



Medicines use review – consultation guide for COPD and asthma patients

Remember to ask patients to bring all medicines to their review, including spacers.

Questions for a pharmacist to ask	Key messages for patients
How are you getting on with your medicines?	
<ul style="list-style-type: none"> • How much do you know about your respiratory diagnosis and its treatment? • Please talk me through your medicines. • Do you take the medicines as prescribed or have you been taking more or less of them? • Do you ever take any other medicines that aren't prescribed or that you buy elsewhere e.g. on the internet, herbal etc? • Do you know what each of the medicines are for? • What has your doctor/nurse/pharmacist said about what each medicine is for? 	<p>The purpose of an MUR is to help you understand and manage your medicines effectively and also to give you a chance to ask questions.</p> <ul style="list-style-type: none"> • There are different types of medicines used across both asthma and COPD. • Bronchodilators – open the airways. • Steroids – reduce inflammation. • Inhaled corticosteroids (ICS) are used in asthma. • ICS in COPD are only licenced to be used in a combination inhaler containing ICS and LABA. They should only be prescribed when a patient with COPD has had 2 or more exacerbations despite being on a combination inhaler containing a LABA and LAMA. • Some drugs can affect and be affected by other drugs, including herbal treatments, or over the counter (e.g. nonsteroidal anti-inflammatory drugs (NSAIDs) which may tighten airways in some people). • If a patient has asthma they should not be on LABA alone – refer to their GP if this is the case. • Smoking can make medicines less effective e.g. ICS, theophylline.

Questions for a pharmacist to ask

Key messages for patients

How do you take or use each of your medicines?

- How are you getting on with taking your medicines?
- Can you show me how you use your inhaler?

- Standard treatment is via inhalers but you may also be prescribed tablets, liquid or nebulised forms of medicines.
- Pressurised meter dose inhaler (pMDI) = slow & steady.
- Dry powder inhaler (DPI) = fast & deep.
- Ask if patients have a spacer if they are using an pMDI.
- Check patient's inspiratory flow rate using 'in-check' device if available. Is the current device appropriate?
- Consider doing CO, peak-flow, SpO2 readings.
- Some patients with asthma will benefit from maintenance and reliever therapy (MART). This inhaler combines a preventer and reliever as part of a specific treatment regime.

Are you having any problems with your medicines or concerns about taking or using them?

- Are you able to get your prescription regularly?
- Are there any reasons why you feel you are unable to take your medicines e.g. difficult to swallow, memory loss, difficult to use the inhaler correctly etc?

- Identify any potential adherence issues or barriers (intentional v unintentional) discuss & agree solutions together.
- Offer solutions to support improved adherence.
- Your pharmacist can set up repeat prescriptions to help avoid running out.
- Most inhalers will last at least 1 month (or contain a dose counter).

Do you think your medicines are working (and is this different to what you were expecting)?

- Do you know how your medicines work?
- Are you still having symptoms or worsening episodes (do you recognise warning signs & describe them)?
- Have you had any unplanned hospital admissions in the last 6 months?
- Do you clean your inhalers and/or spacer routinely?

- Inhalers are only one aspect of your overall treatment, and the best thing you can do for your lungs is to stop smoking (if you are a smoker), have your annual flu vaccine, exercise regularly and eat a balanced diet.
- It's important you store your inhalers correctly, for example not in a bathroom, and that they have not exceeded the use by date.
- If you have asthma you should not need to use more than 1 Salbutamol inhaler per month (if they are using more than this refer back to their GP for an asthma review).
- If medication is being taken as intended & symptoms are worsening speak to your GP.
- To get the best from your pMDI you should remove the metal chamber and wash the plastic container in warm water as this helps reduce build-up of particulate in the nozzle every 2–4 weeks.
- To clean your spacer you should wash it in warm soapy water and air dry. Replace your spacer once a year.

