WEBINAR
Tuesday, 29 September 2020
7.00–8.00 pm AEST

NEW ASTHMA GUIDELINES: WHAT’S CHANGED?
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The learning outcomes of interdisciplinary discussion are:

- Outline guideline changes for adults and adolescents to improve the treatment of mild asthma

- Utilise clinical assessment and patient education to support decisions about treatment options for mild asthma

- Describe the new place in therapy of budesonide+formoterol for effective treatment of mild asthma in adults and adolescents
DISCLOSURE

Prof Amanda Barnard has received funding from AstraZeneca to attend research conference in Bucharest, Romania, 2019.

Debbie Rigby has received speaker remuneration, advisory board fees and travel expenses from AstraZeneca.
TREATMENT OPTIONS FOR ASTHMA IN ADULTS AND ADOLESCENTS

**ALL PATIENTS**
- Assess individual risk factors and comorbidity
- What are risk factors for severe flare-ups?
- Prescribe a reliever to be used as required
- Provide education
- Provide a personalized written asthma action plan
- Provide information on non-pharmaceutical factors that influence asthma
- Ask about patient’s goals and concerns and involve patient in making treatment decisions

**FEW PATIENTS**
- Regular daily 
  - ICS-LABA (low dose)
  - ICS inhalers, maintenance and reliever therapy (low dose as regular daily maintenance and reliever dose as needed)
- OR
  - Regular daily maintenance ICS-LABA combination (low dose) + SABA reliever as needed

**SOME PATIENTS**
- Regular daily ICS-LABA (low dose)
- ICS inhalers, maintenance and reliever therapy (low dose as regular daily maintenance and reliever dose as needed)
- OR
  - Regular daily maintenance ICS-LABA combination (low dose) + SABA reliever as needed

**MOST PATIENTS**
- Regular daily maintenance ICS (low dose) + SABA reliever as needed
- OR
  - Eudesone-fumarate ICS-LABA (low dose) as needed

**FEW PATIENTS**
- As-needed SABA alone

**Refer to specialist**
- Consider add-on treatments (e.g., theophylline)
  - Monitor and adjust to maintain good symptom control and minimize risks at lowest effective ICS dose

**Consider reversal**
- Consider add-on treatment
  - Consider add-on treatment (e.g., theophylline)
  - Monitor and adjust to maintain good symptom control and minimize risks at lowest effective ICS dose

**Monitor and adjust to maintain good symptom control and minimize risk**
- What is good symptom control?
- What is low-dose ICS?
PEOPLE WITH MILD ASTHMA

- Have fewer symptoms, however are the largest subgroup, accounting for up to 75% of total asthma cohort
- Are still at risk of acute exacerbations and fatal asthma attack
- Guidelines recommend using inhaled corticosteroids (ICS) for asthma control and to reduce risk of exacerbations
- Regular ICS adherence can be challenging
TREATMENT OPTIONS FOR MILD ASTHMA IN ADULTS AND ADOLESCENTS

MOST PATIENTS
Regular daily maintenance ICS (low dose) + SABA reliever as needed
OR
Budesonide-formoterol (low dose) as needed

FEW PATIENTS
As-needed SABA alone

ALL PATIENTS
Assess individual risk factors and comorbidity
Advise/prescribe a reliever to be carried at all times
Provide education

Provide a personalised written asthma action plan
Provide information on non-pharmacological factors that influence asthma
Ask about patient’s goals and concerns and involve patient in making treatment decisions

Suitable starting treatment for most new patients

What are initial treatment options?

Monitor and adjust to maintain good symptom control and minimise risks

What is good symptom control?

What is low dose ICS?

Consider only if symptoms less than twice a month and no risk factors for flare-ups

What are risk factors for severe flare-ups?

Monitor SABA use. Continuously reassess need for preventer

Which patients need ICS?
TREATMENT OPTIONS FOR MILD ASTHMA IN ADULTS AND ADOLESCENTS

- SABA as needed for only a few people
  - Consider only if symptoms less than twice a month and no risk factors for flare-ups

- For people with
  - asthma symptoms twice or more during the past month
  - waking due to asthma symptoms once or more during the past month
  - an asthma flare-up in the previous 12 months

Prescribe
  - regular daily maintenance ICS (low dose) plus SABA as needed, OR
  - budesonide+formoterol (low dose) reliever therapy as needed
SELECTING OPTIONS

- History of flare-ups and exacerbations
- Day-to-day symptoms
- Patient preferences for treatment
- Potential issues with adherence
- Ability to use specific inhaler devices
- Cost
- Potential adverse effects
CLINICAL EVIDENCE SUPPORTING THE GUIDELINE CHANGES

▶ SYGMA 1
  - Budesonide+formoterol as needed had greater odds of achieving well-controlled asthma weeks (WCAW) versus SABA as needed (P = 0.046)

▶ SYGMA 2
  - No significant difference for severe asthma exacerbations (annualised rate), when comparing budesonide+formoterol as needed versus ICS and SABA as needed

▶ Novel START
  - Rate of asthma exacerbations for budesonide+formoterol as needed was significantly lower than SABA as needed (p < 0.001), but did not differ significantly from ICS and SABA as needed

▶ PRACTICAL
  - Severe asthma exacerbations were lower for budesonide+formoterol as needed, compared to ICS and SABA as needed (p = 0.049).

O'Byrne et al. NEJM 2018;378:1865-1876.
Bateman et al. NEJM 2018;378:1877-1887.
BUDESONIDE+FORMOTEROL RELIEVER THERAPY: NEW OPTION FOR MILD ASTHMA

- Recommended in updated Australian Asthma Handbook for level 2 treatment as an alternative to regular ICS (plus SABA as needed)
- PBS-listed on 1 June 2020 for people with asthma who require anti-inflammatory reliever therapy
- Not indicated for maintenance therapy
- Only two budesonide+formoterol products can be used as needed for symptom relief:
  - 200/6 micrograms dry-powder inhaler (Symbicort Turbuhaler, DuoResp Spiromax) – 1 inhalation per dose (maximum 12 per day)
  - 100/3 micrograms metered-dose inhaler (Symbicort Rapihaler) – 2 inhalations per dose (maximum 24 per day)
A CASE: BETH WITH MILD ASTHMA

- Beth is a 32-year-old woman, who was referred by her community pharmacist to see you.
- She was diagnosed with asthma four years ago.
- Initially prescribed daily medium dose of an ICS plus as-needed reliever.
- She has been off maintenance inhaler therapy for more than a year and has had no exacerbation in the last year.
- She says she is symptom-free today and uses Ventolin once a week.
RESOURCES

Health professionals

- National Asthma Council Australia:
  - Australian Asthma Handbook
  - How to device videos
  - Spirometry training and tools
  - Asthma action plans

- Asthma Australia: Asthma Connect program connecting health professionals with the most current asthma management services, resources and opportunities

- RADAR article: Budesonide with formoterol for mild asthma: New PBS listings

Patients

- National Asthma Council Australia:
  - My Asthma Guide
  - Written Asthma Action Plans
  - Inhaler technique videos

- Asthma Australia - coming soon, consumer guide to asthma guidelines

- Speak to an asthma educator: 1800 278 462

- NPS MedicineWise consumer resources:
  - Asthma explained
  - Medicines for treating asthma
  - MedicineWise app
REFERENCES


