ADULT ASTHMA DR VYAS PRESTON APRIL 2014

Lancashire worst in UK for admissions and deaths..factors include damp fungus laden air and smoking

Pathology

Small airways narrow with acute then chronic inflammation finally the narrowing becomes persistent

Management

Adherence to treatment is key many do not use their preventer inhaler

Technique is vital many do not use their spacers

Ensuring the stuff gets in fine particle inhalers much better..QVAR FOSTAIR

Avoiding continuous high dose steroids without trying step down

New patients start in inhaled corticosteroid for at least 6/12 as asthma is an inflammatory disease

If symptoms= step 2 200mcg budesononicde equivalent bd review 2-3/12

If waking at night breathless or hospital admission=step 3 combined inhaler LABA + ICS

Stepping down when no symptoms for 3 months halve ICS dose

Asthma Control Test also there is an app Early waking means uncontrolled asthma

Reliever can be either blue inhaler or Formeterol+ICS Fostair or Symbicort

Delivery

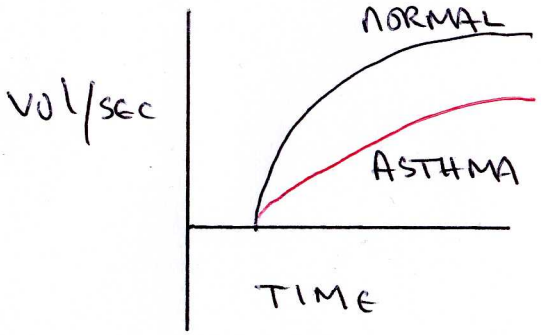
Extra fine particles best QVAR 50= 100mcg Clenil [budesonide] Fostair 100=200mcg Symbicort [Budesonide]

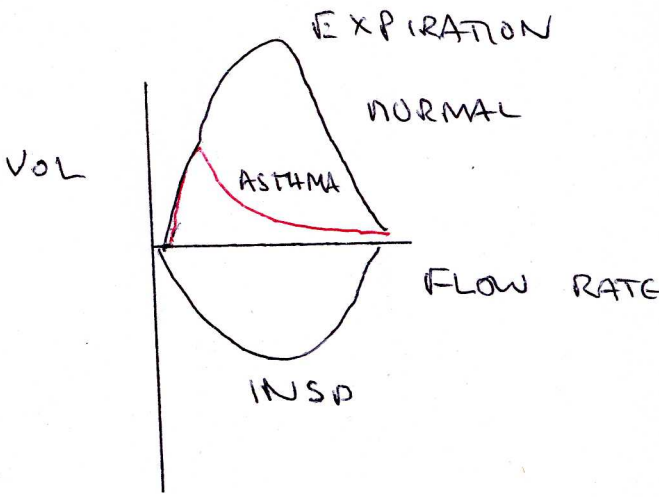
MDI with spacer can be better than dry powder inhaler

You Tube has videos of how to use all the inhalers

Spirometry

Shows a dip in the expired airflow in 70% of asthmatics





Refer of not getting control at step 3

Fungal are the worst with risk of death. Do Chest Mould Screen. Treatment Itraconazole [check LFTs] if becomes resistant Voriconazole

Zolaire is anti IG therapy [also Lecrusemab]

Bronchial Thermoplasty for desperate cases

GP Tips

Treatment when step 1-2 may prevent progression to step 4-5

Singulaire and Intal no use in adults

One inhaler more likely to be used e.g. Fostair Symbicort

Chronic cough is cough 2-3/12 after urti

If dry after 1 antibiotic course try inhaled corticosteroid

If productive try antibiotic and Erdotin

If reflux try Omeprazole 20mg BD for 1/12

Laryngeal Hypersensitivity dry cough not waking at night refer