

Maintenance and reliever therapy (MART) prescribing in a large UK primary care asthma cohort: implications for BTS, NICE, SIGN Asthma Guideline implementation.



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Introduction

The 2024 BTS, NICE, SIGN asthma guideline recommends anti-inflammatory reliever based management regimes for eligible newly diagnosed and uncontrolled asthma patients aged 12 years and older. Use of combination ICS/formoterol inhalers have been approved as MART for over 10 years and some ICS/formoterol inhalers have been approved more recently as as-needed reliever therapy in mild asthma only. We report the findings of an analysis of the quality of MART prescribing in a UK primary care setting.

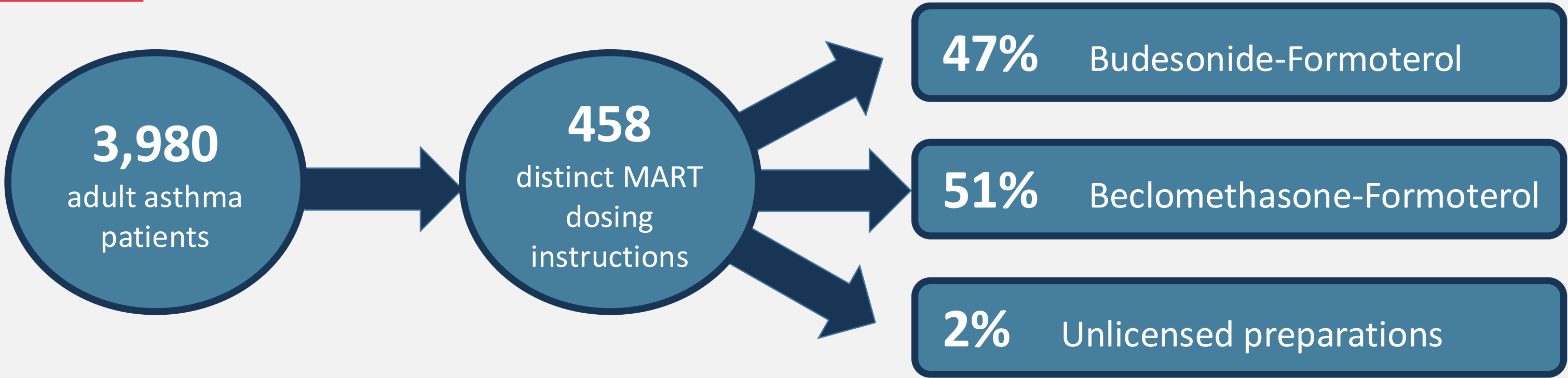
Aim

To investigate the quality of MART prescribing in a UK primary care setting.

Methods

Electronic health records (EHR) from 3 primary care networks within two sub-ICB locations were searched and data extracted for all adult asthma patients that had received at least 1 inhaled asthma treatment prescription within the past year. ICS-LABA combination inhaler prescription dosing instructions were reviewed to identify MART prescriptions. Prescription quality was assessed based on adequacy of information to enable correct use. To be considered ‘complete’, prescription dosing instructions were required to include: i) regular daily dosing instructions, ii) accurate reliever dosing instructions, and iii) accurate maximum daily dosing instructions.

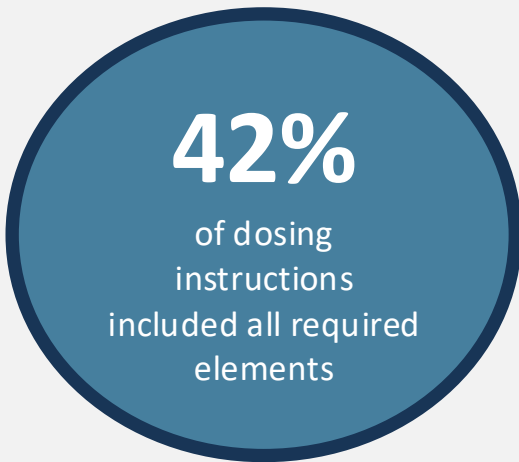
Results



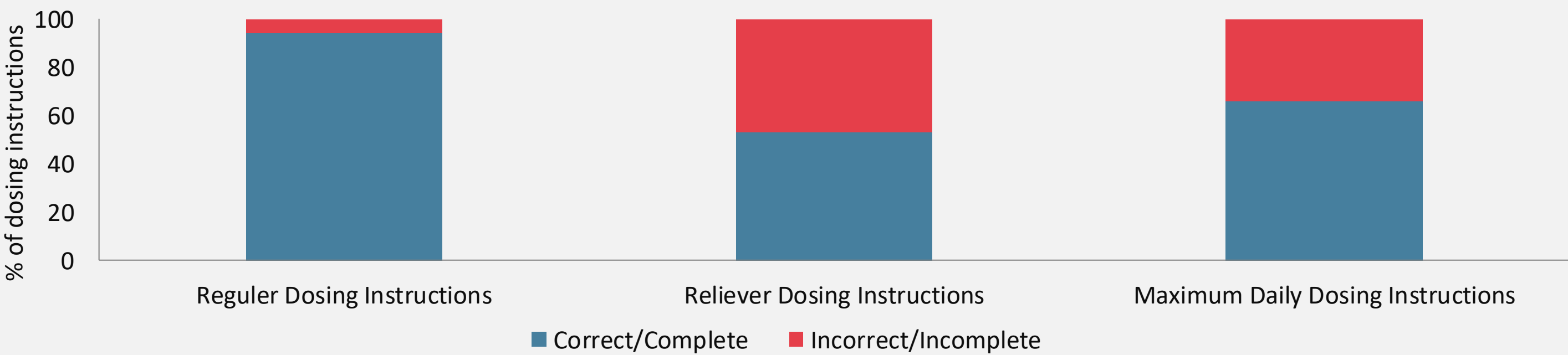
Data were extracted for 3,980 adult asthma patients across 4 general practices within 3 PCNs. 458 distinct dosing instructions were consistent with MART.

232 (51%) dosing instructions were for beclomethasone-formoterol and 216 (47%) were for budesonide-formoterol at licensed MART doses. 10 (2%) dosing instructions were for inhaler combinations/strengths that do not have a MART license.

- Correct Regular Dosing Instructions
- Correct Reliever Dosing Instructions
- Correct Maximum Daily Dosing Instructions



194 (42%) MART prescription dosing instructions met all 3 criteria and were considered ‘complete’ prescriptions. Regular dosing instructions were absent or incorrect in 26 (6%), reliever dosing instructions were absent or incorrect in 214 (47%), and maximum daily dosing instructions were absent or incorrect in 155 (34%).



Conclusions

MART prescribing quality in UK primary care is variable and frequently does not include adequate dosing information to enable correct use. Healthcare professional education, electronic prescribing systems, and AIR/MART specific asthma action plans represent potential solutions to support correct prescribing aligned with BTS, NICE, SIGN asthma guideline recommendations. Use of MART codes and development of specific AIR codes would facilitate future identification of AIR/MART prescriptions, facilitating evaluation of guideline implementation and audit of prescribing quality.

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