

ASTHMA RESOURCE PACK

Section 2

Medication (Inhaler Devices)

In this section:

Fife Formulary

1. Pharmacological Management: Inhaled Therapy
2. Guidance on Stepwise Management of Asthma
3. Preferred Asthma Inhaler Devices for Adults
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7. Prescribing of Symbicort SMART® and Action Plan
8. How to use a Metered Dose Inhaler
9. How to use the Metered Dose Inhaler & Spacer [Aerochamber]
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12. How to use the Relvar Ellipta® Inhaler

FIFE FORMULARY

Chapter 3 of the Fife Formulary (Respiratory System) was reviewed and updated in September 2014: www.fifeadtc.scot.nhs.uk/.

Note code for using high dose ICS is - inhaled steroids - high dose 663g2

1. PHARMACOLOGICAL MANAGEMENT: INHALED THERAPY

Current Fife Formulary choices (correct as at December 2014)

	Metered Dose Inhaler (MDI)		Dry Powder Inhaler (DPI)	
Short-acting Bronchodilator (SABA)	Salbutamol		Easyhaler® Salbutamol	
Long-acting Bronchodilator (LABA)	Salmeterol		Easyhaler® Formoterol	
	1st Line choice	2nd Line choice	1st Line choice	2nd Line choice
Inhaled Corticosteroid				
Corticosteroids (Single Agent)	Beclometasone (Clenil Modulite®, Qvar®)	Budesonide	Easyhaler® Beclometasone	Easyhaler® Budesonide
5-12 years (combination devices)	Seretide 50 Evohaler®		Symbicort Turbohaler® (>6 years)	
12-17 years (combination devices)	Flutiform®		Symbicort Turbohaler®	Relvar Ellipta®
Adults (combination devices)	Fostair® to step 3, then Flutiform®		Symbicort Turbohaler®	Relvar Ellipta®

	1st line choice	2nd line choice
Short-acting antimuscarinic (SAMA)	Ipratropium	

Delivery Systems

Inhalers

- Most patients, whatever their age, can learn how to use an inhaler unless they have significant cognitive impairment.
- If a patient cannot use a particular device, try another.
- Teach technique before prescribing an inhaler, and check regularly.

Spacers

- Ensure the spacer is compatible with the patient's inhaler.
- Patients should make single actuations of the inhaler into the spacer, and inhale as soon as possible, repeating as needed.
- Tidal breathing is as effective as single breaths.
- Clean using water and washing up liquid and allow to air dry. Do not clean the spacer any more often than monthly, otherwise the static built up will interfere with the performance of the device.

2. GUIDANCE ON STEPWISE MANAGEMENT OF ASTHMA

Patients should be reviewed on a regular basis. Once symptoms are under control, the patient should be stepped down to the lowest effective step that maintains asthma control.

Adults >12 years	Children 5-12 years	Children <5 years
Step 1		
MILD INTERMITTENT ASTHMA		
Inhaled short-acting β_2 agonist as required	Inhaled short-acting β_2 agonist as required	Inhaled short-acting β_2 agonist as required
Step 2		
REGULAR PREVENTER THERAPY		
Add inhaled steroid 200-800mcg/day* Start at dose appropriate to severity of disease 400mcg* is an appropriate starting dose for many patients	Add inhaled steroid 200-400mcg/day* Start at dose appropriate to severity of disease 200mcg* is an appropriate starting dose for many patients	Add inhaled steroid 200-400mcg/day* [†] or leukotriene receptor antagonist if inhaled steroid cannot be used Start at dose appropriate to severity of disease
Step 3		
ADD-ON THERAPY		
<ol style="list-style-type: none"> Add inhaled long-acting β_2 agonist (LABA) Assess control of asthma: <ul style="list-style-type: none"> Good response to LABA – continue Benefit from LABA but control inadequate – continue LABA and increase inhaled steroid dose to 800mcg/day*~ (if not already on this dose) No response to LABA – stop LABA and increase inhaled steroid dose to 800mcg/day*~. If control still inadequate, institute trial of other therapies, e.g. leukotriene receptor antagonist or SR theophylline 	<ol style="list-style-type: none"> Add inhaled long-acting β_2 agonist (LABA) Assess control of asthma: <ul style="list-style-type: none"> Good response to LABA – continue Benefit from LABA but control inadequate – continue LABA and increase inhaled steroid dose to 400mcg/day*~ (if not already on this dose) No response to LABA – stop LABA and increase inhaled steroid dose to 400mcg/day*~. If control still inadequate, institute trial of other therapies, e.g. leukotriene receptor antagonist or SR theophylline 	<p>In children aged 2-5 years, consider trial of leukotriene antagonist.</p> <p>In those already taking LTRA alone, reconsider addition of an inhaled steroid 200-400mcg/day*.</p> <p>In children under 2 years, consider proceeding to step 4.</p>
Step 4		
PERSISTENT POOR CONTROL		
Consider trials of: <ul style="list-style-type: none"> Increasing inhaled steroid up to 2000mcg/day*~ Addition of fourth drug, e.g. leukotriene receptor antagonist, SR theophylline or oral β_2 agonist 	Refer to respiratory paediatrician	Refer to respiratory paediatrician
Step 5		
CONTINUOUS PR FREQUENT USE OF ORAL STEROIDS		
Use daily steroid tablet in lowest dose providing adequate control. Maintain high dose inhaled steroid at 2000mcg/day*~. Consider a combination of other treatments to minimise the use of steroids. Refer for specialist care.		

