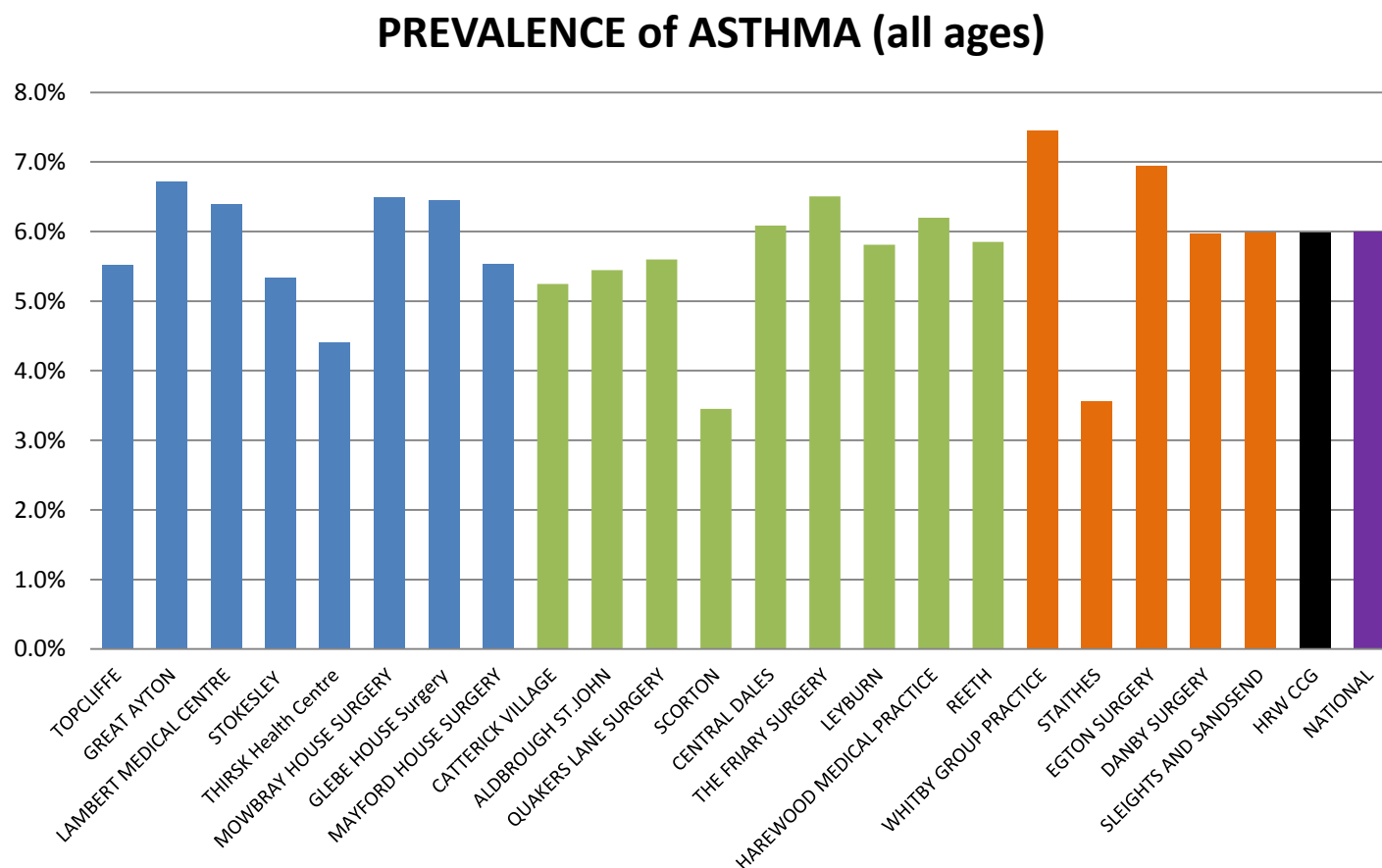
