

TEAM ASTHMA: BACK ON TRACK
 Preconference Session
 August 4, 2022

Choosing the Right Device Incorporating Patient Age & Preference
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No disclosures
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Choosing the Right Device Incorporating Patient Age & Preference

Objectives:

1. The learner will be able explain the need to match the right device to the individual patient

2. The learner will be able to identify and describe the five devices primarily used to treat asthma: MDI-metered dose inhaler, DPI-dry powder inhaler, nebulizer/air compressor, chamber (mask), SMI-soft mist inhaler

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Today we are meeting, Sasha an 11-year-old was seen in the office four days ago for an asthma exacerbation and she was prescribed dexamethasone with a positive response. She was first prescribed fluticasone 44 mcg MDI (it was not covered by insurance) and albuterol at a sick visit at the end of February for intermittent asthma with an exacerbation. The fluticasone 44 mcg MDI was changed to fluticasone furoate DPI Ellipta which she is not taking. Sasha says that the fluticasone furoate DPI Ellipta is not working because she has dyspnea.

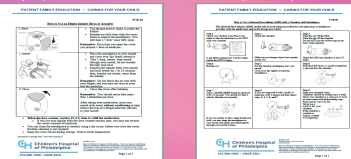
Sasha was diagnosed with asthma earlier this year. Her symptoms are wheeze, cough, dyspnea, chest pain and chest tightness. Sasha's symptoms respond to treatment with albuterol. So far mom has identified her daughter's asthma triggers as physical activity and as per our discussion today her guinea pigs. Sasha does not premedicate with albuterol before physical activity, so after running for a period she develops dyspnea and chest pain.

As the asthma educator, what do we need to know and do for this patient?

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As the asthma educator, what do we need to know and do for this patient?

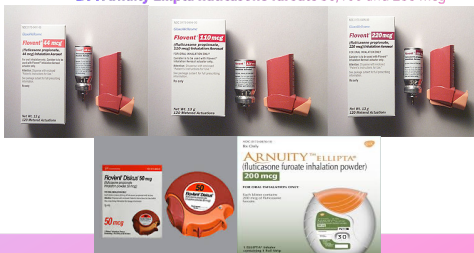
- *Check insurance coverage and formulary: Identify not just which medications are covered, but the devices and if they are appropriate for our patient's age/development/ability
- *Check/assess her technique with MDI/chamber (albuterol)
- *Check/assess her technique with DPI Ellipta (was she taught proper administration technique?)
- *Demonstrate proper device administration technique and provide written instructions



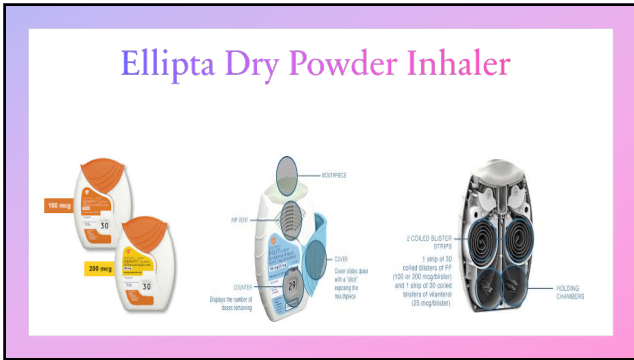
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Flovent/fluticasone propionate
*HFA MDI 44mcg, 110mcg, 220mcg/inhalation
*DPI Diskus 50, 100, 250 mcg

*DPI Arnuity Ellipta fluticasone furoate 50,100 and 200 mcg



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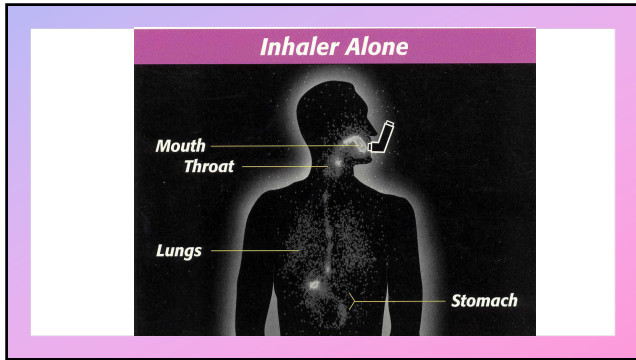
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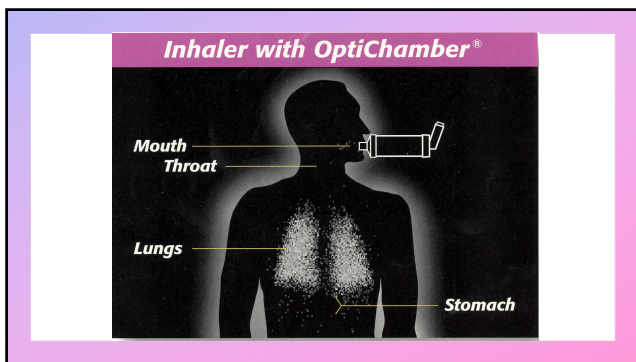
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Asmanex Twisthaler/ mometasone furoate
*DPI: 110 mcg and 220mcg/inhalation

