



QUICK DOSE

KNOWLEDGE CAPSULE

Adult Asthma
Guidelines Update 2025

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Adult Asthma Guideline Update 2025

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Medicines Management
and Pharmacy Services

SABA-free Regimens: Terminology

- **AIR: Anti-Inflammatory Reliever** (*Reliever Therapy*)
 - ICS/formoterol, prescribed on a PRN basis only
 - Currently only Budesonide/Formoterol is licensed for AIR on a PRN basis only.
 - Symbicort® 200/6 Turbohaler, DuoResp 160/4.5 Spiromax, Fobumix 160/4.5 Easyhaler, WockAIR 160/4.5 Forspiro
 - Beclometasone/formoterol for AIR on a PRN basis only is an off-label use
- **MART: Maintenance And Reliever Therapy**
 - ICS/formoterol, is used regularly as maintenance treatment, plus PRN for symptom relief
 - ICS: Beclometasone or budesonide

Background - the risks of SABA-only treatment

- Regular use of SABA, even for 1–2 weeks, is associated with adverse effects
 - β -receptor downregulation, decreased bronchoprotection, rebound hyperresponsiveness, decreased bronchodilator response (*Hancox, Respir Med 2000*); increased allergic response, and increased eosinophilic airway inflammation (*Aldridge, AJRCCM 2000*)
- Higher use of SABA is associated with adverse clinical outcomes
 - Dispensing of ≥ 3 canisters per year (i.e. daily use) is associated with higher risk of severe exacerbations (*Stanford, AAI 2012; Nwaru, ERJ 2021*)
 - Dispensing of ≥ 12 canisters per year is associated with much higher risk of death (*Suissa, AJRCCM 1994; Nwaru, ERJ 2021*)
- Inhaled corticosteroids reduce the risk of asthma deaths, hospitalization and exacerbations requiring oral corticosteroids (OCS) (*Suissa, NEJM 2000 & 2002; Pauwels, Lancet 2003*)
 - BUT adherence is poor, particularly in patients with mild or infrequent symptoms
- A safe and effective alternative was needed for mild asthma

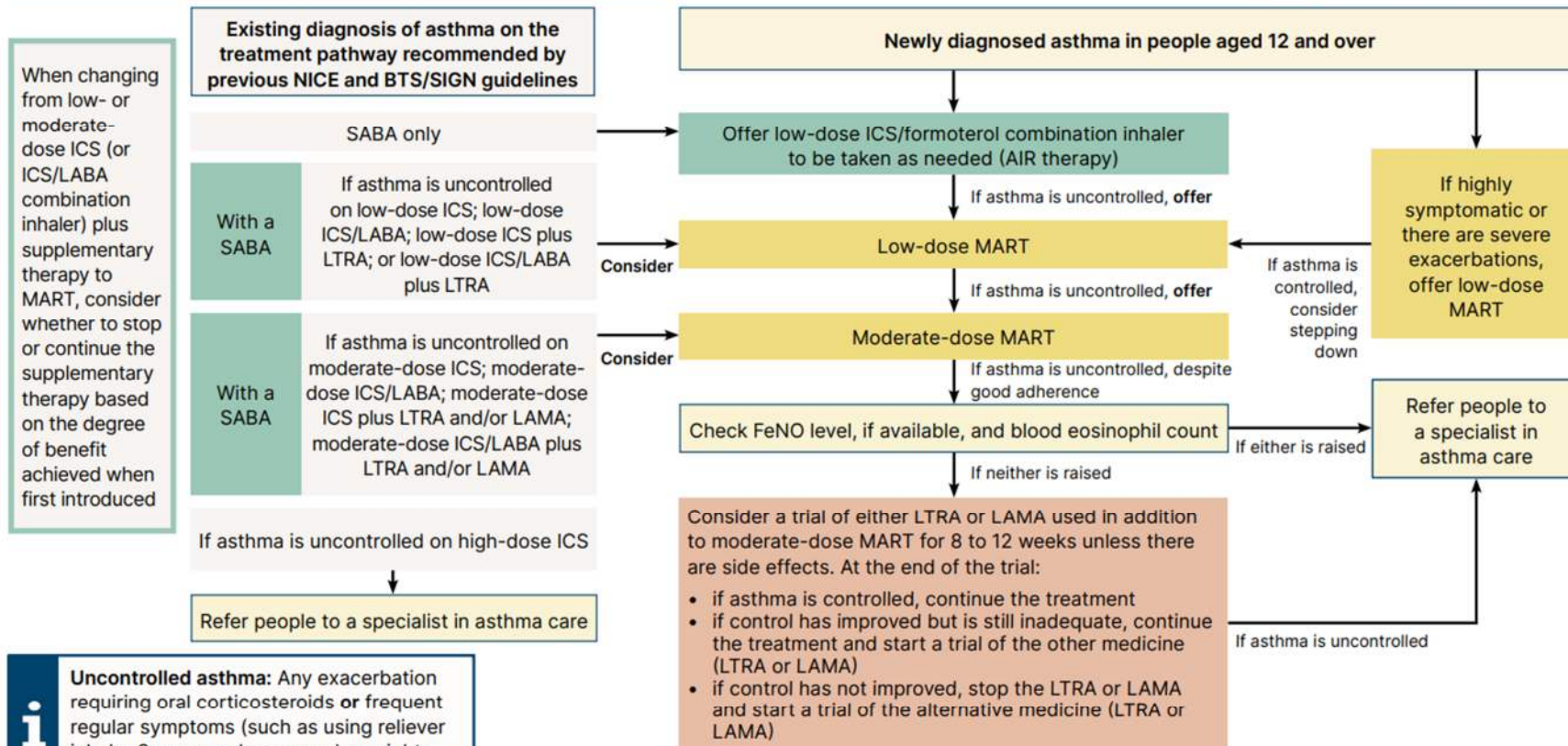
OCS: oral corticosteroids; SABA: short-acting beta₂-agonist

