

An audit of prescriptions of short-acting beta-agonist inhalers among asthma patients in an Irish GP setting.

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Introduction

Global Initiative for Asthma (GINA) 2023 guidelines¹ stress that short acting beta agonists (SABA) inhalers should not be prescribed more than three times a year in those with well controlled asthma.

Regular SABA use causes beta receptor down regulation in response leading to greater use. Overuse of SABAs ($\geq 3 \times 200$ dose canister per year) is associated with an increased risk of severe exacerbations and hospitalisation¹.

GINA no longer recommends SABA treatment as a monotherapy for asthma.

Airway inflammation and its risks are substantially reduced by prescribing as needed or regular inhaled corticosteroids (ICS) as first line treatment. The risk of exacerbations and mortality is reduced in adults and adolescents with as needed or regular ICS with as needed SABA.

Population of interest: Patients (public and private) diagnosed with asthma and coded on the medical software Socrates within Templemore Medical Centre, Co Tipperary.

Data Extraction: Age, Sex, Smoking status, Enrolment in Chronic Disease Treatment program (CDM), number of SABA inhalers prescribed during the 1st September 2022 - 31st August 2023 period.

Follow-up

This is a working audit which aims to implement a system change by using medical software to flag increased SABA prescriptions. This would offer the opportunity for a clinical review to provide inhaler technique education, review smoking behaviours and monitor asthma symptom control.

Following a twelve-month implementation of the prescription flagging system, a re-audit will take place.



Aims

Conduct a quality improvement audit to review GP prescribing of SABA inhalers in line with national guidelines.

Figure 1: Documented smoking status of the patients

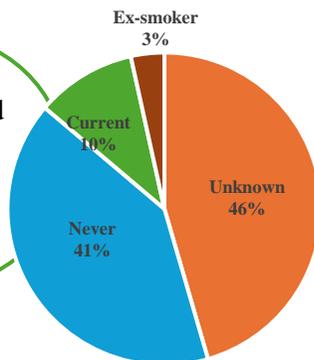
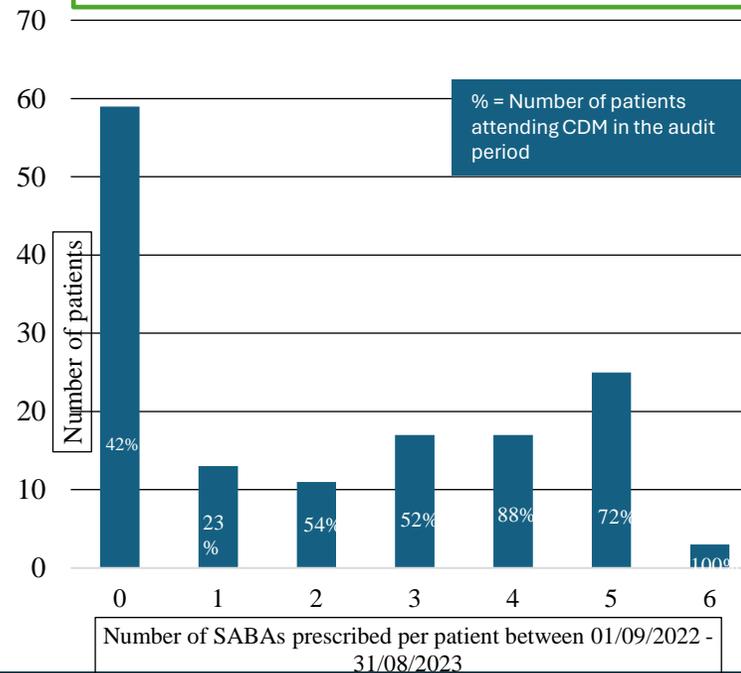


Figure 2: The number of prescribed SABAs in relation to CDM re-enrollment



Key Findings

Lack of monitoring of SABA prescriptions
→ Within the cohort 62 patients (43%) were prescribed ≥ 3 SABA inhalers in a year.

Absence of smoking status documentation
→ 46% of patients had no documentation on their smoking status.

Incomplete CDM enrolment and follow-up
→ Of the 62 patients (43%) prescribed ≥ 3 SABA inhalers, 45 (73%) had CDM appointments in the past year