

# Best Practice Message

December 2021

**Best Practice: Focus on Equity: Asthma** has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 0.5 CME credits for Continuing Professional Development (CPD) purposes. Reflect on your learning here: Complete [this quiz](#) to have your CME recorded.



## Focus on Equity: Asthma

### *Practice changing moments*

- Short-Acting beta<sub>2</sub> agonist (SABA) therapy alone is no longer considered appropriate in adults or adolescents. The threshold for prescribing a patient a preventative inhaler should be low. Anti-inflammatory reliever therapy is preferred in patients with mild to moderate symptoms
- It is best practice to review inhaler technique and adherence before escalating therapy
- Māori have a higher rate of admissions for asthma exacerbations and are dispensed a larger proportion of SABA therapy
- Using ≥11 SABA inhalers over 12 months is associated with increased mortality regardless of ICS use.
- A report of asthma prescribing is now available on your Thalamus dashboard

### Background

Asthma affects a large amount of the New Zealand population with estimates that 20% of children and adults in New Zealand have asthma. Prevalence rates in Māori and Pacific adults are also considered to be in the highest in the world. Hospitalisation also disproportionately affects Māori and Pacific children with childhood admission rates of 12.6 per 1000 and 17 per 1000 respectively<sup>1</sup>. This also continues into adulthood with Māori aged 5-34 being over twice as likely to be hospitalised for an asthma exacerbation than non-Māori (RR =2.1)<sup>2</sup>. However, Māori are less likely to be prescribed an Inhaled corticosteroid (ICS), have an asthma action plan or receive adequate education<sup>3</sup>.

### Frequent use of Salbutamol linked to increased mortality

There has been a plateau of improvement in asthma control in recent decades this may be linked to a poor uptake in ICS use and an over-reliance on reliever therapy<sup>4,5</sup>. It is known that beta agonist therapy does not address the inflammatory pathology causing worsening disease. Patients using 11 or more canisters of SABA inhaler per year had a greater risk of exacerbation and mortality (HR 1.77 and 2.35 respectively) when compared to patients using two or less canisters of SABA inhalers<sup>6</sup>. This is irrespective of whether the patient was also using a regular preventer or not. If a patient is requiring reliever therapy more than twice a week (with the exception of pre-exercise use) consider review of the patients therapy<sup>3,7</sup>.

We are seeing more salbutamol prescriptions dispensed to Māori per 100,000 population in Hawke's Bay despite similar prescribing rates between Māori and non-Māori for preventative therapies such as Seretide®, Symbicort®, Flixotide®.

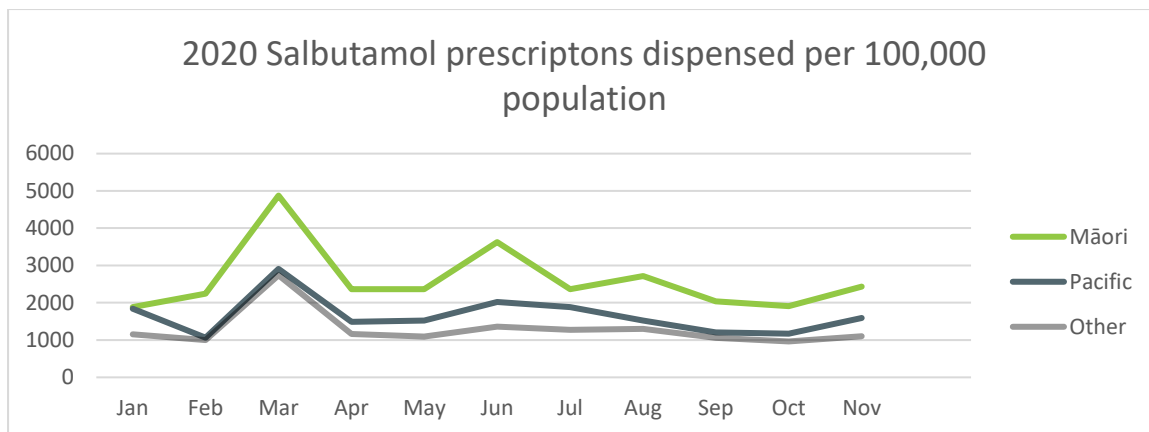


Figure 1. 2020 Rate of SABA inhalers dispensed by ethnicity in Hawke's Bay

### Change is in the AIR

For adults and adolescents with asthma, anti-inflammatory reliever therapy (AIR) is preferred to SABA reliever therapy<sup>3,7</sup>. AIR therapy involves using a combination formoterol/inhaler budesonide (such as Symbiort® or DuoResp Spiromax®) either as a reliever alone or as a preventer as well. This replaces SMART therapy by adding in a step for mild symptoms where the patient can be managed with symptomatic relief without maintenance doses.