Algorithm C: Pharmacological management of asthma in people aged 12 years and over

BTS, NICE and SIGN guideline on asthma

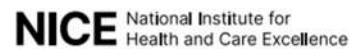
Take into account and try to address the possible reasons for uncontrolled asthma before starting or adjusting medicines for asthma.
For example: alternative diagnoses or comorbidities; suboptimal adherence; suboptimal inhaler technique; active or passive smoking (including e-cigarettes); psychosocial factors; seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief
MART
Maintenance therapy



i **Uncontrolled asthma:** Any exacerbation requiring oral corticosteroids or frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

ICS, inhaled corticosteroid; LABA, long-acting beta₂ agonist; LAMA, long-acting muscarinic receptor antagonist; LTRA, leukotriene receptor antagonist; MART, maintenance and reliever therapy (using ICS/formoterol combination inhalers); SABA, short-acting beta₂ agonist.



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West Yorkshire Adult Asthma Guidelines: 2025 update

West Yorkshire Adult Asthma Management and Prescribing Guideline

- CORE PRINCIPLES:**
- All patients with asthma should be treated with an inhaled corticosteroid (ICS); using short acting bronchodilator (SABA) monotherapy is now outdated and no longer acceptable.
 - Review control within a maximum of 3 months of change in therapy
 - Poor asthma control - Use of reliever (including PRN doses of MART regimen) >2 times per week, poor symptom control, exacerbations. More than 6 SABA prescriptions per year should prompt urgent review
 - Review inhaler technique, adherence and co-morbidity at every opportunity including prior to stepping up therapy
 - Consider stepping down treatment if asthma is well controlled
 - Ensure patient has an asthma action plan and that it is updated appropriately

- INHALER PRINCIPLES**
- Choice of inhaler is based on patient's preference and technique
 - Whenever possible choose a device with low global warming potential (GWP): Low High
 - Only choose inhalers that you have observed the patient using correctly
 - If more than one inhaler is being prescribed, both the maintenance and reliever inhalers should be of the same type; do not mix MDIs and DPIs
 - Where indicated below, the MDIs should be inhaled via a spacer device such as an AeroChamber Plus Flow-Vu, and consider the importance of choosing a device with a dose counter
 - Always prescribe by brand to ensure consistent supply of device
 - Inhaled corticosteroids (ICS) and long-acting bronchodilators (LABA) MUST be prescribed as a combination product to obviate the risk of patients inadvertently taking the LABA as monotherapy



Legend:
 MD: Twice Daily
 OD: Once Daily
 PRN: As needed
 GWP: Global Warming Potential
 DPI: Dry Powder Inhaler
 ICS: Inhaled Corticosteroid

MART: Maintenance and Reliever Therapy
 MDI: Reliever Dose Inhaler
 LABA: Long-acting Beta₂ Agonist
 SABA: Short-acting Beta₂ Agonist
 LABA/LAMA: Long-acting Beta₂ Agonist/LAMA

Asthmahub (England) App
 Asthmahub website: <https://astmahub.co.uk/astmahub/>

Asthma+Lung UK: Inhaler Technique Videos
<https://www.asthmaandlung.org.uk/>



PREFERRED REGIMEN: Single Inhaler Therapy, using ICS/formoterol inhaler either on an as-needed basis only (Anti-inflammatory Reliever, AIR), or as Maintenance and Reliever Therapy (MART). In December 2024, only certain budesonide/formoterol inhalers were licensed for as-needed therapy in mild asthma, and only certain ICS/formoterol inhalers were licensed for medium-dose MART therapy. The use of any other ICS/formoterol inhalers would therefore be off-label, but may be used in line with NICE guidelines.

