

Asthma management during COVID-19 – guidance for healthcare professionals

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Introduction

At a time when there is a large amount of publicly-available information regarding COVID-19 and the potential impact for people living with chronic respiratory diseases, this document simplifies the essential clinical guidance to enable patients with asthma to effectively self-manage their condition.

Sources for expert guidance on managing asthma during COVID-19

- World Health Organization (WHO)
– Public Information about the coronavirus¹
- European Lung Foundation (ELF)
– Q&A with Prof. Tobias Welte²
- European Respiratory Society (ERS)
– COVID-19 resource centre³
- Global Initiative for Asthma (GINA)
– Answers to frequently asked questions on asthma management⁴

Background to COVID-19

Most people infected by SARS-CoV-2 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.⁵

Information to support with discussions on asthma management



Are people with asthma more susceptible to COVID-19?

- Susceptibility of patients with asthma to COVID-19 infection and its severe presentation is currently unclear due to contradictions in the emerging literature^{6,7,8}
- One online patient survey found that almost half of people living with asthma do not have controlled symptoms.⁹ It is more important than ever that patients manage their asthma effectively, with the aim of reducing preventable attacks and hospitalisations (given the advice relating to social distancing to slow down the spread of coronavirus and reduce the risk of infection)
- Furthermore, with the health services experiencing a high capacity of patients due to COVID-19, it is vital that asthma attacks are prevented through taking regular controller medication



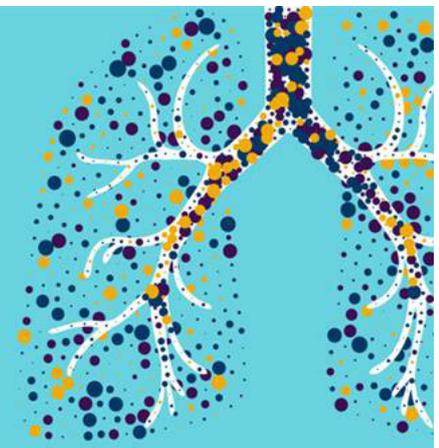
How can people with asthma keep themselves healthy?

- For people with asthma, the best way of staying healthy, and recovering if infected with COVID-19, is ensuring their asthma is as well-controlled as possible¹⁰
- People with asthma should continue to take their prescribed asthma medications, in line with the latest global clinical recommendations and their healthcare professional's (HCPs) advice. The latest guidance from the Global Initiative for Asthma (GINA) suggests that patients should continue to use their inhaled corticosteroid (ICS)-containing medications, if these have been prescribed¹¹
- Patients should have a written personalised asthma action plan that includes information on how to recognise worsening asthma symptoms, how to increase their reliever and controller medications, and when to seek medical help from a HCP.¹¹ This can help patients to self-manage their condition
- Having a written, personalised asthma action plan is an important method to support patients to take the right actions at the right time. Evidence has shown that people who are given a written asthma action plan are four times less likely to need hospital care for their asthma¹²
- If patients are concerned that their asthma is not controlled, they should contact their doctor to organise a telephone or video consultation (as appropriate)
- Improper inhaler technique is a major cause of poor disease control¹² so support should be offered to help optimise treatment for individual patients,¹³ including reviewing inhaler device technique (by video if not face-to-face)
- Where possible, avoid the use of nebulizers due to the risk of transmitting infection to other patients and to healthcare workers. Instead, to deliver SABA for acute asthma in adults and children, use a pressurised metered-dose inhaler and spacer, with a mouthpiece or tightly fitting mask if required¹¹
- If patients are on specialist medications, then it is vital that they keep taking them as prescribed by their HCP



Do inhaled corticosteroids (ICS) put people at risk of COVID-19?

- All patients with asthma are at risk of exacerbations, even those with 'mild asthma'¹¹
- Patients with asthma should continue to use their inhaled asthma controller medication during the COVID-19 epidemic¹¹
- Stopping inhaled corticosteroids often leads to potentially dangerous worsening of asthma symptoms¹¹
- As healthcare services are likely to be stretched for the foreseeable future, if patients have a good understanding of their personal asthma action plan then GINA says it is reasonable for them to have a short course of steroids at home (rescue pack). This is particularly important for patients with severe asthma.¹¹ For specific advice, patients should speak to their HCP



What does 'uncontrolled asthma' look like?

- GINA defines asthma control in two domains; poor symptom control, and risk factors for poor outcomes¹¹
- Poor symptom control is present if a person with asthma has: daytime symptoms more than twice a week; is waking at night; using rescue medication more than twice a week; or whose activities are limited to asthma¹¹
- Risk factors for poor outcomes include: a history of past attacks; particularly in the previous year; poor adherence to medical advice; poor lung function; incorrect inhaler technique; confirmed food allergy and others¹¹



How are people with severe asthma affected by COVID-19?

- Severe asthma is defined as asthma that requires treatment with high dose inhaled corticosteroids plus a second controller and/or systemic corticosteroids to prevent it from becoming 'uncontrolled' or remains uncontrolled despite therapy¹⁰
- Susceptibility of patients with asthma to COVID-19 infection and its severe presentation is currently unclear due to contradictions in the emerging literature.^{6,7,8}
- Latest guidance from GINA suggests that patients continue to use their oral corticosteroids, if these have been prescribed¹¹
- People who have severe asthma and become unwell due to COVID-19 should be encouraged to inform their hospital asthma team urgently



What about treatments for severe asthma?

- Patients who are receiving biologic therapies for their asthma should maintain their prescribed therapy.¹¹ A rapid guideline by the National Institute for Health and Care Excellence (NICE) notes that there is no current evidence that biologic therapies for asthma suppress immunity¹⁴
- Patients should be advised to regularly clean equipment such as face masks and mouth pieces, and that they should not share their inhalers and devices. Medical equipment should be cleaned only as instructed¹⁴



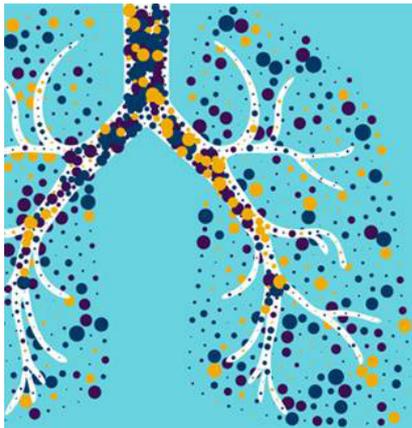
What about oral corticosteroids (OCS)?

- If your patient develops symptoms and signs of an asthma exacerbation, then they should follow their personalised asthma action plan and start a course of steroids if clinically indicated¹⁰



How can I maintain emotional wellbeing, care for allergies and triggers of asthma in my patients?

- Communicate with patients, their families and carers to help support their emotional wellbeing, and signpost to local respiratory charities or patient groups to help alleviate any anxiety or fear they may have around the current pandemic
- Stress can worsen asthma symptoms.¹⁵ Try to help your patients calm down and relax by reassuring you and your team will be available for them if needed
- Remind patients to avoid any food that they have a known allergy to, which could trigger a worsening of symptoms¹⁶



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