Reviewing asthma patients on high-dose inhaled corticosteroids (ICS)

In high doses, ICS can increase the risk of Type 2 diabetes, cataracts, adrenal suppression and osteoporosis. In children adrenal suppression and Addisonian crisis have been reported in doses of 800mcg or more. For this reason, stepping down ICS dose is important (particularly in children) and should be done once control has been established and risk minimised.

Safe and effective asthma assessment needs to take into account both risk and control – see HERE for table of definition of good control and asthma risk. Risk can further be divided into the risk of the disease and the risk of treatment, in particular higher doses of ICS.

Because asthma is a variable condition, this will be a dynamic process, and clinicians can be comfortable with the concept of adjusting anti-inflammatory therapy according to need. Click HERE for more information on the process of stepping down ICS in asthma.

This practice improvement worksheet helps to identify patients in whom control has been achieved, and risk minimised, so that dose reduction can be considered.

It is also important to ensure that the asthma diagnosis is reviewed, particularly in children where the diagnosis was made under the age of 5 years, and that other diseases are considered either as alternative explanations for symptoms, or as co-morbidities to the patient’s asthma.
Assess control and risk
See HERE

Delivering excellence locally...