*HFA MDI: 50 mcg, 100mcg,
200mcg

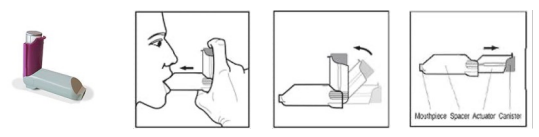
COUNTER
30

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SMART Device Options:
MDI only



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Aerospin/flunisolide MDI spacer
has been discontinued

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Medication Administration

Nebulizer/air compressor: does not work by magic



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Medication Administration

- Nebulizer (re-usable/disposable)
- Air compressor

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Medication Administration

- Nebulizer (re-usable/disposable)
- Air compressor
- **NO BLOWBY!!!**

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Pulmicort Respules/budesonide
0.25mg/2ml, 0.5mg/2ml and 1mg/2ml nebulizer suspension

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Spiriva Respimat SMI (soft mist inhaler) 1.25 mcg is a long-acting muscarinic antagonist (LAMA)

2 inhalations once a day

A helpful way to remember the steps for daily dosing for SPIRIVA RESPIMAT is **T.O.P.:** Turn, Open, Press

Mounting piece, Air-vent, Dose-release button, Safety catch, Clear base, Mouthpiece, Cartridge

Aqua (2.5 mcg/puff) 2 puffs, once a day | Ellipta (1.25 mcg/puff) 2 puffs, once a day

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GINA 2020

- "Most patients (up to 70-80%) are unable to use their inhaler correctly.
- Unfortunately, many health care providers are unable to correctly demonstrate how to use the inhalers they prescribe.
- Most people with incorrect technique are unaware they have a problem.
- There is no perfect inhaler-patients can have problems using any inhaler device.
- Checking and correcting technique using a standardized checklist takes only 2-3 minutes and leads to improved asthma control in adults and older children.
- After training, inhaler technique falls off with time so checking and re-training must be repeated regularly."

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GINA 2020

- **CHOOSE**-consider availability/cost as well as patient skills
- **CHECK**-assess technique at every opportunity, patient demonstration, identify error using a checklist
- **CORRECT**-demonstrate proper technique, check patient technique and focus on problematic steps, may need to repeat two-three times, only consider a different device after several training attempts
- **CONFIRM**-clinicians should be able to demonstrate correct technique for each device they prescribe
- After initial training errors often occur within 4-6 weeks

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GINA 2020
Diagnosis and management of asthma in children 5 years of age and younger

MDI with a valved spacer (with or without a mask)-depending on age to the preferred delivery system	(the spacer should have documented efficacy in young children, note spacers can vary)	The optimal number of breaths required to empty the spacer depends on the child's total volume; the spacer dead end volume; 5-10 breaths. Spacer technique can affect the amount of drug delivered	One puff should be delivered at a time and shaken in between puffs. Multiple puffs into a spacer may reduce the amount of drug inhaled.
Delay between MDI actuation and inhalation may reduce amount of drug available.	Fit mask tightly around child's mouth and nose.	Ensure valve movement.	Nebulizers should be reserved for children who cannot be taught effective use of a spacer. If a nebulizer is used to deliver an inhaled corticosteroid, a mouthpiece should be used to avoid medication in the eyes.

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As the asthma educator, what do we need to know and do for this patient?

Asthma Care Plan

Feeling Good (GREEN Zone)
No Asthma Symptoms, Under Control
Take 2 puffs of ADVAIR DISKINOL with a spacer 2 times daily (before breakfast and before bedtime)

Feeling Better (YELLOW Zone)
Asthma Symptoms, Not Under Control
Step 1: Take 2 puffs of ADVAIR DISKINOL with a spacer 2 times daily (before breakfast and before bedtime)

Feeling Worse (RED Zone)
Asthma Emergency
Call your doctor's office or 911. If you are having trouble breathing, call 911. If you are having trouble breathing, call 911.

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