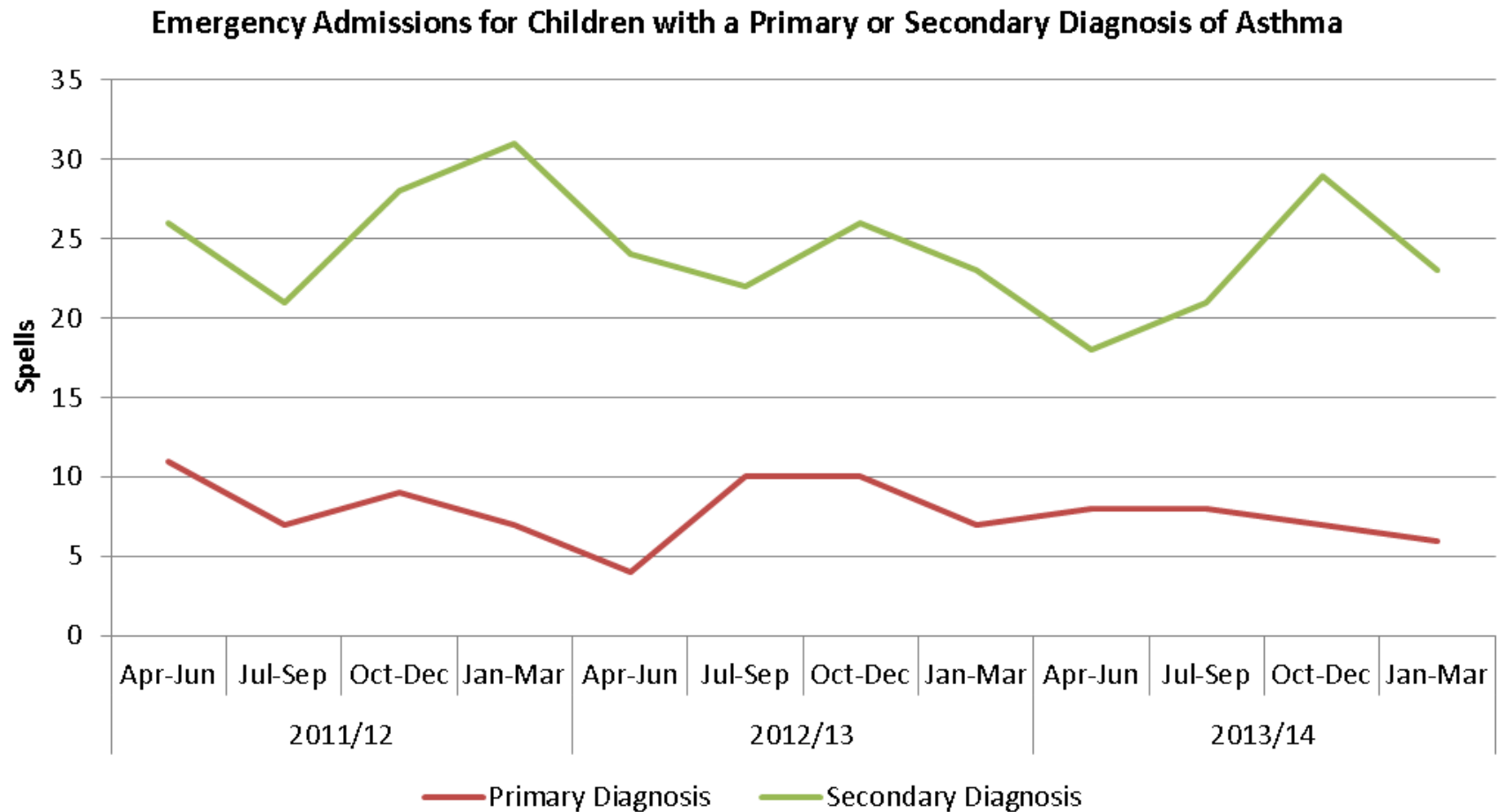