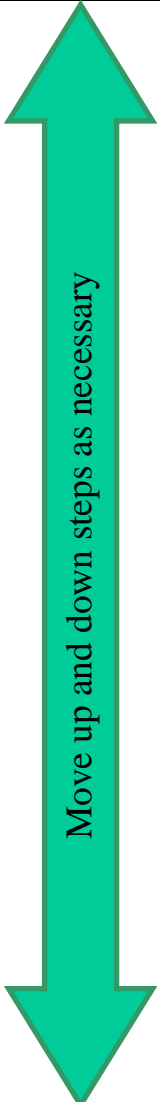
* Beclometasone or equivalent, [†] Higher nominal doses may be required if drug delivery difficult
~ Patients using high doses of inhaled corticosteroids (≥ 800 mcg for adults and ≥ 400 mcg for children of beclometasone or equivalent) should be given a steroid card

3. PREFERRED ASTHMA INHALER DEVICES FOR ADULTS

Patients should be reviewed on a regular basis. Once symptoms are under control, the patient should be stepped down to the lowest effective step that maintains asthma control.

Refer to BNF for recommended doses

ASSESS INHALER TECHNIQUE BEFORE CHANGE IN STEP/THERAPY

	BTS/SIGN Step	Metered Dose Inhaler Options (+/- spacer*)	Dry Powder Device Options
 <p>Move up and down steps as necessary</p>	Step 1: Mild intermittent Short-acting β_2 -agonist as required	Salbutamol 100mcg	Easyhaler [®] salbutamol 100mcg
	Step 2: Regular preventer Add regular ICS	1 st choice: Clenil Modulite [®] 100mcg	1 st choice: Easyhaler [®] Beclometasone 200mcg, or 2 nd choice: Easyhaler [®] Budesonide 100mcg
	<i>Stop separate ICS, switch to combination device</i>		
	Step 3: Add on therapy Add LABA**, ↑ ICS dose to 800mcg/d	Fostair [®] 100/6mcg	1 st choice: Symbicort [®] 200/6mcg, or 2 nd choice: Relvar [®] 92/22mcg*
	Step 4: Persistent poor control ↑ ICS up to 2000mcg/d (high strength)	Flutiform [®] 125/5mcg*, increasing to 250/10mcg*	1 st choice: Symbicort [®] 400/12mcg*, or 2 nd choice: Relvar [®] 184/22mcg*
Step 5: Maintain high dose ICS at 2000mcg/d	Flutiform [®] 250/10mcg*	1 st choice: Symbicort [®] 400/12mcg, or 2 nd choice: Relvar [®] 184/22mcg*	
<i>plus low dose daily steroid tablets plus specialist referral</i>			

*Spacers available are Volumatic[®] and Aerochamber[®]. Whilst different inhalers are licensed for use with particular spacers, consideration should be given to which spacer will be most acceptable for patient/carer use.

*Steroid card required for doses greater than or equal to 800mcg of beclometasone equivalent

Long Acting Beta₂ Agonists (LABAs) should **not be prescribed alone for asthma

Inhaler Device	Contains
Clenil Modulite [®] , Qvar [®]	Beclometasone dipropionate
Fostair [®]	Beclometasone dipropionate/formoterol fumarate
Flutiform [®]	Fluticasone propionate/ formoterol fumarate
Symbicort Turbohaler [®]	Budesonide/ formoterol fumarate
Relvar Ellipta [®]	Fluticasone furoate/ vilanterol trifrenatate


N.B. Clenil Modulite[®] and Qvar[®] are not interchangeable and should be prescribed by brand.

