

Recognising uncontrolled asthma in primary care



RECOGNISING UNCONTROLLED ASTHMA IN PRIMARY CARE

A patient with uncontrolled asthma is one who continues to experience asthma symptoms and asthma attacks despite adhering to a management regimen that has been negotiated with a health care professional.

Signs of uncontrolled asthma include:

- > Frequent surgery visits
- > Frequent requests for exacerbation management (≥ 2 oral corticosteroid courses)
- > Low scores on the Asthma Control Test
- > Excessive asthma symptoms
- > Overuse of relievers or short-acting bronchodilators (SABAs)

OVERUSE OF SABAS

If patients are using 6 or more **SABAs in a year**, this indicates overuse.

Patients may say they need several SABAs to keep in different locations, this should be discussed with patients as it may indicate **poor control**.

THE HASTE TOOL

H	A	S	T	E
HIGH INTENSITY TREATMENT	ADHERENCE	SEVERE EXACERBATIONS	TECHNIQUE	EXCLUDE OTHER CONDITIONS
Is the patient already at the high-end of the treatment escalator?	Are patients taking their medication at the correct dose and frequency?	Has the patient had ≥ 2 courses of oral corticosteroids or been hospitalised due to asthma in the last 12 months?	Is the patient's inhaler technique correct?	Are conditions that mimic or exacerbate asthma being managed?

The **HASTE tool** is designed to aid clinicians undertaking asthma reviews in primary care to help remember the indications for considering referral to secondary care for further assessment. If your patient is still experiencing ongoing symptoms and the answers to the HASTE questions are yes, then refer!

ASSESSING ADHERENCE AND DEVICE TECHNIQUE

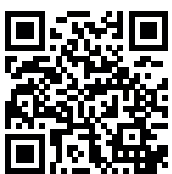
During the Covid-19 pandemic, checking adherence and technique has been challenging as healthcare professionals have been unable to use in-check devices, which are often needed for assessing respiratory effort.

During consultations, healthcare professionals will:

- > **Emphasise necessity** of adherence and correct technique
- > **Ask questions** to assess what type of inhaler is right for them e.g., dry powder inhaler or a meter dose inhaler and spacer. Be consistent, try not to mix devices
- > **Share links** via accuRx system to the Asthma UK website for videos on improving technique
- > **Use the HASTE tool** as a checklist and refer patients if they remain uncontrolled

USEFUL QUESTIONS TO ASK:

- > How has your previous experience with inhalers been?
- > Do you prefer once or twice a day regimen?
- > Can you take a quick deep breath in?



For more information, visit: <https://www.nhs.uk>

