

- **Bricanyl Respules** (AstraZeneca UK Ltd)
Terbutaline sulfate 2.5 mg per 1 ml Bricanyl 5mg/2ml Respules | 20 unit dose [PoM] £11.64 DT = £4.75

CORTICOSTEROIDS

Corticosteroids (inhaled)

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: CORTICOSTEROIDS: RARE RISK OF CENTRAL SEROUS CHORIORETINOPATHY WITH LOCAL AS WELL AS SYSTEMIC ADMINISTRATION (AUGUST 2017)

Central serous chorioretinopathy is a retinal disorder that has been linked to the systemic use of corticosteroids. Recently, it has also been reported after local administration of corticosteroids via inhaled and intranasal, epidural, intra-articular, topical dermal, and pericardial routes. The MHRA recommends that patients should be advised to report any blurred vision or other visual disturbances with corticosteroid treatment given by any route; consider referral to an ophthalmologist for evaluation of possible causes if a patient presents with vision problems.

• SIDE-EFFECTS

- ▶ **Common or very common** Headache · oral candidiasis · taste altered · voice alteration
- ▶ **Uncommon** Anxiety · bronchospasm paradoxical · cataract · vision blurred
- ▶ **Rare or very rare** Adrenal suppression · behaviour abnormal · glaucoma · growth retardation · sleep disorder
- ▶ **Frequency not known** Pneumonia (in patients with COPD)

SIDE-EFFECTS, FURTHER INFORMATION Systemic absorption may follow inhaled administration particularly if high doses are used or if treatment is prolonged. Therefore also consider the side-effects of systemic corticosteroids.

Candidiasis The risk of oral candidiasis can be reduced by using a spacer device with the corticosteroid inhaler; rinsing the mouth with water after inhalation of a dose may also be helpful. An anti-fungal oral suspension or oral gel can be used to treat oral candidiasis without discontinuing corticosteroid therapy.

Paradoxical bronchospasm The potential for paradoxical bronchospasm (calling for discontinuation and alternative therapy) should be borne in mind. Mild bronchospasm may be prevented by inhalation of a short-acting beta₂ agonist beforehand (or by transfer from an aerosol inhalation to a dry powder inhalation).

- **PREGNANCY** Inhaled drugs for asthma can be taken as normal during pregnancy.
- **BREAST FEEDING** Inhaled corticosteroids for asthma can be taken as normal during breast-feeding.
- **MONITORING REQUIREMENTS** The height and weight of children receiving prolonged treatment with inhaled corticosteroids should be monitored annually; if growth is slowed, referral to a paediatrician should be considered.

• NATIONAL FUNDING/ACCESS DECISIONS

NICE decisions

- ▶ **Inhaled corticosteroids for the treatment of chronic asthma in children under 12 years (November 2007)** NICE TA131
- ▶ When used by inhalation For children under 12 years with chronic asthma in whom treatment with an inhaled corticosteroid is considered appropriate, the least costly product that is suitable for an individual child (taking into consideration NICE TAs 38 and 10), within its marketing authorisation, is recommended. For children under 12 years with chronic asthma in whom treatment with an inhaled corticosteroid and a long-acting beta₂ agonist is considered appropriate, the following apply:

- the use of a combination inhaler within its marketing authorisation is recommended as an option;
- the decision to use a combination inhaler or two agents in separate inhalers should be made on an individual basis, taking into consideration therapeutic need and the likelihood of treatment adherence;
- if a combination inhaler is chosen, then the least costly inhaler that is suitable for the individual child is recommended.

www.nice.org.uk/guidance/ta131

- ▶ **Inhaled corticosteroids for the treatment of chronic asthma in adults and children over 12 years (March 2008)** NICE TA138
- ▶ When used by inhalation For adults and children over 12 years with chronic asthma in whom treatment with an inhaled corticosteroid is considered appropriate, the least costly product that is suitable for an individual (taking into consideration NICE TAs 38 and 10), within its marketing authorisation is recommended. For adults and children over 12 years with chronic asthma in whom treatment with an inhaled corticosteroid and a long-acting beta₂ agonist is considered appropriate, the following apply:
 - the use of a combination inhaler within its marketing authorisation is recommended as an option;
 - the decision to use a combination inhaler or two agents in separate inhalers should be made on an individual basis, taking into consideration therapeutic need, and the likelihood of treatment adherence;
 - if a combination inhaler is chosen, then the least costly inhaler that is suitable for the individual is recommended.

www.nice.org.uk/guidance/ta138

above

Beclometasone dipropionate

15-May-2020

(Beclomethasone dipropionate)

• INDICATIONS AND DOSE

Prophylaxis of asthma

- ▶ BY INHALATION OF POWDER
- ▶ Child 5–11 years: 100–200 micrograms twice daily, dose to be adjusted as necessary
- ▶ Child 12–17 years: 200–400 micrograms twice daily; increased if necessary up to 800 micrograms twice daily, dose to be adjusted as necessary

CLENIL MODULITE®

Prophylaxis of asthma

- ▶ BY INHALATION OF AEROSOL
- ▶ Child 2–11 years: 100–200 micrograms twice daily
- ▶ Child 12–17 years: 200–400 micrograms twice daily, adjusted according to response; increased if necessary up to 1 mg twice daily

QVAR® PREPARATIONS

Prophylaxis of asthma

- ▶ BY INHALATION OF AEROSOL
- ▶ Child 5–11 years: 50–100 micrograms twice daily
- ▶ Child 12–17 years: 50–200 micrograms twice daily; increased if necessary up to 400 micrograms twice daily

POTENCY

- ▶ *Qvar*® has extra-fine particles, is more potent than traditional beclomethasone dipropionate CFC-containing inhalers and is approximately twice as potent as *Clenil Modulite*®.

SOPROBEC®

Prophylaxis of asthma

- ▶ BY INHALATION OF AEROSOL
- ▶ Child: 100 micrograms twice daily; increased if necessary up to 400 micrograms daily in 2–4 divided doses

continued →