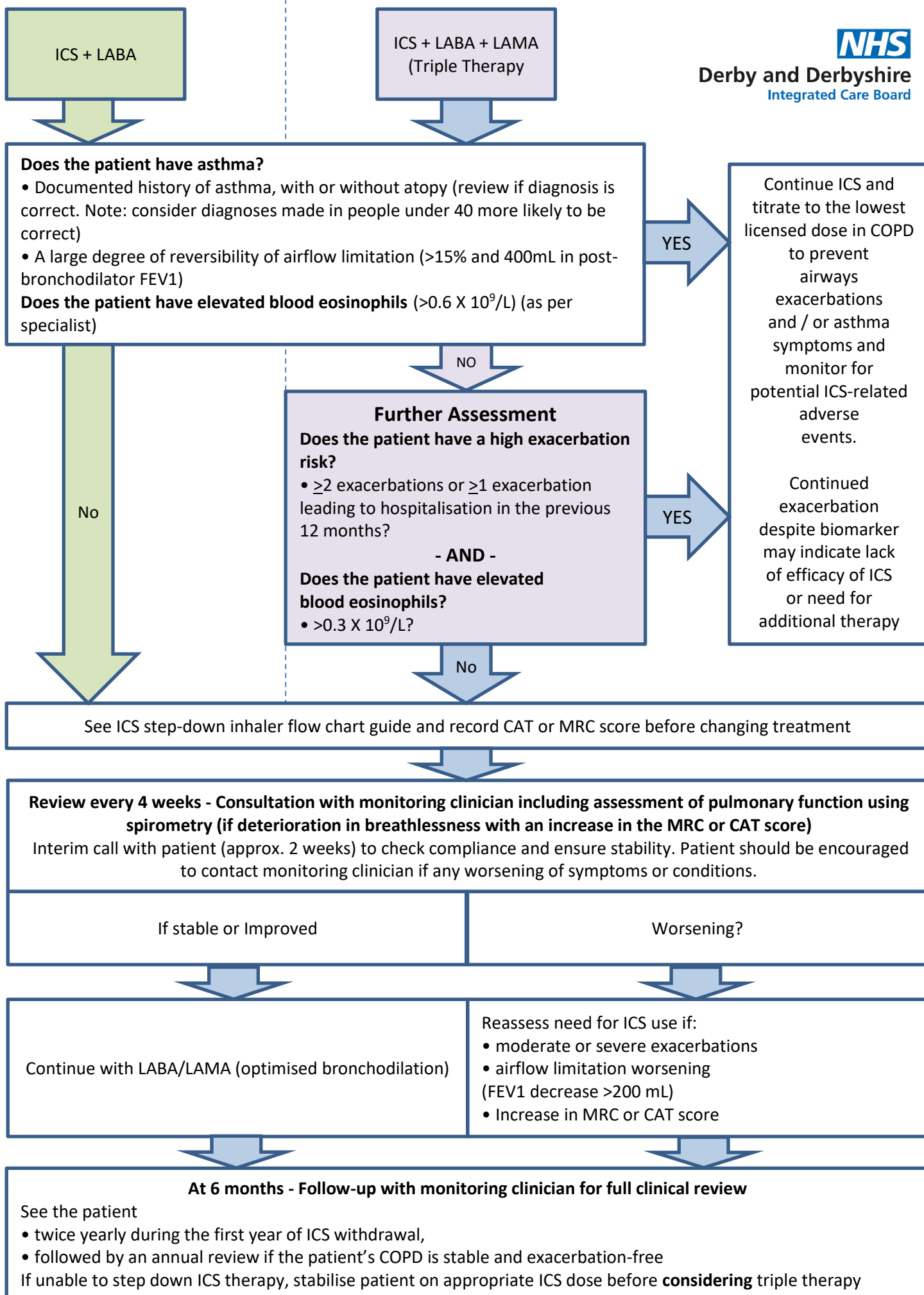


Optimisation of inhaled corticosteroids (ICS) in COPD