Questions for a pharmacist to ask

Key messages for patients

Do you think you are getting any side effects or unexpected effects from your medicines? Can you describe them

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| <ul style="list-style-type: none"> • Are you able to manage with any side effects if your breathing is controlled? • Do you keep a note of the names of medicines you take? • What steps do you take if you feel that your breathing is worsening? • For COPD patients do you have a supply of rescue medication (prednisolone and antibiotic course) and do you feel confident to use it? | <ul style="list-style-type: none"> • Possible side effects will be included with each medicine – ensure that you read these. • For steroid tablets – coated tablets have no benefit over regular tablets. If you have repeat courses you may need weaning in steps rather than stopping suddenly. For ICS doses >1000mcg please refer to BTS dosage charts to determine when to offer a steroid card. • Patients with COPD should only have a rescue pack (prednisolone and antibiotic course) if they have a history of 2 or more exacerbations or an exacerbation requiring hospital admission. They should always contact their GP when they start their rescue pack for a review. • Asthma patients on high dose ICS should have a clinical review. • We would advise that you should continue to use the same specific device or brand that you are familiar with. • If you experience any unexpected side effects discuss these with your GP or pharmacist. • ICS – to minimise side effects e.g. sore throat, thrush - it's important to rinse/gargle mouth. |
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Have you missed any doses of your medicine or changed when you take them?

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| <ul style="list-style-type: none"> • It's common for patients to miss doses of medicines, has this ever happened to you? • When did you last miss a dose and how did it affect your breathing? • Do you have problems remembering to take your medicines? • If you have a self-management plan and/or rescue packs of medication, do you know how to use them? | <ul style="list-style-type: none"> • It is important not to miss any doses of your medicines. • Pill boxes, drug wallets and technology apps can help you to remember when to take your medication. • For COPD patients who have had an exacerbation or who are at risk of exacerbations should have been assessed for a self-management plan and have rescue prednisolone and antibiotics at home if appropriate. • Asthma patients upon hospital discharge should have an action plan and be supported to use this. This plan can be discussed with a pharmacist or practice nurse and updated as required. |
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What else would you like to know about your medicine or is there anything you would like me to go over again?

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| <ul style="list-style-type: none"> • Are you happy with the information given? • Is there anything else you feel would make you more able to manage your medicines? | <ul style="list-style-type: none"> • There are many different types of inhalers, spacers and devices and it is important that you are given the one(s) that is most suitable to you. • You should return to your pharmacist at any time if you have any questions. |
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Healthy lifestyle support

Discuss the importance of **stopping smoking**, the impact that smoking has on disease progression and inability of inhaled treatment to work effectively.

Explain the importance of **exercise** and that staying active prevents the muscles from becoming weaker (which can worsen their health). Reaffirm that exercise improves energy, mood and helps to relieve stress. Explain what pulmonary rehabilitation is and that it can help people with respiratory disease and encourage the patient to speak to their GP about being referred to a programme.

Advise patients who are effected by **allergies** to avoid known allergens or triggers. Promote the correct prescribing of antihistamine treatments, particularly during hay fever season or before exposure as this may help to reduce subsequent attacks of breathlessness and wheezing.

Airways breathing control and energy conservation techniques can make it easier to walk and continue daily activities without getting too breathless. These are usually covered in pulmonary rehabilitation classes, or your GP practice can advise you further.

Explain that it's important to eat a **balanced diet** and maintain a healthy weight, and that if you become overweight this can make your breathing worse, and if you lose weight this may also affect your health.

If you have a long term respiratory condition we would advise you to have an annual **flu vaccine** which you can have at your pharmacy. Also, if you have COPD we would advise you ask your GP for a **pneumococcal vaccine** to protect you from pneumonia. Some people will require a single vaccine to protect them for life, while others may need them on a five-yearly basis.

Some respiratory patients may experience **anxiety and stress** which can make their breathing worse (tighten the airways). Solutions should be offered to help reduce this, including being referred back to their GP for treatment.

Patient health information covering lung diseases such as asthma and COPD, as well as information to support healthy lifestyles such as stopping smoking, exercise and diet are all available to order or downloaded online at blf.org.uk/hcp

Additionally we provide a range of social support activities such as our Breathe Easy patient support groups, singing groups and BLF Active exercise classes. Further information on these can be found on our website.