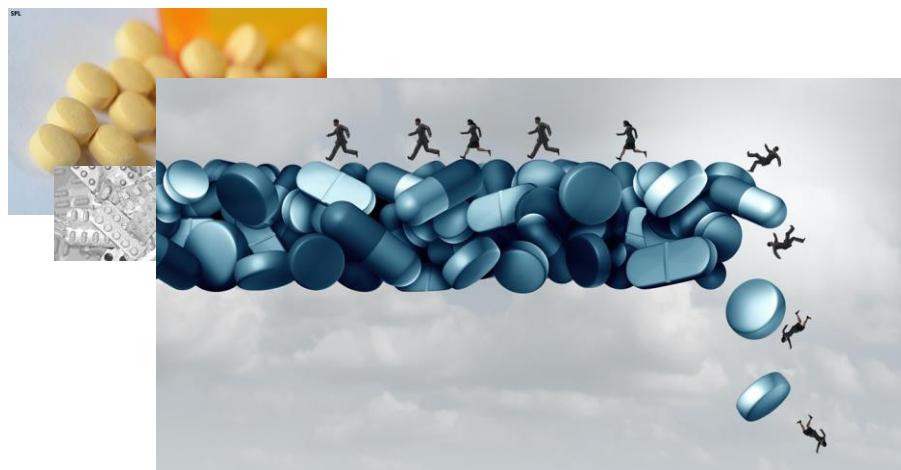




Bitesize Education and Training Session

Asthma

20th January 2026



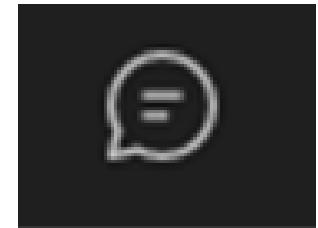
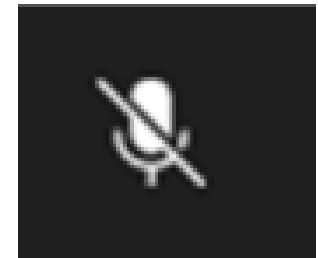
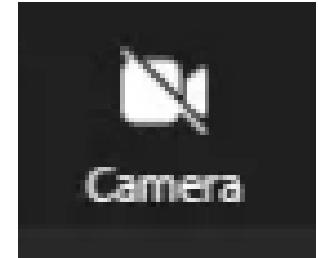
Speaker:

- Sanjay Tanna
- Senior Pharmacist
- The Thornton Practice

Welcome & Housekeeping

Thank you for joining us today!

- ✓ The session is for 45-minutes (30-minute presentation and 15-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there will be a short online poll (live!).



Please note the 30-minute presentation will be recorded, and the slides and the recording will be uploaded to the LSC Training Hub website for you to download.

Disclaimer

- If you do access the slides and recordings to the bitesize sessions using the following link: [Independent Prescribing – Lancashire and South Cumbria Training Hub](#), please be aware that the sessions were intended to support Non-Medical Prescribers in their development and understanding of the subject area, however these sessions should not be considered the sole source of your learning. Please ensure that you also refer to your Trust/Employer guidance, up-to-date national guidance e.g. NICE guidance and professional body standards alongside these bitesize sessions.
- The information in the sessions are current and accurate at the time of creation.

Prevalence

- Asthma UK says approx. 7% of UK population
- Average 10000 patient practice – around 700 patients
- Tend to be younger in age



What is Asthma?

- Asthma, as defined by UK health bodies like [Asthma + Lung UK](#), is a common, chronic inflammatory condition of the airways causing them to narrow and become sensitive, leading to symptoms like coughing, wheezing, chest tightness, and shortness of breath, which can vary in severity and are often worse at night or in the early morning, with many people managing it well with inhalers and controlling triggers.



Key Aspects

- **Chronic Inflammation:** Airways become swollen and sensitive.
- **Airway Hyper-responsiveness:** Airways react strongly to triggers.
- **Symptoms:** Cough, wheeze, chest tightness, breathlessness.
- **Variability:** Symptoms come and go, often worse at night/morning.
- **Triggers:** Exercise, allergens (pollen, dust), infections, pollution, cold air.
- **Asthma Attacks:** Sudden worsening of symptoms, potentially life-threatening.



Diagnostics

- Average time to diagnose?
- Asthma is a clinical diagnosis – we need structured clinical history including;
- symptoms, triggers, allergies,
- co-existing disease e.g. eczema, rhinitis, etc, reflux, obesity, anxiety
- occupational history
- family history
- detailed smoking history
- current medications (eg NSAIDS, Opiates)
- Visits to Emergency department for breathing difficulties



Objective testing in Adults (over 16)

- Measure the blood eosinophil count or FeNO in adults with a history suggestive of asthma.
 - Diagnose asthma if the eosinophil count is above the laboratory reference range or the FeNO level is 50 parts per billion (ppb) or more.
- If asthma is not confirmed by eosinophil count or FeNO level, measure bronchodilator reversibility (BDR) with spirometry.
 - Diagnose asthma if the FEV₁ increase is 12% or more and 200 mL or more from the baseline pre-bronchodilator measurement (or if the FEV₁ increase is 10% or more of the predicted normal FEV₁).
- If spirometry is not available or is delayed, measure peak expiratory flow (PEF) twice daily for 2 weeks.
 - The best of three measurements should be used each time.
 - Diagnose asthma if PEF variability (amplitude percentage mean) is 20% or more.



Objective testing in children (5-16yrs)

- Measure the FeNO level in children with a history suggestive of asthma.
 - Diagnose asthma if the FeNO level is 35 ppb or more.
- If the FeNO level is not raised, or if FeNO testing is not available, measure BDR with spirometry.
 - Diagnose asthma if the FEV₁ increase is 12% or more from baseline (or if the FEV₁ increase is 10% or more of the predicted normal FEV₁).
- If spirometry is not available or is delayed, measure PEF twice daily for 2 weeks.
 - The best of three measurements should be used each time.
 - Diagnose asthma if PEF variability (amplitude percentage mean) is 20% or more.

Management of Asthma

- Use our local LSCMMG guidelines
- Asthma Treatment Guideline (12 years and over)
- Asthma treatment for 5-12 years old
- MLCSU



Annual review

- Use structured tool such as ACT questionnaire to assess control
- Make sure inhaler technique is checked- encourage patients to bring in inhalers when attending for review
- Check smoking status at every review
- Check for any allergies periodically
- If using SABA check frequency of use (note 1 canister has 200 doses of Salbutamol!)



Key messages

- Asthma – reversible inflammatory condition
- Clinical diagnosis based on history and FENO testing
- Move away from prescribing SABA inhalers in most patients
- AIR regime for low symptom patients
- MART regime for most other patients- now licenced for patients aged 6 and above
- Annual review important – to check symptom control and inhaler technique

Question and Answer



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Thank you for listening

Please complete our short online poll!



Next session: 17th February 2026

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