

Dear all,

As newer or cheaper inhaled treatments become available the temptation or added pressure is to switch drugs and or devices. Attached is an inhaler switching guidance, should you wish to undertake this process. It is designed for 'individual patient drug switching' and 'patient group switching' or optimisation.

It is important to remember that you need to consider all options before considering such action. For example if you are thinking on cost grounds of undertaking a 'switch' it may be more sensible to reduce dosing if appropriate and hence costs? If you do switch because of cost reasons you must also be honest with the patient/s and share this information with them for discussion before you change treatment. Other element that also needs to be considered is that the patient can use their existing inhaler correctly and is fully adherent to the prescribed treatment. Ask yourself if the patient would be better off with a different type of device for their condition or their ability to use the device.

A tremendous amount of harm can be done if switching is undertaken without prior planning and discussion with all involved, so one would hope if this process is adopted it will avoid unnecessary risks and safety issues for all concerned.

Yours Sincerely

Somerset LMC

Respiratory Inhaler Optimisation Flowchart – To be used when considering “switching an inhaler”

Box 4. IDENTIFY PATIENTS
 If waiting for patients to present to surgery consider having local pharmacies signpost patients in to the practice

Box 3.
 Ensure prescription card is updated. You may consider referral to pharmacy new meds service for follow up

Box 2.
 Consider providing patients with a peak flow/symptom diary to better monitor their symptoms and breathing.

Box 1.
 If, after retraining, the alternative medicine does not suit the patient then re-try with an alternative