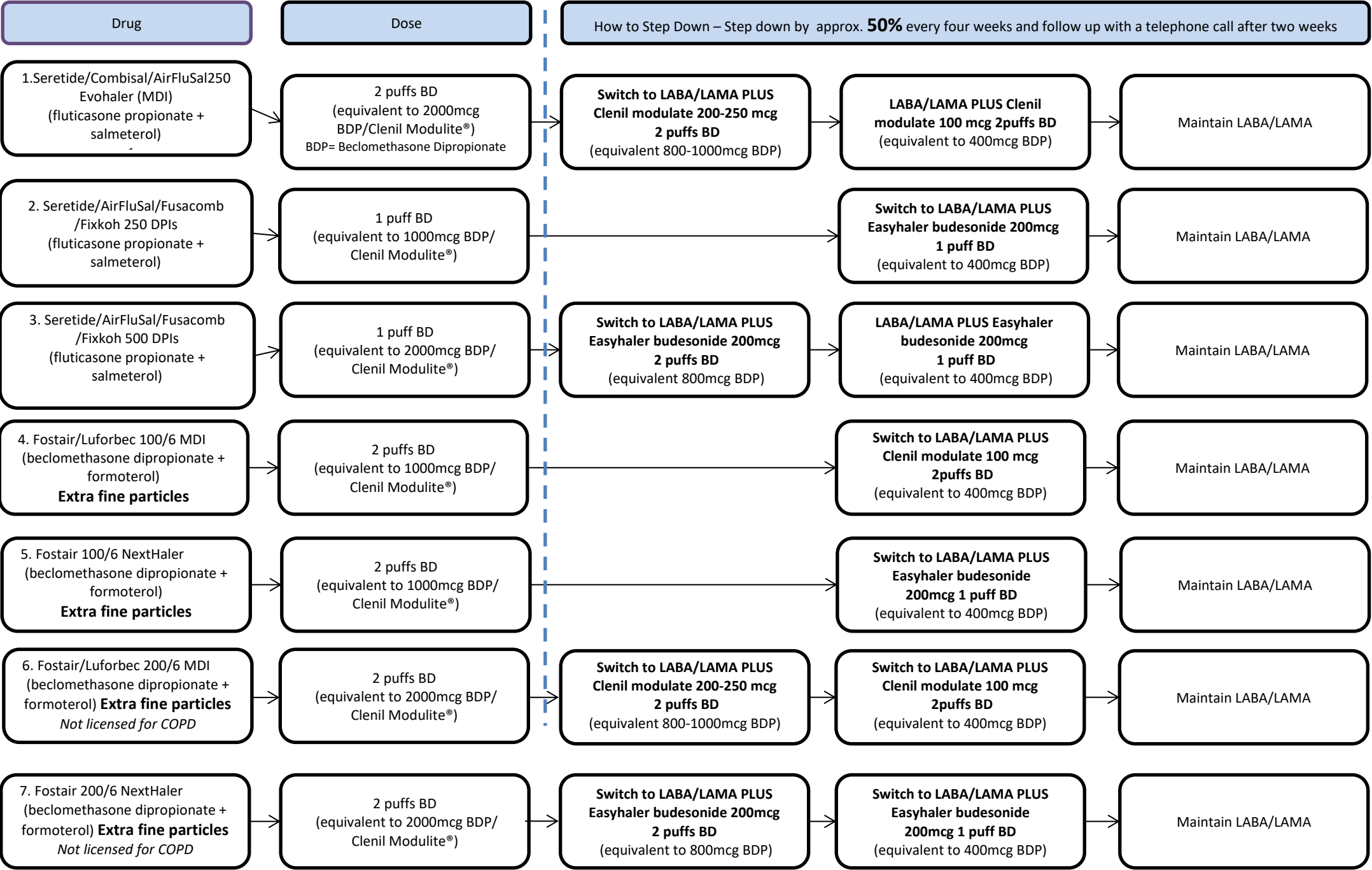
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Integrated Care Board

