



## How Spanish pharmacists have improved their role in asthma management from supplying SABA without restriction to prescription-only dispensing

2021

### Trigger

For safety reasons, the Global Initiative for Asthma (GINA) no longer recommends the treatment of asthma with an inhaled short-acting beta2 agonist (SABA) alone. Instead, to reduce the risk of serious exacerbations, all people with asthma should use inhaled corticosteroid (ICS)-containing treatment: either symptom-driven for mild asthma, or daily for moderate to severe disease. Despite this updated recommendation, many people with asthma with different severities continue to over-rely on, and overuse, their SABA inhaler with underuse of an ICS.

The use of three or more SABA canisters per year to manage asthma is associated with an increased risk of severe exacerbations, and using 12 or more canisters per year is associated with an increased risk of asthma-related death. So every SABA canister dispensed unnecessarily puts anyone with asthma at greater risk of asthma attacks, hospitalisation and even premature death.

### What

Since 2017, the Asthma Right Care movement in Spain has been creating a desire for a change in the management of asthma, developing tools to get the conversation going between patients with asthma and health care professionals (HCP) about over-reliance on SABA. In 2018 the “Alianza contra el asma” project was launched with the aim of promoting a multidisciplinary approach between primary care physicians and community pharmacists to poorly controlled asthma due to over-reliance on SABA.

In Spain, as in many countries, the national regulatory system allows pharmacists to dispense SABA without a prescription for emergency use only. However, over time, implementation of this regulation has relaxed to include non-emergency use as if it were an over the counter medicine. For some people it has become their main treatment pathway. Unfortunately this may have contributed to a lack of asthma control at an individual and population level. Instead of simply providing the SABA canister on demand to the individual with

asthma, we proposed that community pharmacists took advantage of this teachable moment, offering accurate information and referring the individual to a follow-up with their primary care physician when necessary.

## Results

- **New approach to supplying SABA.** Consistent use in Spain of the Asthma Right Care resources developed with the International Primary Care Respiratory Group (IPCRG) to tackle SABA over-reliance in patients with asthma at community pharmacies, family physician offices and some urgent care services, boosted the change from supplying SABA without restriction to prescription only.
- **Stronger cooperation between community pharmacists and primary care physicians to combat poorly controlled asthma.** Promoting multidisciplinary work raised awareness about SABA over-reliance and therefore, changed the likelihood of the ratio ICS:SABA to being closer to 6:1 than 1:6.
- **Consideration that a prescription from a doctor is necessary before dispensing SABA.** Now, some local and national pharmacists' associations insist that it is a legal obligation to dispense SABA only if there is a prescription.

## Challenges and opportunities

Many patients with asthma still over-rely on SABAs and still go to the pharmacist as and when they want a new canister. Pharmacists have typically responded by selling one for little financial gain. Yet the community pharmacist is ideally placed to identify a red flag when a SABA is requested over the counter. Pharmacists should take advantage at that moment to initiate conversations about how too much SABA and too little anti-inflammatory treatment is not the right way to control symptoms and can cause harm and waste. Confirming that ICS is the most effective treatment to control asthma, an inflammatory lung disease, and referring patients to their family physician or nurse to review their

treatment plan when needed can make a big difference to people living with asthma. In the medium to long term this leads to loyalty to a specific pharmacy, and greater confidence in the pharmacist's role as a health care provider, not a retailer.

## Recommendations for regulators, pharmaceutical societies and community pharmacists

1. Understand national and sub-national supply-side and demand-side drivers for short-acting beta agonist inhalers for asthma in community pharmacies including potential misuse of emergency supply protocols
2. Check that national guidelines have been reviewed in the last 3 years and are in line with international guidelines.
3. Aim for a regulatory system that
  - a. Encourages right use of the emergency supply rules and actively discourages misuse
  - b. Enables pharmacists to offer right care by offering them appropriate incentives to counsel patients
  - c. Facilitates pharmacists' supply of affordable inhaled corticosteroids for asthma as recommended in international and national guidelines
  - d. Supports dialogue between community pharmacists and prescribers
4. Distribute practical tools such as the Asthma Right Care slide rule that pharmacists can share with patients to counsel them about right asthma care.

## Who

Grupo de Respiratorio en Atención primaria (GRAP), Sociedad Española de Farmacia Clínica, Familiar y Comunitaria (SEFAC), International Primary Care Respiratory Group (IPCRG), Local Spanish Colleges of Pharmacists.

See [www.ipcrg.org/asthmarightcare](http://www.ipcrg.org/asthmarightcare)