4. PREFERRED ASTHMA INHALER DEVICES FOR ADOLESCENTS (aged between 12 and 18 years)

Patients should be reviewed on a regular basis. Once symptoms are under control, the patient should be stepped down to the lowest effective step that maintains asthma control.

Refer to BNF for recommended doses

ASSESS INHALER TECHNIQUE BEFORE CHANGE IN STEP/THERAPY

	BTS/SIGN Step	Metered Dose Inhaler Options (+/- spacer)	Dry Powder Device Options
 Move up and down steps as necessary	Step 1: Mild intermittent Short-acting β_2 -agonist as required	Salbutamol 100mcg	Easyhaler [®] salbutamol 100mcg
	Step 2: Regular preventer Add regular ICS	Clenil Modulite [®] 100mcg	Easyhaler [®] Budesonide 100mcg
	<i>Stop separate ICS, switch to combination device</i>		
	Step 3: Add on therapy Add LABA, \uparrow ICS dose to 800mcg/d	Flutiform [®] 50/5mcg	<i>1st choice:</i> Symbicort [®] 200/6mcg, <i>or</i> <i>2nd choice:</i> Relvar [®] 92/22mcg*
	Step 4: Persistent poor control \uparrow ICS up to 2000mcg/d (high strength)	Flutiform [®] 125/5mcg*	<i>1st choice:</i> Symbicort [®] 400/12mcg*, <i>or</i> <i>2nd choice:</i> Relvar [®] 184/22mcg*
Step 5: Maintain high dose ICS at 2000mcg/d	Flutiform [®] 125/5mcg*	<i>1st choice:</i> Symbicort [®] 400/12mcg*, <i>or</i> <i>2nd choice:</i> Relvar [®] 184/22mcg*	
<i>plus low dose daily steroid tablets plus specialist referral/care</i>			

*Spacers available are Volumatic[®] and Aerochamber[®]. Whilst different inhalers are licensed for use with particular spacers, consideration should be given to which spacer will be most acceptable for patient/carer use.

*Steroid card required for doses greater than or equal to 800mcg of beclometasone equivalent

Long Acting Beta₂ Agonists (LABAs) should **not be prescribed alone for asthma

Inhaler Device	Contains
Clenil Modulite [®] ; Qvar [®]	Beclometasone dipropionate
Flutiform [®]	Fluticasone propionate/ formoterol fumarate
Symbicort Turbohaler [®]	Budesonide/ formoterol fumarate
Relvar Ellipta [®]	Fluticasone furoate/ vilanterol trifenate

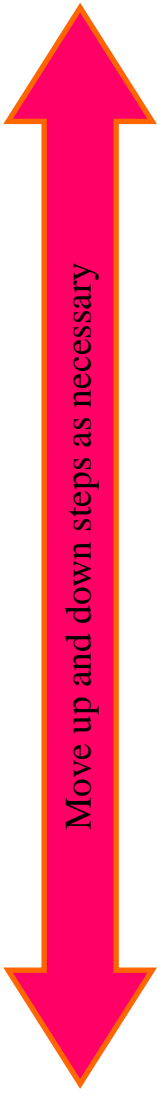
N.B. Clenil Modulite[®] and Qvar[®] are not interchangeable and should be prescribed by brand.

5. PREFERRED ASTHMA INHALER DEVICES FOR CHILDREN (aged between 5 and 12 years)

Patients should be reviewed on a regular basis. Once symptoms are under control, the patient should be stepped down to the lowest effective step that maintains asthma control.

Refer to BNF for recommended doses

ASSESS INHALER TECHNIQUE BEFORE CHANGE IN STEP/THERAPY

	BTS/SIGN Step	Metered Dose Inhaler Options (+/- spacer*)	Dry Powder Device Options
	Step 1: Mild intermittent Short-acting β_2 -agonist as required	Salbutamol 100mcg	Easyhaler [®] salbutamol 100mcg
	Step 2: Regular preventer Add regular ICS	Clenil Modulite [®] 50mcg	Easyhaler [®] budesonide 100mcg from 6 years
	<i>Stop separate ICS, switch to combination device</i>		
	Step 3: Add on therapy Add LABA, \uparrow ICS dose to 400mcg/d	Seretide Evohaler [®] 50/25mcg*	Symbicort [®] 100/6mcg*
	Step 4: Persistent poor control \uparrow ICS up to 800mcg/d (high strength)	Seretide Evohaler [®] 50/25mcg*	Symbicort [®] 100/6mcg*
Step 5: Maintain high dose ICS at 800mcg/d	Seretide Evohaler [®] 50/25mcg*	Symbicort [®] 100/6mcg* <i>plus low dose daily steroid tablets plus specialist referral/care</i>	

*Spacers available are Volumatic[®] and Aerochamber[®].