ASTHMA PREVALENCE – all ages



Trend – emergency admissions of children with asthma



Emergency Admissions for Children with Asthma

Practice_Code	Practice_Name	Primary Diagnosis of Asthma			Secondary Diagnosis of Asthma		
		2011/12	2012/13	2013/14	2011/12	2012/13	2013/14
B82050	MOWBRAY HOUSE SURGERY	5	5	5	9	18	14
B82075	MAYFORD HOUSE SURGERY	2	2	2	18	13	7
B82104	HAREWOOD MEDICAL PRACTICE		3	1	13	10	10
B82042	LAMBERT MEDICAL CENTRE	1	4	1	9	6	10
B82017	WHITBY GROUP PRACTICE	8	2	1	8	7	5
B82022	GREAT AYTON SURGERY		1	4	2	10	11
B82066	GLEBE HOUSE SURGERY	4	2	6	6	1	4
B82044	STOKESLEY SURGERY	4	6	2	1	1	6
B82049	THIRSK DOCTORS SURGERY	1	2	2	7	4	1
B82023	CATTERICK VILLAGE SURGERY	2		2	3	4	5
B82072	THE FRIARY SURGERY	2	1	1	3	3	3
B82101	CHURCHFIELD SURGERY	2	2		7	1	
B82029	ALDBROUGH ST JOHN SURGERY	1			4	3	3
B82045	CENTRAL DALES PRACTICE	2			3	4	1
B82034	QUAKER'S LANE SURGERY			1	2	3	3
B82035	SCORTON MEDICAL CENTRE				3	2	2
B82019	TOPCLIFFE SURGERY		1	1	3	1	1
B82046	STAITHES SURGERY				2	1	2
B82078	LEYBURN MEDICAL PRACTICE				1	2	1
B82086	THE DANBY PRACTICE				2		1
B82622	REETH MEDICAL CENTRE						1
B82062	EGTON SURGERY					1	
	TOTAL	34	31	29	106	95	91

Managing asthma in children under 5 years

- Step 1:
 - short acting β -agonist as required (preferably inhaled)
- Step 2:
 - Inhaled short acting β -agonist as required
 - + regular standard dose ICS (or if can't use ICS: leukotriene receptor antagonist)
- Step 3:
 - Refer to respiratory paediatrician
 - Inhaled short acting β -agonist as required
 - + regular ICS (standard dose)
 - + leukotriene receptor antagonist
- Step 4 (persistent poor control)
 - Refer to respiratory paediatrician
- STEP DOWN – regularly review need for treatment

