

Article 1: The dangers of SABA overuse

Did you know that asthmatics who use 3 or more SABA inhalers per year are at increased risk of asthma attacks?

Asthma is a common respiratory condition that affects around 40,000 people across Hull and East Yorkshire. In asthma, the airways in the lungs become inflamed, leading to the typical symptoms of breathlessness, cough, wheeze and chest tightness. It is essential to treat the airway inflammation in order to achieve asthma control. This is done using inhaled corticosteroids either alone or in combination with other medications. Local and National Guidelines are available to help clinicians make evidence based prescribing decisions.

Short acting beta agonist inhalers (SABA) such as salbutamol are often used by asthmatics to provide short-term relief of their symptoms. However, SABAs only relax the airway muscle and don't treat the airway inflammation. Many asthma patients become over-reliant on their SABA without realising that frequent use (using SABA 3 or more times per week) can reflect poor asthma control and has been shown in a large UK based study to be associated with a significantly increased risk of asthma attacks. Indeed, over-use of SABA and under-use of preventer inhalers was identified in the National Review of Asthma Deaths (2014) as a factor which contributed to people dying from their asthma. It is therefore very important to identify when asthmatics are using SABAs frequently in order for their asthma control to be assessed and their preventer therapies optimised. It is very important that all health care professionals help to identify when asthmatics are over-reliant on SABA so that their asthma treatment can be reviewed and asthma control achieved.

SENTINEL is a quality improvement project that aims to tackle SABA overuse in Hull through promoting implementation of the Hull and East Riding Guideline for the Treatment of Adult Asthma. Look out for more information on the project and strategies to reduce SABA over-use in the coming weeks' newsletters. Check out the project website at www.hullasthma.co.uk (site launching in July).

Article 2: Maintenance and Reliever Therapy

Did you know that asthmatics who use a Maintenance and Reliever Therapy (MART) regimen have fewer asthma attacks than those using a regimen with a separate preventer (ICS/LABA) and reliever (SABA)?

Maintenance and reliever therapy (MART) is recommended by the Hull and East Yorkshire Guideline for the Treatment of Adult Asthma for asthmatics requiring a combined inhaled corticosteroid and long-acting beta agonist (ICS/LABA) inhaler. In practice, this means that most patients in Hull and East Yorkshire that aren't adequately controlled on an ICS alone should be using a MART regimen.

MART refers to when the same inhaler is used as both a 'preventer' and a 'reliever'. Inhalers that can be used for MART contain both an ICS (either budesonide or beclomethasone) and the long and fast acting beta agonist, formoterol. Symbicort and Fostair are named on the local Adult Asthma Guideline for use as MART. Other inhalers that can be used for MART include Fobumix Easyhaler and Duoresp Spiromax.

Using a MART approach ensures that when an asthmatic starts to experience asthma symptoms and uses their inhaler more often for relief, they also get an increased dose of steroid delivered to the airways. This controls the inflammation early and prevents an asthma attack. In clinical trials, MART has been shown to reduce the rate of asthma attacks compared with using a fixed dose of ICS/LABA as a 'preventer' and a separate short acting beta agonist (SABA) as a 'reliever'. The formoterol component of MART provides relief of symptoms as fast as salbutamol and lasts longer. MART inhalers can be used to relieve airway constriction during asthma emergencies and personalised MART asthma action plans are available through the medicines manufacturers.

Patients using MART should not usually be prescribed a SABA because they use their ICS/LABA combination inhaler as a reliever and therefore do not require a separate reliever inhaler. Co-prescription of a SABA alongside MART risks undermining the approach because patients may revert to old habits and use their ICS/LABA as a preventer and their SABA for relief. This will stop them getting the benefits of MART. Appropriate use of MART in asthma has the potential to prevent SABA over-reliance and improve outcomes for asthmatics across Hull and East Yorkshire.

SENTINEL is a quality improvement project that aims to promote appropriate use of MART in Hull and East Yorkshire in accordance with the local asthma guidelines. Look out for more detail on the project in next week's newsletter and check out the project website: www.hullasthma.co.uk (site launching in July).

Article 3: The SENTINEL Project

The SENTINEL project was launched in November 2020 with the goal of improving outcomes for the ~40,000 people living with asthma in Hull and the East Riding. The project is a collaboration between Hull CCG, Hull University Teaching Hospitals NHS Trust (HUTH), and the Hull York Medical School (HYMS), and the SENTINEL intervention was co-designed in collaboration with clinicians and asthma patients from across the city.

The central aim of the project is to improve asthma outcomes and reduce SABA overuse by promoting guideline-adherent asthma care. To this end we are educating clinicians and asthma patients across the region about the dangers of SABA overuse, and inviting asthma patients who are currently high SABA users to come for asthma review.

SENTINEL is being implemented across all Hull PCNs throughout 2021, so you may notice a change in the asthma prescriptions at your pharmacy or encounter patients who have been moved onto a MART regime as part of the project.

To learn more about SENTINEL there are resources and educational videos on our website: www.hullasthma.co.uk (site launching in July). And for further advice and support please feel free to reach out to the project lead Dr Michael Crooks (michael.crooks@hey.nhs.uk) or the project manager Lucia Crowther (lucia.crowther@hyms.ac.uk).