

Respiratory Inhaler Check-up Service: Consultation Guide for Community Pharmacists

Asthma is a chronic inflammatory disorder of the airways, affecting more than 51,000 people in Leeds and more than 46,000 in Bradford District and Craven. People with asthma have variable symptoms with recurrent episodes of wheezing, coughing, and shortness of breath, and often long periods without symptoms. Uncontrolled asthma and asthma attacks may result in limitation of daily activities, and high levels of NHS resource use.

COPD is a debilitating lung disease, affecting more than 18,000 people in Leeds and more than 13,000 in Bradford District and Craven. People with COPD have persistent symptoms including breathlessness cough and frequent chest infections, resulting in high levels of NHS resource use medicines, GP visits, A&E attendances and hospital admissions.

Regular Asthma & COPD assessment and review may improve patient's ability to manage their COPD.

This consultation guide provides a summary of the information you need to help you support your patients, to help them achieve the greatest benefit from their medicines.

This service will be provided in the pharmacy's consultation room, remotely (via telephone, another live audio link or live video link) or in the patient's home.

- If provided remotely, the pharmacy contractor must ensure that a suitable method of delivery is available, as described in the following paper: Taskforce for Lung Health position paper on optimising inhaler technique remotely.
- Remote consultations with patients should take place in circumstances where the conversation cannot be overheard.

1	<p>Patient Details</p> <ul style="list-style-type: none"> • Obtain verbal consent for consultation and sharing details with the GP and complete patient details on data collection form.
2	<p>Vaccination</p> <p>Ensuring that all patients are up to date with their vaccinations (COVID-19, influenza and pneumonia) as this can reduce hospital admissions, and reduce their mortality risk.</p> <p>ACTION: All patients should be asked about their vaccination status.</p> <ul style="list-style-type: none"> • REMIND patients to have / OFFER the annual FLU VACCINATION if the patient is eligible: <ul style="list-style-type: none"> ○ From your pharmacy if providing the NHS flu vaccination service, or complete GP referral form. • REFER COPD patients to receive the PNEUMOCOCCAL VACCINATION, if they have not previously had this by completing a GP referral form. • CHECK Covid vaccination status and OFFER COVID VACCINATION in line with current National guidelines.
3	<p>Assessment</p> <p>Assessment of Asthma Control / COPD health status is beneficial in determining whether patients are appropriately managed, as well as determining the impact of any interventions that have been made.</p> <p>ACTION: Check each Asthma Control / COPD patient's health status:</p> <ul style="list-style-type: none"> • Asthma: Give the Asthma Control Test (ACT) questionnaire to the patient, so they can complete this immediately prior to each consultation. <ul style="list-style-type: none"> ○ ACT score 5-19: Uncontrolled asthma ○ ACT score 20-24: Reasonably well controlled asthma ○ ACT score 25: Under control asthma • COPD: Give the <u>COPD Assessment Test (CAT)</u> questionnaire to the patient, so they can complete this immediately prior to each consultation. This is available at www.catestonline.org/ <ul style="list-style-type: none"> ○ CAT score 0-9: Low impact of COPD ○ CAT score 10-20: Medium and significant impact of COPD ○ CAT score 21-40: High to very high impact of COPD

4 Inhaler Technique

Leeds Inhaler Device Guide

Inhaler technique should be assessed at every opportunity, as most patients make errors using their inhaler devices. 10-33% of patients make serious critical errors using Accuhaler, MDI and Turbohaler devices, which increases the risk of COPD exacerbations, hospital admissions and A&E visits.

During the COVID pandemic, the use of the In-Check DIAL inspiratory flow meter is not recommended for infection control reasons.

ACTION: Assess and improve inhaler technique in order to optimise the management of COPD.