	Anti-inflammatory Reliever (AIR) OPTIONS INCLUDE:	Maintenance and Reliever Therapy (MART) OPTIONS INCLUDE:	Maintenance and Reliever Therapy (MART) OPTIONS INCLUDE:
DPI Inhale quick and deep	Fobumix Easyhaler 140/4.5 1 dose PRN Up to 8 doses/day (only 12 doses/week) *Expires 6 months after opening Foster NEXThaler 100/4 1 dose PRN Max 8 doses/day (off-label) *Expires 6 months after opening Symlocort Turbuhaler 200/4 1 dose PRN Up to 8 doses/day (only 12 doses/week)	Fobumix Easyhaler 140/4.5 1 dose BD plus PRN Up to 8 doses/day (only 12 doses/week) Foster NEXThaler 100/4 1 dose BD plus PRN Max 8 doses/day	Fobumix Easyhaler 140/4.5 2 doses BD plus 1 dose PRN Up to 8 doses/day (only 12 doses/week) Foster NEXThaler 100/4 2 doses BD plus 1 dose PRN Max 8 doses/day (off-label)
MDI Inhale slow and steady	Luforbac MDI 100/4 1 dose PRN Max 8 doses/day (off-label) *Expires 3 months after opening Proxair MDI 100/4 1 dose PRN Max 8 doses/day (off-label) *Expires 3 months after opening	Luforbac MDI 100/4 1 dose BD plus PRN Max 8 doses/day Proxair MDI 100/4 1 dose BD plus PRN Max 8 doses/day	Luforbac MDI 100/4 2 doses BD plus 1 dose PRN Max 8 doses/day (off-label) Proxair MDI 100/4 2 doses BD plus 1 dose PRN Max 8 doses/day (off-label)

OPTIONS INCLUDE:
 An 8-12 week trial of either:

Add LABA if already on DPI
Spiriva Respimat 2.5 micrograms
2 doses OD

OR

Switch to triple therapy if already on MDI device:
Simbol MDI 87/5/1
2 doses BD

Flow-Vu spacer
 Plus pMDI SABA PRN

Discontinue if no benefit.

REFERRAL:
 Consider trial of high-dose ICS/LABA and referral to secondary care for asthma phenotyping +/- biological therapy. See S17.

1. Is the diagnosis correct?
 2. Good inhaler technique?
 3. Good adherence?

YES Refer to severe asthma clinic

NO Address adherence issues, consider differential diagnosis

- OTHER INDICATIONS FOR REFERRAL:**
- Diagnostic uncertainty
 - Complex comorbidity
 - Suspected occupational asthma
 - Poor control following treatment of Step 4
 - >2 courses of oral steroids/year

ALTERNATIVE REGIMEN: Patients use separate maintenance and SABA reliever inhaler. Patient should be prescribed either all Dry Powder Inhalers (preferred) or all pMDIs.

	DPI OPTIONS INCLUDE	DPI OPTIONS INCLUDE	DPI OPTIONS INCLUDE
DPI Inhale quick and deep	Easyhaler budesonide 200 micrograms 1 dose BD Easyhaler budesonide 400 micrograms 1 dose OD Plus DPI SABA PRN	Fobumix Easyhaler 140/4.5 1 dose BD Foster NEXThaler 100/4 1 dose BD Relvar Ellipta 92/22 1 dose OD Plus DPI SABA PRN	Fobumix Easyhaler 140/4.5 2 doses BD Foster NEXThaler 100/4 2 doses BD Relvar Ellipta 92/22 1 dose OD Plus DPI SABA PRN
MDI Inhale slow and steady	Options include: Exhaler 100 micrograms 1 dose BD Plus pMDI SABA PRN	Options include: Luforbac MDI 100/4 1 dose BD Proxair MDI 100/4 1 dose BD Plus pMDI SABA PRN	Options include: Luforbac MDI 100/4 2 doses BD Proxair MDI 100/4 2 doses BD Plus pMDI SABA PRN

