daily treatment and quick relief of symptoms.

**✓** Convenient  
Easy to remember and manage.

**□** Combination inhaler  
2 medicines, one to reduce inflammation and the other to open airways.

**⊞** Personalised and tailored to your specific needs for better asthma control.

# Asthma Triggers

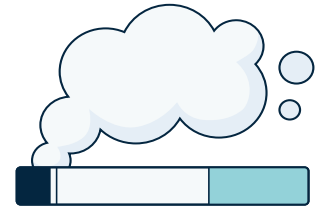


Asthma triggers are things that can cause asthma symptoms or attacks. Tick the boxes to highlight your triggers.

Strong smells



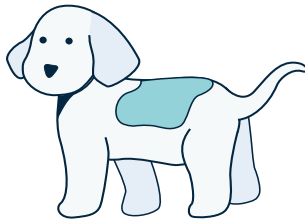
Smoke



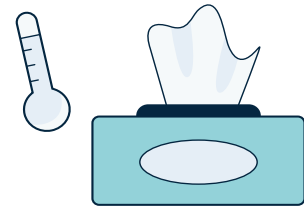
Strong emotions



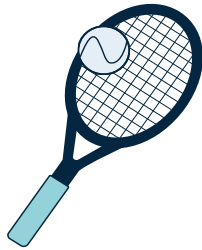
Furry pets



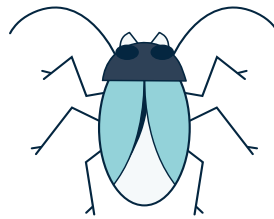
Colds



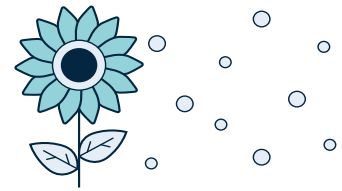
Exercise



Cockroaches



Pollen



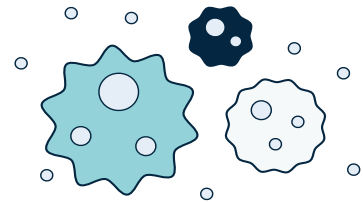
Changes in the weather



Cold weather



Mould and mildew



Food allergies



Dust



Other



## My asthma is good



I don't have a cough or wheeze. I can exercise as usual and I'm sleeping well.

To keep my asthma under control: I take my normal treatment every day, even when I feel well. I use the same inhaler as a preventer (maintenance) and as a reliever.

I take \_\_ puff(s) AM and \_\_ puff(s) PM.

I use my inhaler as a reliever if I get asthma symptoms: I take one puff as needed.

## My asthma is not good



I am breathless, I'm coughing, especially at night, I have difficulty sleeping (because of my asthma) or I need extra puffs 3+ times a week.

When my asthma is not good: I must continue taking my normal treatment every day AND:

- Take 1 extra puff as needed

My inhaler is:

- Budesonide + formoterol: I can take \_\_\_\_ additional puffs a day
- Beclometasone + formoterol: I can take \_\_\_\_ additional puffs a day
- Seek medical advice if I need more than 8 puffs in 24-hours, even if I'm feeling better

## I am having an ASTHMA ATTACK



**My inhaler is not helping** despite increased doses of my inhaler. I am struggling to breath, have excessive coughing, a tight chest, I'm wheezy and unable to speak in full sentences.

**Seek emergency medical advice – CALL 999**

- Sit upright and keep calm
- Loosen tight clothing
- Take 1 puff → Wait 1-3 minutes → no improvement → take 1 puff. Repeat up to a maximum of 6 puffs.

Even if I feel better I should see my doctor or nurse immediately after an asthma attack.

**If help does not arrive, call 999 again**

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Charity. No 1098117 Company No 4298947 [www.pcrs-uk.org](http://www.pcrs-uk.org).

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