Step 1 - Assess inspiratory effort

- Ask the patient to breathe out comfortably and lift their chin up before trying each of the following inhalation manoeuvres:
 - **SLOW and STEADY**—can the patient take a slow, steady breath in over 3–5 seconds?
 - A pMDI, Respimat or breath-actuated pMDI device should be prescribed for patients who inhale slowly and steadily.
 - **QUICK and DEEP**—can the patient take a quick deep breath in within 2–3 seconds?
 - A Dry Powder inhaler device should be prescribed for patients who inhale quickly and deeply.

Step 2 - Check inhaler technique

- Each patient should be asked to demonstrate how to use their own inhaler (unless it is newly prescribed, and you need to teach the patient first).
- Use the Leeds Inhaler Device Guide to support your consultation.
- Assess Inhaler technique as '**Optimal**' (all steps completed correctly), '**Satisfactory**' (some minor errors, but all critical steps completed correctly), or '**Unsatisfactory**' (at least one critical error made).

Step 3 - Teach correct inhaler technique

- The best way to teach correct inhaler technique is for the healthcare professional to demonstrate correct inhaler technique to the patient. Therefore it will be useful for you to keep your own set of placebos to use.
- An Aerochamber spacer may need to be issued to patients with difficulty coordinating actuation and inhalation of pMDI devices, or those experiencing oropharyngeal side effects from inhaled corticosteroids.
- Pay particular attention to ensure the correct type of inhaler device is prescribed for patients inhaling slowly and steadily, or quickly and deeply (see Step 1).

Step 4 – Re-check inhaler technique and check understanding

- Once the patient has been taught and shown how to use their inhaler correctly, they should be asked to demonstrate how they would use it again.
- This allows the healthcare professional to check they understand how to use their inhaler device, and to reinforce any steps they are unable to perform correctly.
- Assess Inhaler technique as '**Optimal**', '**Satisfactory**', or '**Unsatisfactory**'.

Patients assessed as unable to use their prescribed inhaler device

- Checking inspiratory effort is essential to ensure that the most suitable inhaler devices are prescribed for patients.
- Ensure that patients are prescribed either all Dry Powder Inhalers, or all aerosol (pMDI, Respimat or breath-actuated pMDI) devices.
- Complete the GP referral form to request a prescription for an alternative inhaler device, documenting the reasons for advising a switch and whether the patient consents to this.

Further Support

- Patients may be directed to Inhaler Technique videos:
 - Asthma UK Inhaler: <https://www.asthma.org.uk/advice/inhaler-videos/>
 - RightBreathe: <https://www.rightbreathe.com/>

5 Education about Asthma / COPD and Medication

Medication is used to reduce COPD symptoms, reduce the frequency and severity of exacerbations, and to improve health status and exercise tolerance.

ACTION: Many patients may benefit from receiving education about their medicines.

• **ADHERENCE:**

- EXPLORE and identify reasons for reported non-adherence (e.g. due to beliefs, device, medicine, or side-effects) for inhalers.
- ASK the patient how they feel about using their inhalers. Do they have any concerns about using these medicines?
- DISCUSS and agree **strategies and solutions** to improve adherence with the patient.

• **EDUCATION:** Discuss each inhaler / medicine, providing information that is tailored to each patient:

- CHECK that the person understands what all their medicines / inhalers are, why each is used, when it should be used, and how to manage any potential side effects.
- EXPLAIN to the patient of the aim of treatment is to reduce symptoms and flare-ups and enable them to be as active as possible
- Further information on medicines is available within the resource pack.
- All patients on a high dose ICS-containing inhaler should be issued a **Steroid Emergency Card (SEC)** - see national Patient Safety Alert NatPSA/2020/005/NHSPS 13th August 2020).

<https://www.england.nhs.uk/wp-content/uploads/2020/08/NPSA-Emergency-Steroid-Card-FINAL-2.3.pdf>



- All patients taking oral corticosteroids for long durations (>3 weeks) should be issued with a **Steroid Treatment Card**.



6 Smoking Status

Stopping smoking is one of the most cost-effective interventions that can be made in COPD, will slow disease progression, and will have health benefits for other conditions.

