

<b>Intermittent wheeze</b>  Use less than once per week	<b>Short Acting <math>\beta</math>2-agonist (SABA)</b>  <b>Salbutamol MDI 100 mcg, 2 puffs as required</b> (spacer device recommended)	
<b>Regular Preventer Inhaler</b> 6 week trial	<b>SABA + low dose inhaled corticosteroid (ICS)</b>  <b>Clenil modulite MDI 100mcg inhalation, 2 puffs twice daily</b> (spacer device essential)	Increase treatment if;  SABA needed more than three times weekly
	<b>Children</b>  <b>Clenil modulite MDI 50mcg inhalation, 2 puffs bd</b> (spacer device essential) <b>UNDER 5 100mcg 2 puffs twice daily</b> for 8 week trial. Reduce to 50mcg if response and symptoms.	
	<b>SABA + low dose ICS plus Long Acting <math>\beta</math>2-agonist (LABA)</b>	
<b>Initial add-on therapy</b>	<b>Aerosol Option</b> <b>Fostair 100/6 MDI 1 puffs bd</b> (spacer device essential)  <b>Dry Powder Option</b> <b>Relvar 92/22 1 puff od</b> (Low to medium dose ICS)	Night time symptoms > once a week  Patient has exacerbation
	<b>Children &lt;5 years old + LRTA</b>	
	<b>Montelukast 4mg once daily</b>	
	<b>Children <math>\geq</math>5 years old + very low dose ICS/LABA</b>	
	<b>Aerosol option</b> <b>Seretide 50 Evohaler 1 puff bd</b>  <b>Dry Powder option</b> <b>Symbicort 100/6 Turbohaler 1 puff bd</b> (>6 years old)	
	<b>Increase ICS to medium dose</b>	
<b>Continue LABA/ICS unless no benefit in which case use ICS only</b>  Adults Clenil 250 2 puffs bd Children Clenil 100 2 puffs bd  <b>Additional add-on therapy</b>  6 week trial of each option and only continue if effective	<b>Aerosol option</b> <b>Fostair 100/6 MDI 2 puffs bd</b> (spacer device essential)  <b>Dry Powder Option</b> <b>Relvar 92/22) 1 puff od</b> (Low to medium dose ICS) *Licenced for 12 years old and above	Check concordance and inhaler technique before any change in therapy  Ideally effectiveness should be assessed objectively with symptom score and/or measurement of level of obstruction
	<b>Add LAMA</b>	
	<b>Spiriva 2.5mcg Respimat 2 puffs od</b>	
	<b>Add LRTA</b>	
	<b>Montelukast 10mg nocte</b>	
	<b>Add Theophylline</b>	
	<b>Phyllcontin 225mg bd</b> (If effective check levels 6 weeks 4-6 hours post dose)	
	<b>Children <math>\geq</math>5 years old + low dose ICS/LABA</b>	
	<b>Aerosol option</b> <b>Seretide 50 Evohaler 2 puff bd</b>  <b>Dry Powder option</b> <b>Symbicort 100/6 Turbohaler 2 puff bd</b> (>6 years old)	
	<b>Children <math>\geq</math>5 years old + LRTA</b>	
	<b>Montelukast 5mg nocte</b>	



High-dose therapies  Increase ICS dose +/- Trial/Continue previous Add-on therapies	Increase ICS dose to high dose	
	Aerosol option <b>Fostair 200/6 MDI 2 puffs bd (spacer device essential)</b>	
	Dry Powder Option <b>Relvar 184/22 1 puff od</b>	
	SMART or MART	
	<b>Over 18's only see below</b>	
	Children ≥5 years old + medium dose ICS/LABA	
	Aerosol option <b>Seretide 100 Evohaler 2 puff bd</b>	
Continuous or frequent oral steroids	Dry Powder option <b>Symbicort 200/6 Turbohaler 2 puff bd (&gt;6 years old)</b>	
	Children ≥5 years old + Theophylline	
	<b>Slo-Phyllin 60-250mg bd</b>	
	<b>Prednisolone</b> Only under specialist care	

## Single Inhaler Maintenance and Reliever Therapy Regimes FOR ASTHMATICS WITH HISTORY OF EXACERBATIONS

**SMART (Symbicort) and MART (Fostair)** are alternative regimes for the treatment of Step 3 patients with difficult to manage symptoms or frequent exacerbations.

**MART** – Fostair 100/6 for maintenance and reliever therapy

**SMART** –Symbicort 200/6 for maintenance and reliever therapy

Regimen	Fostair MART	Symbicort SMART
Device	Fostair (Beclometasone 100mcg/Formoterol 6mcg)	Symbicort (Budesonide 200mcg/Formoterol 6mcg)or
Maintenance Dose	1 puff twice daily	1 puff twice daily, increased if required to 2 puffs twice daily
As Required Dose	1 additional puff as needed, if symptoms persist an additional puff can be taken	1 additional puff as needed, if symptoms persist an additional puff can be taken
Maximum in 24 hours	8 puffs in 24 hours	12 puffs in 24 hours

Patient Information Leaflet:

<http://www.symbicort.com/content/dam/website-services/global/symbicort-com/asthma/pdfs/smart.pdf>  
[file:///Z:/Documents/Downloads/Fostair%C2%AE%20Maintenance%20and%20Reliever%20Therapy%20\(MART\)%20for%20Asthma.pdf](file:///Z:/Documents/Downloads/Fostair%C2%AE%20Maintenance%20and%20Reliever%20Therapy%20(MART)%20for%20Asthma.pdf)

### Good Control of Asthma

- No daytime symptoms
- No night time awakening due to asthma
- No need for rescue medication
- No exacerbations
- No limitation of activity including exercise
- Normal lung function
- Minimum side effects from medications