



Best Practice Guidance for Inhalers in Care Homes

AIM

This guide aims to support care home staff, care agency staff and pharmacists to provide high quality care for using inhalers for asthma or COPD patients. It is not a comprehensive resource but highlights some of the issues to consider and signposts to currently available support and resources.

Definition:

An inhaler is a device holding a medicine that is taken by breathing in (inhaling). Inhalers are the main treatment for asthma or COPD. There are many different types of inhaler, which can be confusing. This guide gives information on the medicines inside inhalers, the types of inhaler device, and some general information about inhalers.

Key Messages

Introduction:

- Care home staff need better training on the use of inhalers. According to Asthma UK, an estimated 75% of hospital admissions for asthma are avoidable and as much as 90% of deaths from asthma are preventable. Further, the NHS spends around £1bn a year treating and caring for people with asthma. Undoubtedly, correct technique in using medicine delivery devices, such as metered dose inhalers, is key to managing asthma and COPD effectively.

General Good Practice Points:

- Every patient should have an individualised care plan which includes overall aims and a monitoring plan.
- Good inhaler spacer device care and regular monitoring of the inhaler technique are essential to ensure effective treatment and management of asthma or COPD is achieved.
- A suitable device for individual patients should be prescribed; some devices need more co-ordination than others.
- Some of the inhaler medicine may hit the back of the throat which can sometimes cause problems such as thrush in the mouth. This tends to be more of a problem with higher doses of steroid inhalers. Less medicine hits the throat when using a spacer device. Therefore a spacer device should be advised if inhalers cause throat problems, especially when a high dose of inhaled steroid is prescribed.
- Patients should be advised to rinse their mouth and have a drink of water after using the steroid inhaler.

Medication good practice points:

Uses of Inhalers in asthma And COPD:

The choice of inhaler is personal preference, ability to use and the drugs available in it. There are several different types of inhaler devices.

- **Reliever inhalers** - contain bronchodilator medicines - these can be taken as required to ease symptoms of breathlessness, wheeziness or tightness in the chest. The medicine in a reliever inhaler relaxes the muscle in the airways. This opens the airways wider, and symptoms usually quickly ease. These medicines are called bronchodilators as they widen (dilate) the airways (bronchi). If a reliever is needed three times a week or more to ease symptoms, a preventer inhaler is usually advised.
- **Preventer inhalers** - may be steroid inhalers and/or long-acting bronchodilators. These are taken every day to prevent symptoms from developing. It takes 3-7 days for the steroid in a preventer inhaler to build up its effect. Inhaler technique should be checked at every opportunity and before changing or increasing a patients' medication. Everyone with asthma OR COPD should have a review with their doctor or respiratory nurse at least once a year.
- **N.B: In COPD a preventer inhaler will only be used in some patients.**

Inhaler Devices

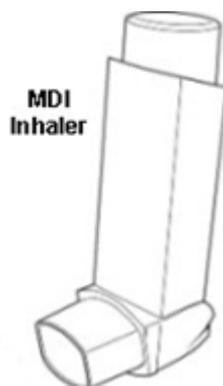
Different inhaler devices suit different people. Inhaler devices can be divided into three main groups:

- Pressurised metered dose inhalers (MDIs)
- Breath-activated inhalers
- Dry powder inhalers.

The Standard MDI Inhaler.

The standard MDI is the most widely used inhaler. However, many people do not use it to its best effect. Common errors include:

- Not shaking the inhaler before using it.
- Inhaling too sharply or at the wrong time.
- Not holding your breath long enough after breathing in the contents



Breath-activated inhalers

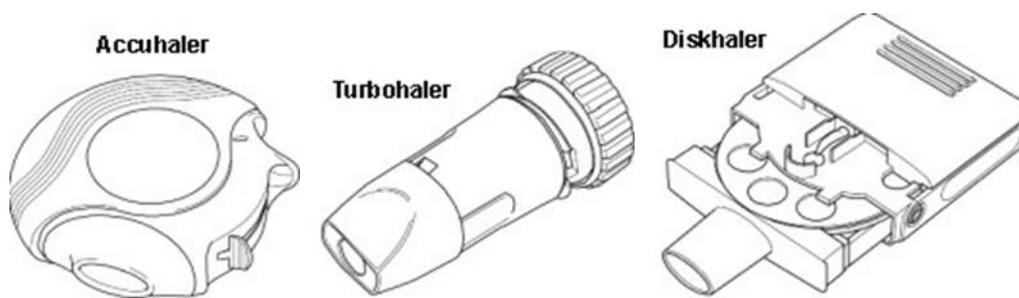
These are alternatives to the standard MDI. Some are still pressurised MDIs, but these don't require pressing a canister on top. These would be useful for patients who have difficulty breathing and pressing the inhaler at the same time.

The autohaler shown below is an example. Another example of a breath-activated MDI is the easi-breathe inhaler.



Dry Powder Inhalers

Some breath-activated inhalers are also called dry-powder inhalers.



Accuhalers, clickhalers, easyhalers, novolizers, turbohalers, diskhalers and twisthalers are all breath-activated dry powder inhalers. These require breathing in fairly hard to get the powder into the lungs. Some types are shown above.

Spacer devices:

A spacer is usually a plastic container, with a mouthpiece at one end and a hole for the inhaler at the other. Spacers only work with a metered dose inhaler.

Spacers are important because they help to deliver asthma medicine to the lungs.

There are different types of spacers available. An example is shown here.

There are several different brands of spacer that fit different metered dose inhalers and are available on prescription (including Volumatic, Aero Chamber and Able Spacer). Spacers are very important because:

- They make metered dose inhalers easier to use and more effective.
- Allows more medicine into your lungs than when just using the inhaler on its own.



- They are convenient and compact and work at least as well as nebulisers at treating most asthma attacks in children and adults.
- They help to reduce the possibility of side effects from the higher doses of preventer medicines by reducing the amount of medicine that is swallowed and absorbed into the body.

Handy Hints for Using a Spacer:

- Care home staff should be appropriately trained on how to use an inhaler and spacer properly
- Ensure that the spacer prescribed fits your inhaler
- Advise patient to put one puff of the inhaler into the spacer
- If the patient finds it difficult to take deep breaths, breathing in and out of the mouthpiece several times for at least 10 seconds is just as good.
- Repeat the step above for each dose/puff needed and allow 30 seconds between each puff.
- Wash the spacer once a month - leave it to drip-dry as this helps to prevent the medicines sticking to the sides. Do not put through a dishwasher.
- Spacers should be replaced at least once each year, especially if it is used daily

Further help & information

Asthma UK

Summit House, 70 Wilson Street, London, EC2A 2DB

Tel: (Adviceline) 0800 121 62 44, (Admin) 020 7786 4900

Web: www.asthma.org.uk

Further reading & references

- British guideline on the management of asthma; Scottish Intercollegiate Guidelines Network - SIGN (Oct 2014)
- Asthma; NICE CKS, June 2011 (UK access only)
- Inhaled corticosteroids for the treatment of chronic asthma in adults and in children aged 12 years and over; NICE Technology Appraisals, March 2008
- Inhaled corticosteroids for the treatment of chronic asthma in children under the age of 12 years ; NICE Technology Appraisals, November 2007
- Global Initiative for Asthma (GINA)

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