

Use this conversation guide to quickly identify the adult asthma patient whose **asthma is uncontrolled and requires urgent attention and possible referral**

If the patient answers 'yes' to any of the questions:

If the patient is uncontrolled, **re-assess** for asthma control, treatment options, adherence, inhaler technique and co-morbidities (see section 2 of this tool).



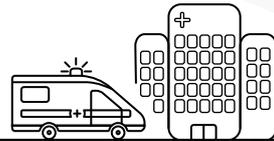
If the patient remains uncontrolled (*the answer is still yes to any of the below questions*), this patient would benefit from **review by a specialist**.

1



Has the patient used **2 or more** courses of **systemic corticosteroids (SCS)** and/or is using **maintenance SCS therapy** over the **past 12 months**?

2



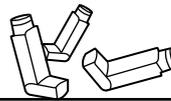
Has the patient had **2 or more emergency attendances /unscheduled visits** due to asthma over the **past 12 months**?

3



Has the patient ever been **intubated or admitted to an ICU (intensive care unit)** or high dependency unit due to their asthma?

4



Has the patient used **3 or more SABA (short-acting beta2-agonist) inhalers** in the **past 12 months**?

This Refer ID guide has been developed by the PRECISION program of AstraZeneca in collaboration with five asthma experts: Dr. D. Jackson, Dr. J.W.H. Kocks, M. Al-Ahmad, MD, R. del Olmo, MD and Dr. Tan Tze Lee
The content in this guide is based on the 2019-2021 Global Strategy For Asthma Management and Prevention reports: <https://ginasthma.org>
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The following topics are high-level discussion points to support you during your consultations with adult asthma patients. For more comprehensive information please refer to the GINA reports and the local/national guidelines.

For more information regarding ReferID, please email: support@asthmaferid.com

Symptom Control

Control-based management means that treatment is adjusted in a continuous cycle of assessment, treatment and review of the patient's response.

Probe the patient with the following yes/no questions to assess their level of symptom control.

IN THE LAST 4 WEEKS HAS THE PATIENT HAD:

- Daytime asthma symptoms more than twice a week?
- Any night waking due to asthma?
- A need for their reliever more than twice a week?
- Any activity limitation due to their asthma?

INTERPRETING THE PATIENT'S ANSWERS

- None of these: the patient is well controlled
- 1 or 2 of these: the patient is partly controlled
- 3 or 4 of these: the patient is uncontrolled

Treatment Step

Asthma severity is assessed from the level of treatment required to control symptoms and exacerbations.

Determine the patient's treatment step using the outline below.

TREATMENT STEP & CONTROLLERS - TRACK 1

- Step 1 - 2 treatment: As-needed low dose inhaled corticosteroids (ICS) - formoterol
- Step 3 treatment: Low dose ICS - formoterol
- Step 4 treatment: Medium dose ICS - formoterol
- Step 5 treatment: Add on LAMA; Refer for phenotypic assessment +/- anti-IgE, anti-IL5/5R, anti-IL4R; Consider High dose ICS - formoterol

Preferred reliever: As needed low dose ICS-formoterol

For alternative track and reliever options see the GINA reports

Adherence

Understanding the patient's adherence to controller treatment is important in the context of control-based asthma management.

Some questions you can use to probe the patient's level of adherence are provided below.

DOES THE PATIENT:

- Forget to use their controller inhaler more than twice a week?
- Fail to use their controller inhaler when necessary?
- Fail to pick-up their prescriptions?
- Use their reliever instead of a controller?

It is also important to check the patient's medication usage, prescription date, inhaler date, dose counter or dispensing records.

Inhaler Technique

Poor inhaler technique contributes to poor symptom control and exacerbations.

Observe the patient's inhaler technique and determine whether or not it is optimal.

CHECKING INHALER TECHNIQUE

Different inhaler types may require differing usage techniques. Ensure you check the patient's inhaler and follow the correct technique according to the manufacturer's instructions.

Ask the patient to demonstrate their technique using a placebo device or their own inhaler. If their technique is sub-optimal, demonstrate the correct technique and then ask the patient to repeat 2-3 times or until their technique is optimal.

Risk Factors

Assessing the patient's risk factors and comorbidities is important in the context of control-based asthma management.

Consider discussing topics such as comorbidities, asthma triggers, and socioeconomic factors.

COMORBIDITIES

TRIGGERS

SOCIOECONOMIC STATUS

For comprehensive information, please refer to relevant sections of the GINA reports and the local/national guidelines.