Find out more about this guideline

West Yorkshire ICS-MART (revised) 2025 July 2025
 Publication date: August 2025
 Review date: July 2028



West Yorkshire Adult Asthma Guidelines (August 2025). Available at: NHS West Yorkshire Integrated Care Board: Area Prescribing Committee: <https://www.wyicsapc.co.uk/useful-links/>

West Yorkshire Adult Asthma Guidelines: 2025 update

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 - Always prescribe by brand to ensure consistent supply of device

West Yorkshire Health and Care Partnership

Asthmahub (England) App

- A digital personalised asthma action plan
- Regular users of the app improve outcomes






<https://astmahub.co.uk/astmahub/>

Asthma+Lung UK

<p>DPI Inhale quick and deep</p>	<p>Anti-Inflammatory Reliever (AIR) OPTIONS INCLUDE:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>Fobumix Easyhaler 160/4.5 1 dose PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day) *Expires 4 months after opening</p> </div> <div> <p>Fostair NEXThaler 100/6 1 dose PRN</p> <p>Max 8 doses/day (off-label) *Expires 6 months after opening</p> </div> </div> <p style="text-align: center;">Symbicort Turbohaler 200/6 1 dose PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day)</p>	<p>Maintenance and Reliever Therapy (MART) OPTIONS INCLUDE:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>Fobumix Easyhaler 160/4.5 1 dose BD plus PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day)</p> </div> <div> <p>Fostair NEXThaler 100/6 1 dose BD plus PRN</p> <p>Max 8 doses/day</p> </div> </div> <p style="text-align: center;">Symbicort Turbohaler 200/6 1 dose BD plus PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day)</p>	<p>Maintenance and Reliever Therapy (MART) OPTIONS INCLUDE:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>Fobumix Easyhaler 160/4.5 2 doses BD plus 1 dose PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day)</p> </div> <div> <p>Fostair NEXThaler 100/6 2 doses BD plus 1 dose PRN</p> <p>Max 8 doses/day (off-label)</p> </div> </div> <p style="text-align: center;">Symbicort Turbohaler 200/6 2 doses BD plus 1 dose PRN</p> <p>Up to 8 doses/day (rarely 12 doses/day)</p>			
	OR	OR	OR			
	<p>MDI Inhale slow and steady</p> <p>Aerochamber Plus Flow-Vu spacer</p>	<p>Luforbec MDI 100/6 1 dose PRN</p> <p>Max 8 doses/day (off-label) *Expires 3 months after opening</p>	<p>Proxor MDI 100/6 1 dose PRN</p> <p>Max 8 doses/day (off-label) *Expires 3 months after opening</p>	<p>Luforbec MDI 100/6 1 dose BD plus PRN</p> <p>Max 8 doses/day</p>	<p>Proxor MDI 100/6 1 dose BD plus PRN</p> <p>Max 8 doses/day</p>	<p>Luforbec MDI 100/6 2 doses BD plus 1 dose PRN</p> <p>Max 8 doses/day (off-label)</p>

<p>MDI Inhale slow and steady</p>	<p>OPTIONS INCLUDE:</p> <p>Luforbec MDI 100/6 1 dose PRN</p> <p>Proxor MDI 100/6 1 dose PRN</p> <p>Plus pMDI SABA PRN</p>	<p>OPTIONS INCLUDE:</p> <p>Luforbec MDI 100/6 1 dose BD</p> <p>Proxor MDI 100/6 1 dose BD</p> <p>Plus pMDI SABA PRN</p>	<p>OPTIONS INCLUDE:</p> <p>Luforbec MDI 100/6 2 doses BD</p> <p>Proxor MDI 100/6 2 doses BD</p> <p>Plus pMDI SABA PRN</p>	<ul style="list-style-type: none"> Suspected occupational asthma Poor control following treatment at step 4 >2 courses of oral steroids/year <p>Find out more about this guideline</p>
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How to Use AIR / MART

	<ul style="list-style-type: none">• MART only: Use 1 or 2 inhalations twice a day, everyday
	<ul style="list-style-type: none">• 1 inhalation of ICS/formoterol inhaler as needed in response to symptoms
	<ul style="list-style-type: none">• If symptoms persist after a few minutes, 1 additional inhalation should be taken.• Not more than 6 inhalations should be taken on any single occasion
	<ul style="list-style-type: none">• No more than 12 inhalations to be taken in a single day<ul style="list-style-type: none">• (8 inhalations for beclomethasone/formoterol)
	<ul style="list-style-type: none">• Patients using 8 or more inhalations daily should be strongly recommended to seek medical advice

My MART Asthma Action Plan



What is asthma?

