Stepping Down Inhaled Corticosteroids in Asthma Guidelines

- Ensure patients are aware of the benefits and risks of inhaled corticosteroids (ICS) and the aim to maintain on the lowest possible ICS dose at which effective control is maintained.
- Check use (patient reported & prescription history) of current ICS inhaler to confirm if expected use matches actual use. Note patients may continue to order even though they are not regularly using.
- Check use (patient reported & prescription history) of current reliever inhalers (short-acting beta₂ agonist (SABA)) to confirm if expected use matches actual use. Note patients may continue to order even though they are not regularly using. As a guide:
  - Controlled: <3 SABA inhalers/year
  - Partly controlled/uncontrolled: >3 SABA inhalers/year
- Confirm seasonality of symptoms and exacerbations and consider appropriateness of step down at different times of the year.

Inclusion criteria
- Patient has up to date asthma self-management/action plan
- Complete asthma control for at least 3 months (see table below)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Completely Controlled</th>
<th>Partly Controlled</th>
<th>Uncontrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCP 3 Questions</td>
<td>Daytime symptoms</td>
<td>None (twice or less/week)</td>
<td>&gt;Twice/week</td>
</tr>
<tr>
<td></td>
<td>Limitation on activities</td>
<td>None</td>
<td>Any</td>
</tr>
<tr>
<td></td>
<td>Nocturnal symptoms/awakening</td>
<td>None</td>
<td>Any</td>
</tr>
<tr>
<td>Need for reliever/rescue treatment</td>
<td>None (twice or less/week)</td>
<td>&gt;Twice/week</td>
<td></td>
</tr>
<tr>
<td>Lung Function (PEF or FEV₁)</td>
<td>Normal</td>
<td>&lt;80% predicted or personal best (if known)</td>
<td></td>
</tr>
</tbody>
</table>

Exclusion criteria
- Patient does not agree to a trial of stepping down treatment
- Asthma not completely controlled
- Exacerbation, oral corticosteroid course, or a visit to GP or hospital because of worsening asthma in previous 6 months
- Under respiratory specialist review (do not attempt step down without agreement of specialist)
- Pregnant (do not attempt step down without agreement of respiratory specialist)
- Significant adverse outcomes from previous step down attempts. A 25% ICS dose decrease could be considered for patients with complete control who were previously unable to step down dose by 50%
- During the season when the patient has seasonal exacerbations. Reschedule step down review after the season has ended
- Any current lifestyle considerations where asthma stability is crucial (eg impending exam)
- Maintenance and Reliever Therapy (MART) regime

Step down process - Algorithms to support this are in development
- An ICS dose decrease of 25% to 50% should be considered for most patients. The dose decrease should be an individual clinical decision based on history of stability with respect to day to day symptoms, frequency of exacerbations and previous step down attempts. Consideration should also be given to current ICS dose and the inhaler strength and product the patient is using.

Recommendations and follow-up for all patients stepped down
- Check and reinforce inhaler technique +/- Spacer
- Advise patient of importance of adherence to preventer therapy
- Ensure patient has up to date asthma self-management/action plan
- Ensure patient is aware of the potential for worsening symptoms, risk of exacerbations & action to take:
  - When to increase/change treatment
  - When to seek medical help
- Agree a review date for 3 months’ time
References

- SIGN/BTS: British guideline on the management of asthma (October 2014) http://www.sign.ac.uk/guidelines/fulltext/141/index.html
- NICE Clinical Knowledge Summaries: Asthma (Last revised December 2013) http://cks.nice.org.uk/asthma
- Global Initiative for Asthma: Global strategy for asthma management and prevention (revised 2014) http://www.ginasthma.org/documents/4
- PrescQIPP: Inhaled Corticosteroids Resources http://www.prescqipp.info/