If a patient has had a recent ED presentation or hospitalisation for an asthma exacerbation they should have a review of therapy. Consider if AIR therapy would be more appropriate for them.

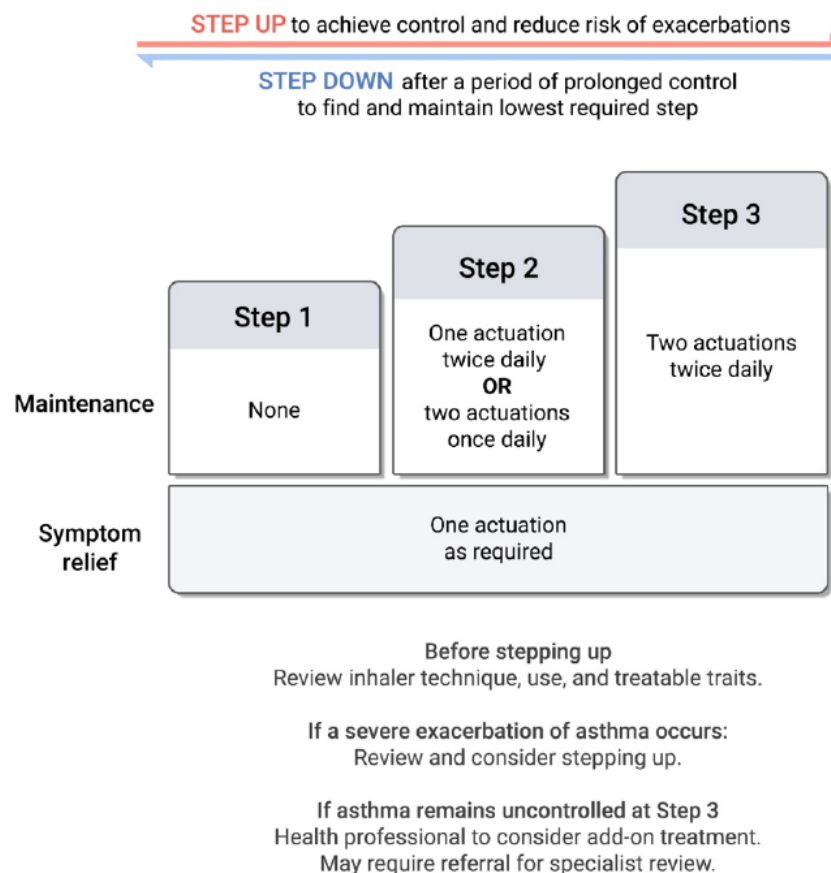


Figure 2. AIR therapy algorithm using Budesonide/Formoterol 200µg/6µg<sup>3</sup>

## Patient's attitudes to asthma management

In a large study of European patients' perceptions to treatment, 92% of participants felt they were confident about managing their asthma and 80% of patients considered their asthma to be controlled despite only 20% of respondents having controlled asthma as defined by the GINA criteria. In the past year 24% of participants had also visited the emergency department for at least one asthma exacerbation<sup>4</sup>.

The asthma control test (ACT) is a short questionnaire which can enable the patient to self-reflect on their management and track progress of symptoms<sup>8</sup>. Patients can access the ACT via a website (<https://www.asthmacontroltest.com>). It can provide the patient with reminders to repeat the questionnaire monthly so that the patient can understand how their symptoms change over time and whether they are more symptomatic at a particular time of year. The minimum clinically important difference is  $\pm 3$  points<sup>9</sup>.

### Tools available:

- Inhaler device identification chart: <https://www.nzrespiratoryguidelines.co.nz/inhaler-identification.html>
- Health Navigator NZ videos on how to correctly use a range of inhalers: <https://www.healthnavigator.org.nz/videos/i/inhaler-use/>
- Thalamus interactive dispensing data dashboard: <https://thalamus.nz/>
- Māori health models: <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models>
- bpac<sup>NZ</sup> Clinical audit: Reviewing SABA-only asthma treatment in adolescents and adults: <https://bpac.org.nz/audits/asthma-2020.aspx>
- Asthma control test: <https://www.asthmacontroltest.com/>

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