Asthma is a chronic inflammatory disease of the airways. The airways become sensitive and react to triggers. (see asthma triggers)

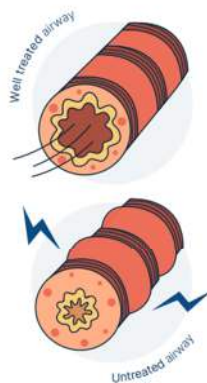
Symptoms include wheezing, breathlessness, chest tightness, and coughing.

Treat asthma using a single MART inhaler to reduce inflammation and open the airways.

Have a personalised asthma action plan

Management involves avoiding triggers where possible and taking inhalers as prescribed.

Asthma control is good when I have no symptoms BUT I should still use my inhaler every day.



What is a MART Plan?

A MART (Maintenance and Reliever Therapy) plan is a simple way to manage asthma with one inhaler:

<p>1 One inhaler for everything Daily treatment and quick relief of symptoms.</p>	<p>Convenient Easy to remember and manage.</p>
<p>Combination inhaler 2 medicines, one to reduce inflammation and the other to open airways.</p>	<p>Personalised and tailored to your specific needs for better asthma control.</p>

First name: _____

Surname: _____

Surgery: _____

Nurse/doctor name: _____

Date completed: ____ / ____ / ____

MART inhaler type: _____

Please take a photo of your inhaler and upload it from your device. _____

Usual daily dose: _____

Other asthma medication: _____

The Foster® NEXThaler 100/6, Luforte® 100/6 pMD and Silecto® 100/6 pMD inhalers are licensed for MART at 1 puff twice a day plus added doses as needed (up to a maximum of 8). Any prescribing outside of this is off licence and at the prescriber's discretion.

Asthma Triggers

Asthma triggers are things that can cause asthma symptoms or attacks. Tick the boxes to highlight your triggers.

<input type="checkbox"/> Strong smells	<input type="checkbox"/> Smoke
<input type="checkbox"/> Strong emotions	<input type="checkbox"/> Colds
<input type="checkbox"/> Exercise	<input type="checkbox"/> Pollen
<input type="checkbox"/> Changes in the weather	<input type="checkbox"/> Mould and mildew
<input type="checkbox"/> Food allergies	<input type="checkbox"/> Other
<input type="checkbox"/> Furry pets	<input type="checkbox"/> Cold weather
<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Dust

My asthma is good

I don't have a cough or wheeze. I can exercise as usual and I'm sleeping well.

To keep my asthma under control: I take my normal treatment every day, even when I feel well. I use the same inhaler as a preventer (maintenance) and as a reliever.

I take puff(s) AM and puff(s) PM.

I use my inhaler as a reliever if I get asthma symptoms: I take one puff as needed.

My asthma is not good

I am breathless, I'm coughing, especially at night, I have difficulty sleeping (because of my asthma) or I need extra puffs 3+ times a week.

When my asthma is not good: I must continue taking my normal treatment every day AND:

- Take 1 extra puff as needed

My inhaler is:

- Budesonide + formoterol: I can take additional puffs a day
- Beclometasone + formoterol: I can take additional puffs a day

Seek medical advice if I need more than 8 puffs in 24 hours, even if I'm feeling better

I am having an ASTHMA ATTACK

My inhaler is not helping despite increased doses of my inhaler. I am struggling to breath, have excessive coughing, a tight chest, I'm wheezy and unable to speak in full sentences.

Seek emergency medical advice - CALL 999

- Sit upright and keep calm
- Loosen tight clothing
- Take 1 puff → Wait 1-3 minutes → no improvement → take 1 puff. Repeat up to a maximum of 6 puffs.

Even if I feel better I should see my doctor or nurse immediately after an asthma attack.

If help does not arrive, call 999 again

My asthma triggers

Taking my asthma medicines every day means I'm less likely to react to these triggers. Avoiding them if I can may also help.

My triggers and what I do to manage them

For example: hay fever – I take antihistamines;
pollution – I avoid busy roads

My asthma review

I should have at least one routine asthma review every year. I will bring:

- My MART asthma action plan to see if it needs updating
- Any inhalers and spacers I have to check I'm using them correctly
- Any other medicines I take for my asthma
- My peak flow meter if I use one
- Any questions about my asthma.

