

Medicines Optimisation Briefing

This medicines optimisation briefing focuses on patients with asthma and is designed for pharmacy professionals in any sector to use in their practice.

Patient experience

I want to know that you care about me and my condition. Ask me to show you how I use my inhaler, then you can check I've got it with me, that it's in date and that I am using it correctly; I find that reassuring. I also value your professional input on how well my asthma is controlled. It's helpful if you check my personalised asthma action plan and whether I am responding to my peak flow readings and/or symptoms in the right way.

Steps you can take:

- Ask how asthma affects their daily activity and whether it interrupts their sleep
- Ask patients to show you how they use their inhalers. Reflect on whether the prescribed device is the best one for the patient and whether changes are needed to enable them to get the treatment into their airways
- Make sure the patient has a personalised asthma action plan (PAAP) and knows how to adjust their therapy in response to their symptoms or peak flow readings
- Explore the patient's feelings and beliefs about their medicines, and how and why they do or don't use them.

Evidence – is the medicine appropriate?

As a condition, you can expect asthma to change with time; peak flows and symptoms improve and worsen and you can help patients to make the right choices about their medication. BTS/ SIGN asthma guideline stepped approach adds in steroid inhalers, oral steroids and other agents as the condition worsens, then removes them as it improves. The patient is the key source of information about their symptoms, which in turn indicates what step they should be on. You should confirm that they know what each of their medicines does, and when and how to use them.

Steps you can take:

- Make sure you are confident and competent in the correct use of inhalers and devices
- Make sure patients are aware how to follow their personalised asthma action plan in response to their symptoms and/or peak flow readings. Use the patient's personalised asthma action plan to agree with them which zone/step they are on and discuss what therapy they are currently taking
- You may need to refer to their surgery if you think they could consider stepping up or down agents.

The four principles of medicines optimisation* describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines.

* www.rpharms.com/medicines-safety/medicines-optimisation.asp

Safe and effective

Asthma is a chronic condition and it is easy to get complacent about the symptoms and put up with it not being well controlled. Patients can monitor the effectiveness of their therapy by monitoring their peak flow reading and by using validated tools such as the Royal College of Physicians '3 questions' or the Asthma Control Test (ACT) (see signposting patients). This helps to show them that they know how to keep in control of their condition. Patients want to understand what side effects they may get, but also what action they should take if they experience them. There are different inhalers and devices available and you have a role in making sure that the patient is using the one that is best for them.

Steps you can take:

- Use the PMR to see if the frequency and quantity of supply supports the patient's understanding of effective control. Flag up any excessive use of reliever medication and under use of regular therapy
- Talk to patients about how they can avoid or manage side effects
- Make sure the patient has an up to date personalised asthma action plan, including who to contact if their control deteriorates.

Medicines Optimisation as part of routine practice

Seeing improvements in asthma control through your engagement is a real testament to the value that you bring to patient care. Showing patients that you care about their condition encourages them to discuss their treatment with you and cements you as a key health professional for them.

Steps you can take:

- Use the feedback that you get when reviewing peak flow results and symptoms to support the patient in the use of their personalised asthma action plan
- Does the patient know what to do and how to use their reliever medication if they have an asthma attack?
- Are they having regular reviews of their asthma with their GP or asthma nurse and do they know how to access help if they need it?
- Consider the supply of steroid cards to those on high doses.

Case studies

Mary, a regular patient in the pharmacy has had asthma since childhood.

Over the last few years she has been having daytime episodes of breathlessness three to four times a week and treating these with her reliever inhaler. Following an MUR and inhaler technique check with her pharmacist, Mary's medication was stepped up to a twice daily fluticasone and salmeterol combination inhaler by her GP. In the following months, when she collected her prescriptions, Mary commented that her asthma is now much better controlled and she has even joined a running club.

During Mary's next MUR it was evident that she was very happy with her current therapy and her asthma was well controlled. Mary mentioned that the combination inhaler was so good that she was only using it on alternate mornings. Mary said that she now hardly ever needs to use her reliever inhaler. The pharmacist explained to Mary that the combination inhaler should be used at least daily as there was a risk that under using the inhaled corticosteroid (ICS) preventer could lead to inflammation of the airways returning but being masked by the long acting beta-agonist. The pharmacist contacted Mary's GP to arrange an asthma review and later Mary returned with a prescription for a regular ICS inhaler alone in place of the combination inhaler because her asthma was now under better control.



Sabri, a patient with asthma had not had an MUR at a pharmacy previously.

On a recent visit to collect a prescription, the pharmacy technician suggested an MUR to Sabri because she noticed that his treatment had recently been stepped up to a higher dose inhaled corticosteroid (ICS). During the MUR Sabri explained to the pharmacist that the ICS dose had been increased by the hospital because his asthma was poorly controlled. Sabri was currently prescribed two different types of inhaler; his reliever was a dry powder inhaler (DPI) and his ICS was a metered dose inhaler (MDI). The pharmacist asked Sabri to demonstrate the use of the two inhalers and noticed that Sabri inhaled fast and forcefully when using both devices. The pharmacist explained to Sabri that when using the MDI he should inhale gently and slowly in order to get the maximum benefit from the dose. Following instruction of the correct technique for both inhalers the pharmacist used an In-check dial to confirm Sabri's correct technique for both types of inhaler. The pharmacist added a small sticker saying 'fast' on the DPI inhaler and 'slow' on the MDI inhaler to help Sabri to remember the correct technique for each one. Several months later Sabri returned to the pharmacy to say that his dose of ICS had now been reduced because his asthma was now under much better control.

Lifestyle messages

- Understand the risk of not controlling the asthma
- The key to good health is for patients to know about their condition and have a personalised asthma action
- Share tips on using medicines and devices
- Encourage all patients to stay active and to lose weight if they are overweight
- Offer smoking cessation advice
- Emphasise to patients the importance of keeping their reliever inhalers and emergency contact details with them at all times
- Recommend one-off pneumococcal vaccination and annual flu vaccination.

Where's the Evidence?

- British Thoracic Society/SIGN British Guideline on the Management of Asthma www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline
- NICE www.nice.org.uk
- Local asthma specialists – check your RPS networks
- Talk to your local hospital colleagues – is there a respiratory pharmacist?
- RPharmS Map of Evidence www.rpharms.com/support/map-of-evidence.asp

Signposting patients

- Asthma UK www.asthma.org.uk including inhaler demonstration videos www.asthma.org.uk/Sites/healthcare-professionals/pages/inhaler-demos
- British Lung Foundation www.blf.org.uk/Home
- Allergy UK <http://allergyuk.org/>
- Local support groups
- Local sports and leisure centres/Activity groups
- Stop smoking services. Smoke free NHS <https://quitnow.smokefree.nhs.uk/>
- NHS Choices www.nhs.uk
- Royal College of Physicians '3 questions' www.rcplondon.ac.uk/publications/measuring-clinical-outcome-asthma
- Asthma Control Test (ACT) – adult www.asthma.org.uk/Sites/healthcare-professionals/pages/asthma-control-test
- Asthma Control Test (ACT) – childhood www.asthma.org.uk/Sites/healthcare-professionals/pages/children-and-young-people-the-childhood-asthma-control-test

Where can I learn more about this?

CPPE learning programmes www.cppe.ac.uk
 The Royal Pharmaceutical Society www.rpharms.com
 Clinical knowledge summaries <http://cks.nice.org.uk>