ACTION: One of the most effective ways of ensuring that patients access local stop smoking services is to give very brief advice (30 seconds). 'Ask, Advise and Act' will give them the best chance to successfully stop smoking:

- ASK and record smoking status, and whether they live with a smoker.
- ADVISE patient of health benefits of quitting, and inform them that the best way to quit is with a combination of trained support and medication.
- ACT on patient's response and refer smokers who want to quit to their local NHS stop smoking service.
 - <https://oneyouleeds.co.uk/be-smoke-free/>
- Signpost patients to the British Lung Foundation webpage 'Support for you: Quitting smoking' <https://www.blf.org.uk/support-for-you/smoking>

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7	<p>Lifestyle (good practice)</p> <p>All patients should receive general advice on healthy living, including diet and the fact that physical exercise is safe and encouraged for people with COPD. Pulmonary Rehabilitation (PR) is an 8-week course of twice-weekly group exercise classes, with combined educational sessions designed to optimise each patient's physical and social performance and autonomy, and improve quality of life, exercise tolerance and breathlessness.</p> <p>ACTION: A healthy, active lifestyle should be encouraged:</p> <ul style="list-style-type: none"> • EXERCISE: <ul style="list-style-type: none"> ○ All patients with COPD should be encouraged to do exercise for 30 minutes on 5 days a week. Exercise should be done at their own pace (this is a pace that causes mild breathlessness), but they should not overstrain themselves. • PULMONARY REHABILITATION: <ul style="list-style-type: none"> ○ Patients are eligible for PR if they are breathless walking at their own pace on the level (MRC grade ≥ 3 [mMRC grade ≥ 2]), or who have had recent hospitalisation for an exacerbation of COPD. ○ If eligible patients have not been to pulmonary rehabilitation, discuss the benefits of PR, and complete the GP referral form to recommend referral to PR. • DIET: <ul style="list-style-type: none"> ○ Stress the importance of eating a healthy balanced diet, including plenty of fruit and vegetables, starchy foods for energy (e.g. bread, pasta, potatoes, rice), protein foods (e.g. meat, fish, eggs, nuts and beans), and dairy products. • FLUIDS: <ul style="list-style-type: none"> ○ Encourage good hydration with 6 to 8 cups of fluid each day (including water, juice, tea, coffee), as this can help with sputum clearance. • BREATHLESSNESS: <ul style="list-style-type: none"> ○ Signpost patients to advice on dealing with breathlessness in the BLF 'Living with COPD' booklet. ○ Advice on managing breathlessness is available through specialist advice in PR programmes. • ANXIETY AND DEPRESSION: <ul style="list-style-type: none"> ○ Signpost patients to advice on 'Taking care of your feelings' in the BLF 'Living with COPD' booklet. ○ Emotional support can help people cope, e.g. from family or friends, or from local support groups (e.g. Breathe Easy groups). Patients may need to talk to their Doctor; counselling or medication may be required. <p>• The BLF 'Living with COPD' booklet can be downloaded at: https://shop.auk-blf.org.uk/collections/health-advice-resources/products/living-with-copd</p>
8	<p>Support for Patients</p> <p>ACTION: Signpost patients to further support materials:</p> <ul style="list-style-type: none"> • Signpost patients to patient resources on the internet, e.g. <ul style="list-style-type: none"> ○ British Lung Foundation (https://www.blf.org.uk/) ○ Asthma UK (https:// www.asthma.org.uk) • Inhaler technique videos e.g. Asthma UK Inhaler videos https://www.asthma.org.uk/advice/inhaler-videos/ • BLF Breathe Easy support groups across West Yorkshire (https://www.blf.org.uk/support-for-you/breathe-easy)
9	<p>End of Consultation</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Summarise the key points from the consultation with the patient e.g. stop smoking referral, prompts to remember inhalers, reinforcement of importance of taking preventer inhalers regularly, vaccination • Confirm the issues being referred to the patients GP. • Ask the patient if they have any final questions. • Arrange follow-up appointment. • Send the GP referral form to the GP surgery (if needed). • Record consultation onto PharmOutcomes (within 48-hours).