Next asthma review date: _____

GP/nurse/healthcare professional contact details

Name: _____

Phone number: _____

Out-of-hours contact number (ask your GP surgery who to call when they are closed)

Name: _____

Phone number: _____

Last reviewed and updated 2022, next review 2026

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 0862674, with registered charity number 107570 in England and Wales, 3032840 in Scotland, and 077 in the Isle of Man.

How to use this plan

- 1 Put it somewhere easy to find** like your fridge door, noticeboard, or bedside table.
- 2 Keep it on your mobile phone or tablet** so you can check it wherever you are.
- 3 Share it with family, friends, or anyone you live with** so they know how to help you if you're unwell.
- 4 Take it to every asthma appointment.** Ask your doctor, nurse, or healthcare professional to update your plan if their advice for you changes.

Get more advice + support from Asthma + Lung UK

Speak to a respiratory nurse specialist about managing your asthma: **0300 222 5800 (Mon-Fri, 9am-5pm)**

Message our respiratory nurse specialists on WhatsApp: **07999 377 775**

Find out more on our website: [AsthmaAndLung.org.uk](https://www.AsthmaAndLung.org.uk)

Join one of our online or in-person support groups: [AsthmaAndLung.org.uk/groups-support](https://www.AsthmaAndLung.org.uk/groups-support)

Follow us on Facebook, Twitter and Instagram for news and tips about your asthma.



Watch our inhaler videos to learn how to use your MART inhaler: [asthmaandlung.org.uk/inhaler-videos](https://www.asthmaandlung.org.uk/inhaler-videos)

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800** WhatsApp: **07999 377 775**
(Monday-Friday, 9am-5pm)

ASTHMA+
LUNG UK

YOUR MART ASTHMA ACTION PLAN

Fill this in with your doctor, nurse or other healthcare professional.

Name and date: _____

1 Every day asthma care:

With this daily routine:

- I should have few or no asthma symptoms during the day and none at night (wheeze, tight chest, feeling breathless, cough).
- I should be able to do everything I normally do in my day-to-day life (working, being active, socialising).
- My personal best peak flow score is: _____
Date taken _____

My Maintenance and Reliever Therapy (MART) inhaler is called (insert name): _____

I need to take my MART inhaler every day even when I feel well.

I take _____ puff(s) in the morning
and _____ puff(s) at night.

I use my MART inhaler as my reliever inhaler if I get asthma symptoms.

I take one puff of my MART inhaler if:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

I can take up to a **maximum** of _____ puffs a day (including my morning and night puffs).

Other medicines and devices (for example, spacer, peak flow meter) I use for my asthma every day:

2 When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are getting worse (wheeze, tight chest, feeling breathless, cough).
- My symptoms are waking me up at night.
- My symptoms are affecting my day-to-day life (working, being active, socialising).
- My peak flow score drops to below: _____

If my asthma gets worse:

I can continue to take **one** puff of my MART inhaler as needed to deal with my asthma symptoms, up to a **maximum** of _____ puffs a day (including my morning and night puffs).

URGENT! Contact your doctor, nurse or other healthcare professional if:

- You need to use the **maximum** daily dose of your MART inhaler and your symptoms are not improving **or**
- You're regularly using extra doses of your MART inhaler most days for _____ weeks (as advised by your healthcare professional) **or**
- You're worried about your asthma.

Other advice from my doctor, asthma nurse or healthcare professional about what to do if my asthma is worse:

3 When I have an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My MART inhaler is not helping.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow score is below: _____

What to do in an asthma attack

1. Sit up straight – try to keep calm.
2. Take one puff of your MART inhaler **every 1 to 3 minutes up to six puffs**.
3. If you feel worse at any point **or you don't feel better after six puffs call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, **repeat step 2**.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

After an asthma attack

Follow this advice to make sure you recover well and to prevent further asthma attacks:

- If you dealt with your asthma attack at home, see your doctor or nurse today.
- If you were treated in hospital, see your doctor or nurse within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your doctor, nurse or other healthcare professional urgently.

If you don't have your MART inhaler with you and need to use a blue reliever inhaler, take one dose every 30–60 seconds up to a maximum of 10 puffs and call 999 for an ambulance.

Addressing Patient Concerns

- This is an upgrade on your asthma inhaler
- Formoterol is as fast-acting as salbutamol
 - *and* lasts longer, so fewer doses are needed
- Extra doses of inhaled corticosteroid treat initial worsening of asthma early
 - This means it is more likely to prevent exacerbations
- Only one inhaler, so only one prescription charge