

# ASTHMA SLIDE RULE GUIDANCE NOTES

The Asthma Right Care Slide Rule has been developed by the clinically-led charity, International Primary Care Respiratory Group (IPCRG) to stimulate conversations about over-reliance on short-acting beta<sub>2</sub> agonists (SABA) to manage asthma, which we regard as a global problem that goes unchallenged far too often. Those conversations might be between prescribers, asthma educators, pharmacists and patients.

As part of a growing social movement approach, we are now having these 1:1 conversations in twelve countries between health care professionals with an interest in asthma and professional colleagues (prescribers, asthma educators, pharmacists), and between people with asthma and health care professionals. Try and see how you can use it to get a conversation started.

These Guidance Notes provide potential steps and questions to ask when using the Asthma Right Care Slide Rule. Tailor it according to the person you are talking to.

More information, including a short video showing the Slide Rule being used, can be found at [www.ipcr.org/AsthmaRightCare](http://www.ipcr.org/AsthmaRightCare) and [www.ipcr.org/asthmarightcare/asthma-right-care-videos](http://www.ipcr.org/asthmarightcare/asthma-right-care-videos)

## NOTE

There are some devices that do not contain 200 puffs. So please check the number in the devices you prescribe/dispense or use, and modify your messages accordingly.

Good luck with your conversations using the Asthma Right Care Slide Rule and thank you for participating in the programme. Please provide any comments, suggestions and feedback to [projectsupport@ipcr.org](mailto:projectsupport@ipcr.org)

**The Asthma Right Care Team**

June 2023

## FURTHER READING

Royal College of Physicians UK National Review of Asthma Deaths  
[www.rcplondon.ac.uk/projects/national-review-asthma-deaths](http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths)

National Institute for Health and Care Excellence summary of the NRAD evidence  
[www.nice.org.uk/advice/ktt5/chapter/evidence-context](http://www.nice.org.uk/advice/ktt5/chapter/evidence-context)

*“From 189 people who were on short-acting relievers at the time of death, the number of prescriptions was known for 165, and 65 of these (39%) had been prescribed more than 12 short-acting reliever inhalers in the year before they died, while 6 (4%) had been prescribed more than 50 reliever inhalers. Those prescribed more than 12 reliever inhalers were likely to have had poorly controlled asthma. To comply with recommendations, most people would usually need at least 12 preventer prescriptions per year. From 168 people on preventer inhalers at the time of death, either as stand-alone or in combination, the number of prescriptions was known for 128, and 49 of these (38%) were known to have been issued with fewer than 4 and 103 (80%) issued with fewer than 12 preventer inhalers in the previous year.”*

Global Strategy for Asthma Management and Prevention 2023 [www.ginasthma.org](http://www.ginasthma.org)

For safety, GINA does not recommend treatment of asthma in adults, adolescents and children 6–11 years with short-acting beta<sub>2</sub>-agonists (SABA) alone. Instead, they should receive ICS-containing treatment to reduce their risk of serious exacerbations and to control symptoms. There is strong evidence that SABA-only treatment, although providing short-term relief of asthma symptoms, does not protect patients from severe exacerbations, and that regular or frequent use of SABA increases the risk of exacerbations.

These notes were generated from the Asthma Right Care pilots. They are advisory and intended for general use and should not be regarded as applicable to a specific case. Healthcare professionals must use their own professional judgement and take into account local or national regulations and guidelines. They are not intended to provide personal medical advice or replace the advice of an individual's physician and should not be regarded as clinical guidance or diagnosis. IPCRG received funding from AstraZeneca which it used to develop independently the Asthma Right Care Initiative.



# ASTHMA SLIDE RULE GUIDANCE NOTES

## OPTION 1

**IF YOU ALREADY HAVE A RELATIONSHIP WITH THE PERSON**

### STEP 1

Hand your colleague/the person with asthma the Slide Rule and ask them to use the slider to answer the question:

- How much SABA would you think is acceptable for a person with asthma to be taking before you recommend a review? OR
- What level of patient SABA use (e.g. number of canisters/puffs) would worry/concern you?

OR if you are a healthcare professional with a patient, ask it after Question 4 of the ACT™\*: “During the past 4 weeks, how often have you used your rescue inhaler/SABA or nebulizer medication..?” [see Slide Rule for possible answers]

### STEP 2

**EXPLANATION AND FURTHER DISCUSSION QUESTIONS**

Example, if they move the slider to 6 in a year.

- You’ve given the answer of 6 canisters in a year. That equals 23 puffs per week; > 3 puffs a day.
- What are your thoughts after seeing that?
- Earlier, you mentioned >8 puffs a week would worry you. After seeing this rule would you do anything differently?
- What are your thoughts on having SABA on repeat prescription?

## OPTION 2

**IF THE PERSON IS UNFAMILIAR TO YOU**

### STEP 1

**INFORMATION GATHERING**

**(“EXPLORING” QUESTIONS THAT YOU MAY LIKE TO USE)**

- Introduction – Hello my name is..... I would like to speak with you to raise awareness of salbutamol/albuterol/ short-acting beta<sub>2</sub> agonist (SABA)/blue [colour] inhaler use in asthma.
- What do you know about SABA use in asthma and what it does?
- What number of canisters of SABA per individual asthma patient would you typically dispense in a pharmacy OR are prescribed by the practice OR do you use as an asthma patient? [Note: you can choose to ask them per day/per week/per year, or wait to see what period they volunteer].
- What number of canisters/puffs of SABA used by a person with asthma would worry/concern you?
- Why did you choose that number?
- What would you say is the problem with over-reliance on SABA? (if you are unsure, see Further Reading).
- For a well-controlled asthma patient, how many times do you think a patient would use the SABA/blue [colour] inhaler in a week?

### STEP 2

**EXPLANATION AND FURTHER DISCUSSION QUESTIONS**

(Look out for a shift in attention for those less aware of actual quantities).

Example, if they say 6 in a year.

- The Asthma Right Care Team has produced a Slide Rule. You’ve mentioned that you’d typically dispense/prescribe/ use 6 canisters in a year. That equals 23 puffs per week > 3 puffs a day.
- What are your thoughts after seeing that?
- Earlier, you mentioned > 8 puffs a week would worry you. After seeing this rule would you do anything differently?
- What are your thoughts on having SABA on repeat prescription?

## OPTION 1 AND 2

### STEP 3

Turn over the Asthma Slide Rule to show reverse side to hold a new conversation about motivation. Note the Slider should be moved back to the left-hand side before asking Question 2.

- On a scale of 0–10 how confident do you feel to have a conversation with a person with asthma/GP/ pharmacist/nurse about reducing the dose of SABA? [Ask them to slide it to the number that best describes their level of confidence].
- You say a [6] why not a 4 or 5? What would have made it a 7?
- On a scale of 0-10 how important is it that you organise a review given the answer you gave to number of SABA puffs?