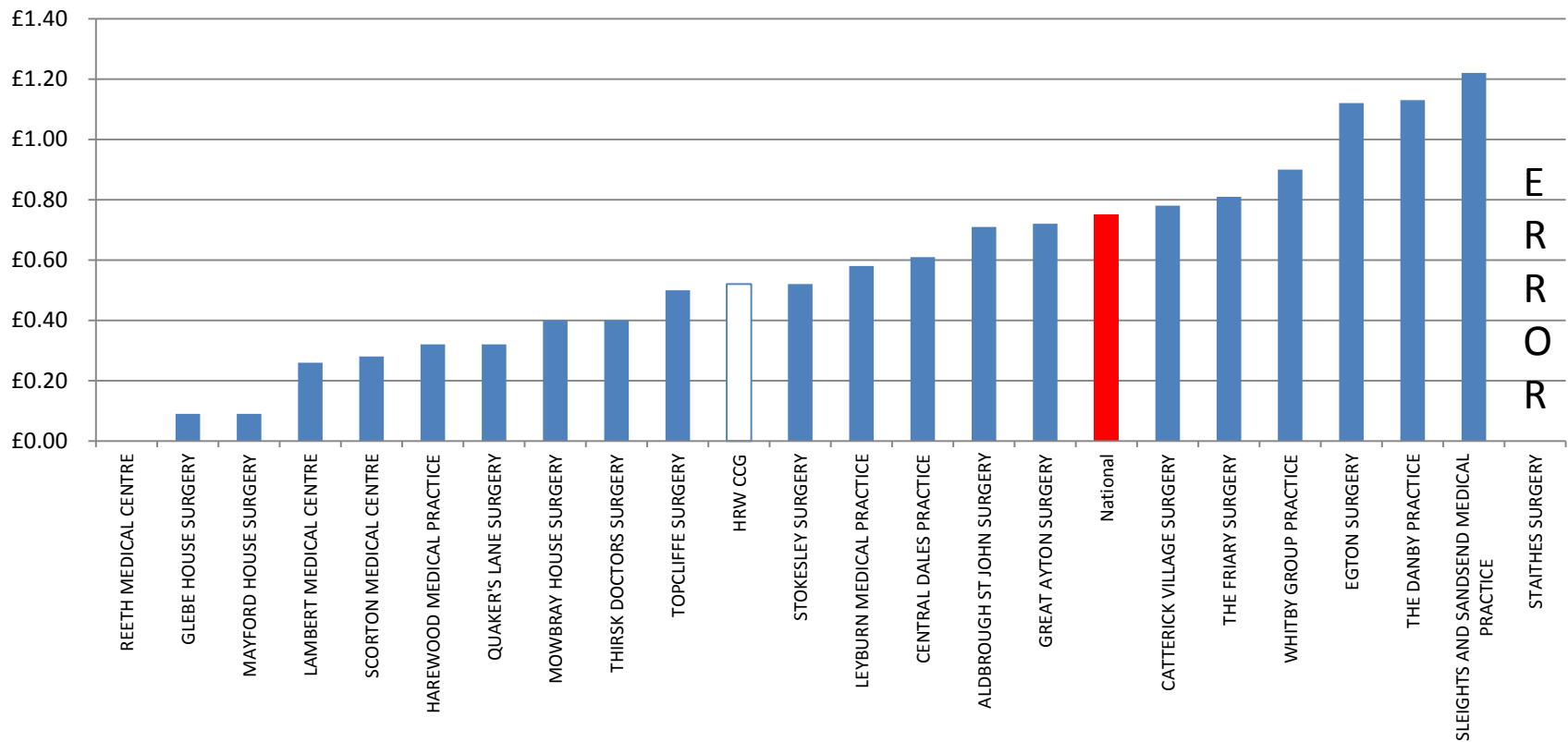
Managing asthma in adults and children over 5 years

- Step 1:
 - Inhaled short acting β -agonist as required
- Step 2:
 - Inhaled short acting β -agonist as required
 - + regular standard dose ICS
- Step 3:
 - Inhaled short acting β -agonist as required
 - regular standard dose ICS (if not controlled: increase to upper end of standard ICS dose range)
 - + regular inhaled LA β A:
 - Continue if of some benefit
 - Stop if of no benefit and add one of: leukotriene rec.antag./ oral theophylline (MR)/ **oral β 2 agonist (MR) if over 12 years**
- Step 4:
 - Inhaled short acting β -agonist as required
 - + regular high dose ICS
 - regular inhaled LA β A
 - + ADULTS: 6 wk sequential trial of one/more : leukotriene rec.antag./ oral theophylline (MR)/ oral β 2 agonist (MR)
- Step 5: REFER TO RESPIRATORY SPECIALIST
 - Inhaled short acting β -agonist as required
 - + regular high dose ICS (may exceed licensed dose in exceptional cases)
 - + one or more long-acting bronchodilators
 - + regular prednisolone tablets
- STEP DOWN – review treatment every 3 months. If control achieved, step-wise reduction may be possible. Reduce ICS dose slowly - consider 50% reduction every 3 months.

