Asthma and COPD require different medication regimens. Considering their cost and effectiveness can ensure value for money without compromising care.

Responsible prescribing for asthma and COPD

In this article...

- How drug treatment of asthma and COPD differs
- Nurses’ roles in prescribing and encouraging adherence
- Why it is vital to choose the right inhaler

According to Asthma UK (2012) 5.4 million people in the UK are receiving treatment for asthma, including 1.1 million children. Alongside this, an estimated 3.2 million people have chronic obstructive pulmonary disease (COPD). Asthma and COPD require long-term management, so medication may be prescribed for many years.

Medication for asthma and COPD is most often delivered by the inhaled route. Nearly £3bn was spent on respiratory inhalers in 2011 by the NHS (NHS Information Centre, 2012). The Department of Health’s Quality, Innovation, Productivity and Prevention programme emphasises the importance of maintaining and improving care while ensuring value for money.

Ensuring a correct diagnosis of asthma or COPD is important, as the management pathways are different. Inhaled corticosteroids are first-line treatment for persistent asthma symptoms (British Thoracic Society/Scottish Intercollegiate Guidelines Network, 2012), while bronchodilators are first-line treatment for COPD (National Institute for Health and Clinical Excellence, 2010). However, non-drug management should not be forgotten. Good lung health includes smoking cessation, pulmonary rehabilitation and good breathing technique.

In primary care, most people with asthma and COPD have (or should have) regular reviews to ensure good disease control. The majority of these reviews are undertaken by a nurse or nurse practitioner, a significant number of whom are non-medical prescribers, or are involved in prescribing decisions. These nurses are in an ideal position to ensure responsible prescribing, checking the appropriateness of medication and changing or amending it. They also have an important role in checking concordance and adherence (Shepherd, 2011) and regularly assessing the patient’s inhaler technique (Pearce, 2011).

Inhaled corticosteroids
Corticosteroids in persistent asthma

Inhaled corticosteroids reduce airway inflammation, reduce airway hyper-responsiveness and improve airflow, and consequently can both control the disease process and reduce symptoms in asthma.

These drugs are the most effective medication for achieving asthma control but need to be taken regularly. They are the initial treatment of choice for children and adults with persistent asthma symptoms, and are the mainstay for the regular treatment of chronic asthma at step 2 of the BTS/SIGN guideline (BTS/SIGN, 2012).

Regular preventive therapy for asthma, in the form of inhaled corticosteroids, Long-acting bronchodilators can be tried if corticosteroids fail to control asthma