

Medicines Optimisation Position Statement

Position Statement	Safe prescribing of salbutamol inhalers for asthma
Position Statement number	023
Approved by Medicines Optimisation Group:	April 2024
Ratified by Medicines Board	May 2024
Date of issue:	May 2024
Date of last review:	N/A
Date of planned review	May 2026

Background

Salbutamol is a short acting bronchodilator (SABA) used to relieve symptoms of asthma and chronic obstructive pulmonary disease (COPD). Although SABA provides short term symptomatic relief by relaxing the airways muscles it does not address the underlying issue of inflammation in the airways . The treatment of COPD differs to that of asthma due to irreversible damage to the airways so **this statement does not apply to patients with COPD.**

Well-controlled asthma is associated with little or no need for short-acting bronchodilator (SABA or reliever) inhalers, therefore the need for excess SABA inhalers is a signal that asthma is poorly controlled. [NICE Guidelines for Management of Asthma](#) and the [Frimley ICB Medicines Management of Asthma guideline](#) state that those regularly using SABA inhalers more than three times a week should be prescribed regular inhaled corticosteroid (ICS or preventer) inhalers. Overuse of SABA may mask the progression of the underlying disease and contribute to deteriorating asthma control. Patients who take more than three times a week “*as needed*” salbutamol should be re-evaluated for treatment adjustment .

The [National Review of Asthma Deaths 2014](#) provided evidence of excessive prescribing of reliever medication in patients who died due to uncontrolled asthma. Among 189 patients who were on short-acting relievers at the time of death, the number of prescriptions was known for 165.

The number of prescribed SABA inhalers per patient ranged from 0 to 112 per annum

- 92 (56%) of the 165 patients were prescribed >6 per annum
- 65 (39%) of patients received >12 SABA inhalers in the year before they died
- 6 patients (4%) had been prescribed >50 SABA inhalers in the previous year

The [Asthma and Lung UK Survey 2021](#) results confirmed that uncontrolled asthma continues to be ongoing problem. Keeping control of asthma is a persistent challenge, with 2.17 million estimated to have uncontrolled asthma in the UK.

[Greenhouse gas emissions associated with suboptimal asthma care in the UK: the SABINA healthCARE-Based enviroNmental cost of treatment \(CARBON\) study | Thorax \(bmj.com\)](#) This study concluded addressing the high burden of poorly controlled asthma, including curbing high SABA use and its associated risk of exacerbations, may significantly alleviate asthma care-related carbon emissions.

Summary of Prescribing Principles

- Frequent salbutamol use (i.e. more than 3 times weekly) suggests poor asthma control and the need to seek medical advice for review of condition and treatment.
- Few, if any, asthmatics should require a regular monthly repeat of salbutamol inhaler.
- At review agree with the patient an appropriate number of salbutamol inhalers for 12 months (2-4 inhalers per 12 months should be sufficient in adequately controlled patients). Set up the prescribing system with an agreed number of issues of SABA inhaler for 12 months.

- In the “*optional prescription information*” section on the prescription, consider entering an appropriate number in the “*days before next issue minimum*” e.g., 90 days is appropriate for 4 inhalers per annum.
- Patients should be flagged for review if ordering more than the set quantity.
- Patients should have one inhaler on variable repeat and one inhaler in reserve.
- Some patients may need to have an inhaler at more than one location, this does not mean that they need to renew every inhaler monthly. The shelf life of a salbutamol inhaler is approximately 24 months.
- Please see [Frimley ICB Medicines Optimisation Policy Statement 008 Use of Inhalers in School](#) for information on prescribing SABA for school age children.
- Patients who are being treated under maintenance and reliever (MART) regime and who use their inhaled corticosteroid (ICS)/long acting beta 2 agonist (LABA) as a reliever will not usually have a salbutamol inhaler prescribed.
- Prioritise review of patients using more than 6 salbutamol inhalers per year. 6 Inhalers per year is the upper limit with a view to reducing usage further.
An Ardens search to identify high priority patients is available on the EMIS system:
4.13 Conditions: Alerts: Respiratory- **Asthma -Review as >6 SABAs in last 6m + no asthma review in last 6 months**
- Use Accurx messages to alert patients “*If you need to use your salbutamol inhaler more than 3 times a week, it could be a sign that your condition is not well controlled. Contact the practice*”

Details of asthma formulary inhalers, guidelines and information on Maintenance and Reliever Therapy (MART) are available on the [Frimley Formulary](#) and [Frimley ICB Medicines Optimisation](#) websites . Patients on MART therapy will not normally be prescribed a SABA inhaler as their reliever will consist of ICS/LABA. In line with policies for lowering the carbon footprint of inhalers dry powder inhalers (DPI) are indicated first line when clinically appropriate. If a metered dose inhaler (MDI) is indicated Salamol MDI + spacer is a preferred option.

Recommendation

Patients with asthma should have one salbutamol inhaler on variable repeat and one inhaler in reserve. Prescribing systems should be set up with an agreed number of issues for 12 months for individual patients and patients who order more than the set quantity should be flagged for review. Some patients may need to have an inhaler at more than one location , this does not mean that they need to renew every inhaler monthly.