Whilst different inhalers are licensed for use with particular spacers, consideration should be given to which spacer will be most acceptable for patient/carer use

*Steroid card required for doses greater than or equal to 400mcg of beclometasone equivalent

Long Acting Beta₂ Agonists (LABAs) should **not be prescribed alone for asthma

Inhaler Device	Contains
Clenil Modulite [®]	Beclometasone dipropionate
Seretide Evohaler [®]	Fluticasone propionate/ salmeterol
Symbicort Turbohaler [®]	Budesonide/ formoterol fumarate

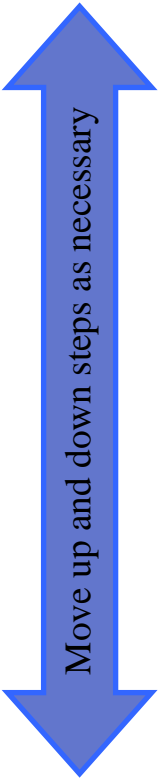
N.B. Clenil Modulite[®] and Qvar[®] are not interchangeable and should be prescribed by brand.

6. PREFERRED ASTHMA INHALER DEVICES FOR CHILDREN (aged less than 5 years)

Patients should be reviewed on a regular basis. Once symptoms are under control, the patient should be stepped down to the lowest effective step that maintains asthma control.

Refer to BNF for recommended doses

ASSESS INHALER TECHNIQUE BEFORE CHANGE IN STEP/THERAPY

	BTS/SIGN Step	Metered Dose Inhaler Options (+/- spacer*)
	Step 1: Mild intermittent Short-acting β_2 -agonist as required	Salbutamol 100mcg
	Step 2: Regular preventer Add regular ICS*	Clenil Modulite [®] 50mcg* <i>(or montelukast 4mg daily if Clenil[®] cannot be used)</i>
	Step 3: Add on therapy	Add montelukast 4mg daily, (or if already taking montelukast, add Clenil [®])
	Step 4: Persistent poor control	Refer to respiratory paediatrician

*Spacers available are Volumatic[®] and Aerochamber[®].

Whilst different inhalers are licensed for use with particular spacers, consideration should be given to which spacer will be most acceptable for patient/carer use.

*Steroid card required for doses greater than or equal to 400mcg of beclometasone equivalent

Inhaler Device	Contains
Clenil Modulite [®]	Beclometasone dipropionate

7. PRESCRIBING OF SYMBICORT SMART® AND ACCOMPANYING ACTION PLAN

Patients should be stepped-up, or stepped-down the SIGN/BTS treatment ladder¹ according to symptom severity. However prior to changes in therapy, inhaler technique should be assessed to ensure correct drug delivery, and if necessary an alternative device considered

Symbicort SMART® is one option available – which requires an accompanying detailed action plan.

- Do not reduce equivalent dose of inhaled corticosteroid when making switch to this strategy
- Can use Symbicort[®] 100/6 or 200/6 at 2puffs daily (in single or divided dose) plus 1-2 puffs to relieve symptoms as required up to a maximum of 6 at a time. Reassess maintenance therapy if total daily dose exceeds 8 puffs per day. 12 puffs daily can be used for a limited period.
- Good education required to ensure patient knows how to use strategy and when to seek further advice.
- Review if using additional doses.

Symbicort SMART® Action Plan

The Action plan (over leaf) is designed to support treatment appropriate to asthma symptoms. This plan should be completed with the patient.

¹ <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2009/>

You can obtain the service of an interpreter or have this document translated in your own language by contacting the interpreting services on 0845 130 1170. These services are available free of charge.

ਤੁਸੀਂ, 0845 130 1170 ਤੇ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ (interpreting services) ਨੂੰ ਸੰਪਰਕ ਕਰਕੇ ਇਕ ਦੁਬਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਅਨੁਵਾਦ ਲੈ ਸਕਦੇ ਹੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

آپ 0845 130 1170 پر انٹرنیٹ پر ایننگ سروس سے رابطہ کر کے کسی مترجم کی خدمات حاصل کر سکتے ہیں یا اس دستاویز کا ترجمہ اپنی زبان میں کر سکتے ہیں۔ یہ خدمات مفت دستیاب ہے۔

您可以通過撥打翻譯服務熱線 0845 130 1170 取得翻譯員服務或得到此文件的翻譯版本。 這些服務都是免費的。

Galite prasyti vertejo paslaugu arba gauti sita dokumenta isversta I jusu kalba kreipdamiesi I musu vertimo paslaugu biura skambindami 0845 130 1170. Sitos paslaugos yra nemokamos.