Montelukast 4mg + 5mg: licenses for children aged 6m to 15y

Montelukast - 2013-14

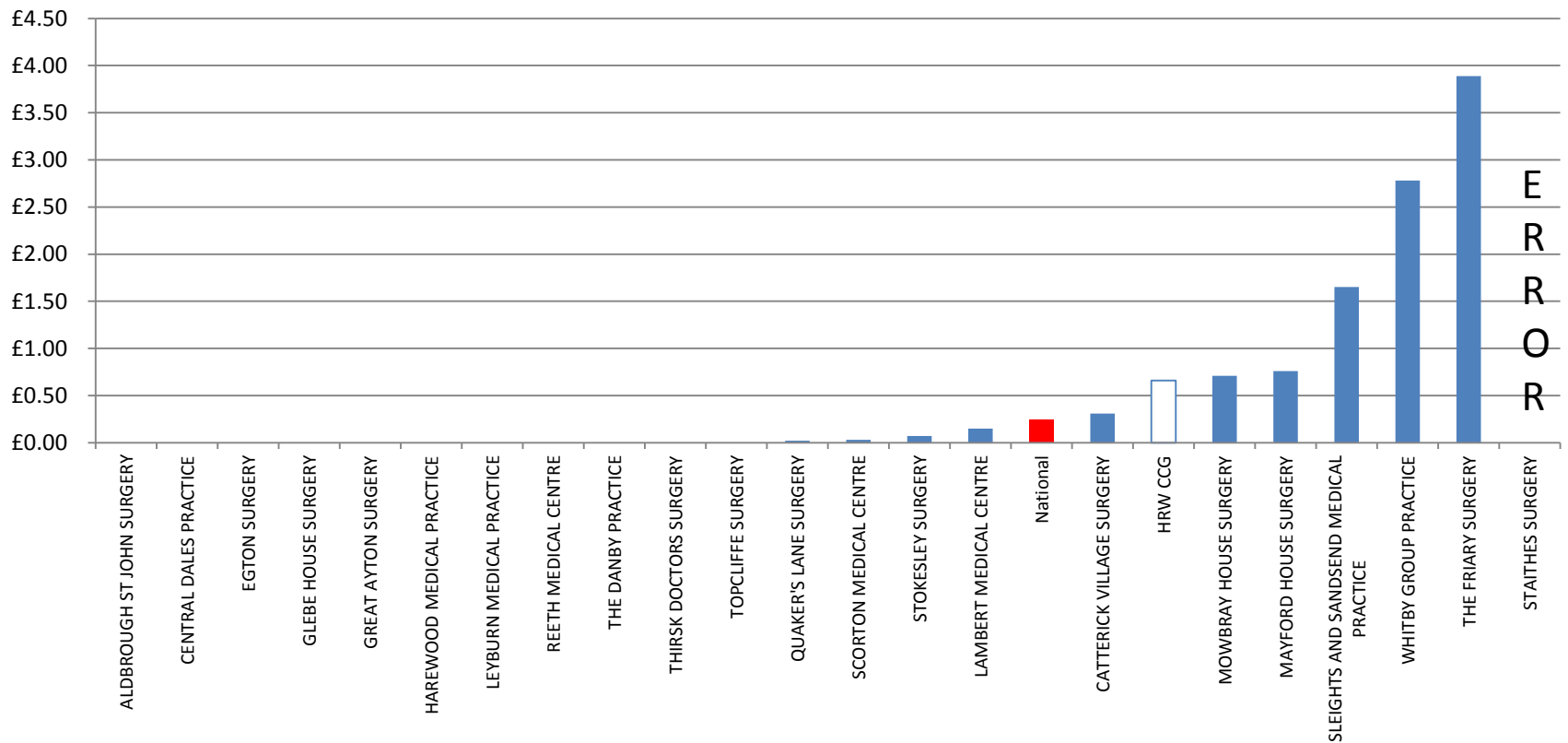
NIC per 1000 Age 4-15



Oral Salbutamol: not restricted to children

Oral Salbutamol - 2013-14

NIC per 1000 Age 4-15

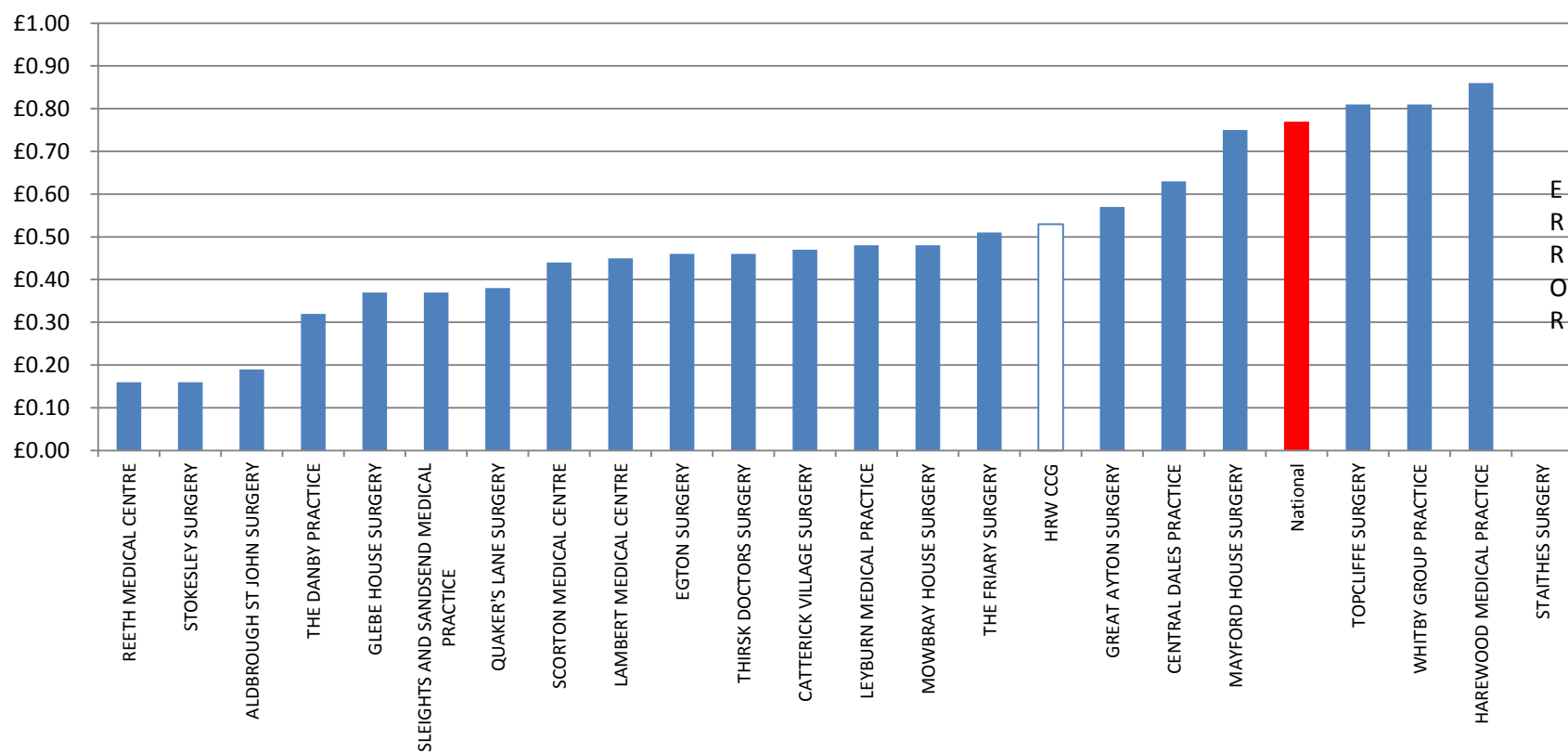


E
R
R
O
R

Spacer devices for children: probably limited to use in children

Spacer Devices for Children - 2013-14

NIC per 1000 Age 4-15



Considerations to enhance prescribing quality

- Audit of children with asthma
 - Check latest review date for each child
 - Identify step each child is on and number of children on each step
 - Check medication and devices for each child against that recommended by NICE/BTS/SIGN
 - Check inhaler technique
 - Check plans and action re step down for individuals