



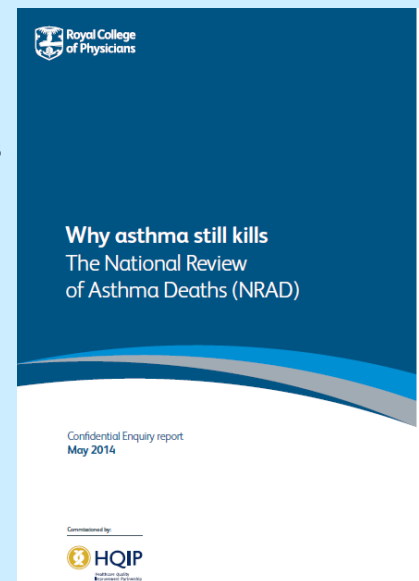
Newsletter supplement: Why Asthma Still Kills The National Review of Asthma Deaths (NRAD)

In May 2014, the RCGP National Review of Asthma Deaths was published.

This report, commissioned by the Healthcare Quality Improvement Partnership, reviewed asthma deaths in the four UK countries over a 12 month period (February 2012 to January 2013). Extensive information about each death was sought from a variety of sources and the report focused on 195 deaths of people who were thought to have died from asthma.

The full report is available to read at the link below: <http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths>

Among the key recommendations were a number of points in relation to **prescribing and medicines use** which HSCB Pharmacy and Medicines Management Team would like to highlight to all GP practice staff (particularly nurses who run the practice asthma clinics) and community pharmacists.



Recommendation 1

All asthma patients who have been prescribed more than 12 short-acting beta-agonist (SABA) reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.

Key finding: There is evidence of overuse of or over-reliance on SABA (reliever) inhalers. From prescribing data on 165 patients, 92 (56%) were prescribed more than six and 65 (39%) more than 12 SABA inhalers in the year before they died. *Six patients (4%) had been prescribed more than 50 SABA inhalers in the previous year.*



Action for healthcare professionals:

- *A search should be carried out for ASTHMA patients who have been prescribed 12 or more short-acting reliever inhalers (salbutamol/ terbutaline) in the previous 12 months. These patients should be asked to attend an urgent review appointment with either the GP or their practice nurse.
- * Pharmacists should be vigilant for patients who are getting lots of short-acting reliever inhalers dispensed within a short time frame. It may be appropriate to offer these patient some advice about their usage of reliever medication and these patients could be prioritised for a medication usage review (MUR). Further details of the community pharmacy MUR (Medicines Use Review) are available on the

BSO website at <http://www.hscbusiness.hscni.net/services/2427.htm>

Recommendation 2

An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the pharmacist when a new device is dispensed.

Advice for healthcare professionals:

*During the patient's annual asthma review (part of QOF), patients should be asked to bring their inhalers with them to the review appointment. At the asthma review appointment, the patient should be asked to demonstrate inhaler technique and, if sub-optimal, advice given on correct usage of their inhaler(s).

*When dispensing any inhaler to a patient, the pharmacist should check that the patient knows how to use the inhaler correctly. Details of the community pharmacy MUR (Medicines Use Review) are available on the BSO website at:

<http://www.hscbusiness.hscni.net/services/2427.htm>



Recommendation 3

Non-adherence to preventer inhaled corticosteroids is associated with increased risk of poor asthma control and should be continually monitored.

Key finding: There is evidence of widespread underuse of preventer medication. Overall compliance with preventer inhaled corticosteroids (ICS) was poor, with low repeat prescription fill rates for both patients treated with ICS alone and for those treated with ICS in combination with a long-acting beta-agonist (LABA). To comply with recommendations, most patients usually need at least 12 preventer prescriptions per year.

Action for healthcare professionals:

*A search should be carried out for **asthma** patients who have been prescribed or dispensed less than 12 ICS alone or ICS/LABA combination inhalers in the previous 12 months. This under usage of preventer medication should be discussed at the next asthma review appointment.

If the patients identified above (<12 ICS or ICS/LABA combination inhalers in last 12 months) are also shown to be ordering more than 12 SABA inhalers in the previous 12 months, then these patients should be prioritised for an **urgent review.

* Pharmacists should be vigilant for patients who are dispensed preventer medication infrequently and advice given about the need for regular usage of preventer medication in asthma. If appropriate, the patient could be invited to attend a MUR. Details of the community pharmacy MUR (Medicines Use Review) are available on the BSO website at <http://www.hscbusiness.hscni.net/services/2427.htm>

Recommendation 4

The use of combination inhalers should be encouraged. Where long-acting beta-agonist (LABA) bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler.

Key finding: At least five (3%) patients who died were on LABA monotherapy without inhaled corticosteroid preventer treatment.

Action for healthcare professionals:

*A search for patients on LABA monotherapy should be carried out in general practice; if any of these patients are **asthmatic** patients, an urgent medication review is appropriate.

* Pharmacists should be vigilant when dispensing LABA inhalers to patients and to ensure that the patients do not have asthma. If an asthmatic patient is being dispensed LABA monotherapy, they should be advised to make an urgent appointment with the GP practice for an asthma review.

This newsletter has been produced for GP practice staff and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management pharmacists in your local HSCB office.

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