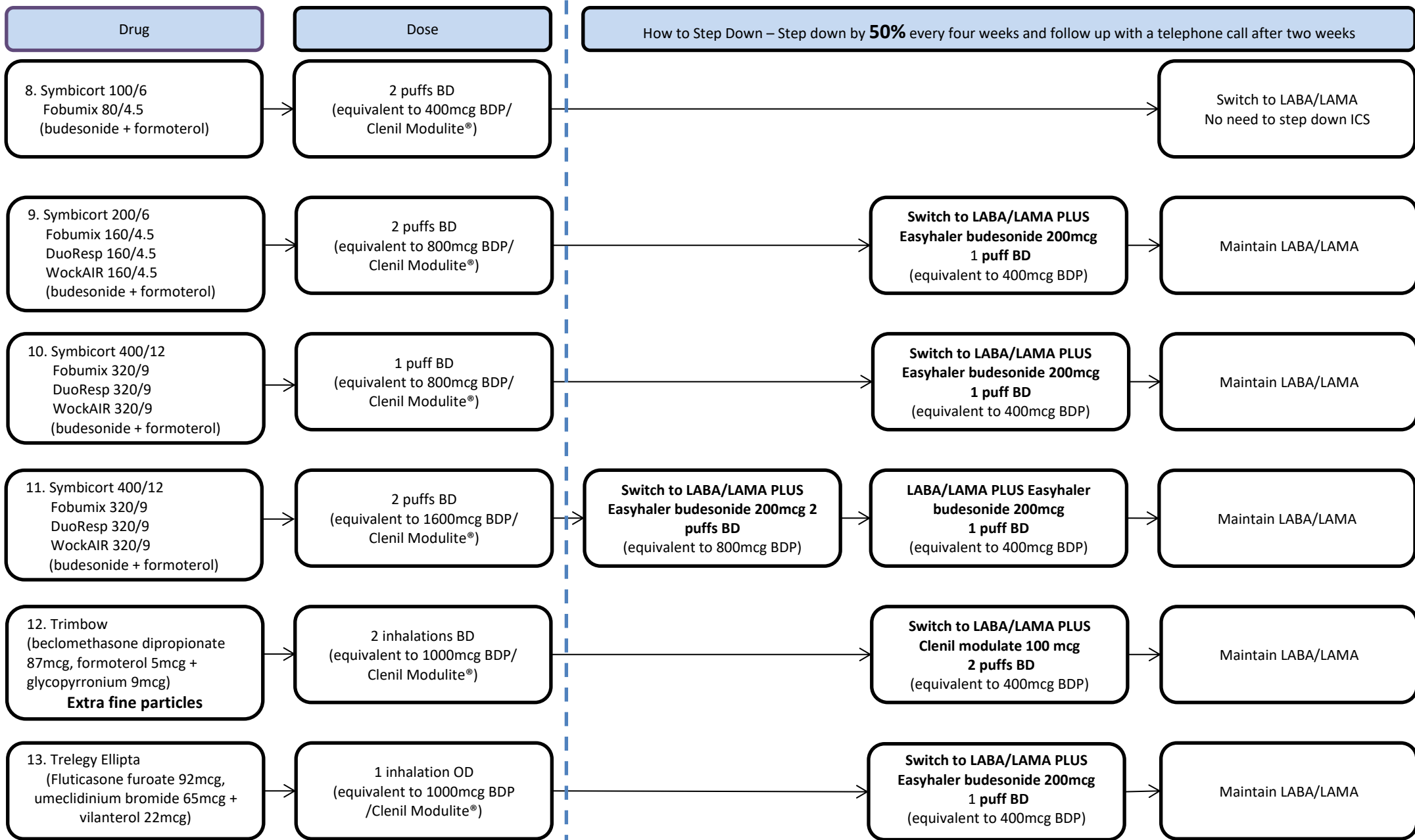


Inhaled Corticosteroid (ICS) in COPD Step-down inhaler Guide

NOTE: Clenil Modulate and Easyhaler budesonide are unlicensed for monotherapy in COPD. Choice of LABA/LAMA should be driven by patient choice and device acceptability.

How to Step Down – Step down by approx. **50%** every four weeks and follow up with a telephone call after two weeks





Patients on HIGH dose ICS need a steroid card, e.g.		
> 1000 micrograms (BDP equivalent)/day	High dose	ICS card is required
800-1000 micrograms (BDP equivalent)/day	Medium dose	Consider an ICS card
< 800 micrograms (BDP equivalent)/day	Low dose	No ICS card is required

This step down document should be used as a guide and care should be individualised for each patient. It is important to ensure the dose of LABA/LAMA is maintained and not stepped down at the same time. Please ensure the following are checked prior to prescribing: Inhaler technique and use of in-check device.

Steroid Dose Comparison

Table 1 demonstrates the variation in BDP equivalence across different inhaled corticosteroids

Table 1: VARIATIONS IN BDP EQUIVALENCE	
Inhaled Corticosteroid	Equivalence to 400mcg beclometasone dipropionate (BDP)/day
Beclometasone - Clenil®	400mcg
Beclometasone - Fostair®/Luforbec Extra fine particles	No 400mcg equivalent: 200mcg Fostair®= 500mcg BDP
Beclometasone - Qvar®/ Kelhale Extra fine particles	200mcg Qvar® = 400-500mcg BDP (refer to SPC)
Budesonide - Pulmicort®/DuoResp®/Symbicort/WockAIR/Fobumix	400mcg
Fluticasone propionate – Flixotide®/AirFluSal/ Seretide/Fixkoh /Fusacomb/ Combisal/	200mcg
Ciclesonide - Alvesco®	160-240mcg
Mometasone - Asmanex®	200mcg