يمكنك الحصول على خدمة الترجمة الفورية أو القيام بترجمة هذه الوثيقة إلى لغتك الأصلية عن طريق الإتصال بخدمات الترجمة الفورية على رقم 0845 130 1170. هذه الخدمات متاحة مجاناً بدون أي مقابل مادي.

Dzwoniąc do biura tłumaczeń pod numer 0845 130 1170 możecie Państwo prosić o tłumacza albo otrzymać ten dokument przetłumaczony na wasz język ojczysty. Powyżej wymienione usługi są darmowe.



NHS Fife Asthma Action plan for Symbicort SMART[®]

All patients 18years and over

Your asthma symptoms may vary from time to time and it is important that you change your treatment as indicated in the zones.

An asthma nurse or GP will fill this plan in with you.

If you, or someone you know, would like this in an alternative format, such as audiotape or large print then please phone us free on 0800 456033, fax your request to 01786 470984 or email us at FV-UHB.yourhealthservice@nhs.net

Name	
Date Completed	
Best Peak Flow	(not recommended in children under 5 years)

Zone 1 – When your asthma is good....

Your peak flow should be above _____

Your usual medication is **Symbicort 200mcg/6mcg**:

- Take _____ inhalations in the morning, every day
- Take _____ inhalations in the morning and evening, every day
- Take 1 inhalation whenever needed for the relief of your asthma symptoms

**No more than 6 inhalations should be taken on any one occasion
and
no more than 12 in a 24 hour period**

		Names(s)	Dose
<input type="checkbox"/>	Other asthma medication (if prescribed)		

Zone 2 – When your asthma is getting worse....

Your asthma is getting worse if:

- Your peak flow is below _____ (80% of peak flow indicated in Zone 1) **or**
- You have used **8** inhalations in one day for relief of your asthma symptoms

What you should do:

- Record your peak flow twice per day

Your asthma is still not improving if:

- Your peak flow is below _____ (60% of peak flow indicated in Zone 1) &
- You have used **8** inhalations in one day for relief of your asthma symptoms:

What you should do:

- Continue to take your medication as identified above in Zone 2
- Take oral steroids (if available)
- Record your peak flow twice per day

Seek medical advice that day

Zone 3 – Emergency Plan

The Following is an emergency plan which should be followed if you experience a severe asthma attack:

- **Seek urgent medical attention** if your peak flow is below _____ (40% peak flow indicated in Zone 1)
- Dial **999** for an ambulance

8. HOW TO USE A METERED DOSE INHALER

[1st Line Choice: Fife Formulary]

Click on the following link to view a demo provided by Asthma UK:

<http://www.asthma.org.uk/Sites/healthcare-professionals/pages/inhaler-demos>

Metered dose inhalers (MDIs)

The metered dose inhaler contains the medicine in aerosol form. When you press the canister down a dose of the medicine is released as an aerosol at high speed. To use an MDI you have to press down on the canister just after you have started breathing in, and so it needs some co-ordination.

You should breathe the aerosol in at a **slow and gentle rate**. This slows down the aerosol so it doesn't coat the back of your throat and allows more of the medicine to get into your lungs. But, if you breathe in too slowly the medicine will stay in your mouth or come out down your nose and won't get into your lungs where it's needed. It's tricky to get it right, so the best way to use a metered dose inhaler is with a spacer.



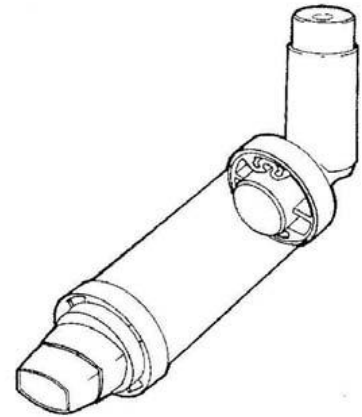
How to use an MDI

1. Remove mouthpiece cover and shake inhaler.
2. Breathe out gently as far as is comfortable.
3. Put the mouthpiece into your mouth between your teeth and close your lips around it.
4. As you begin to breathe in, press the canister down and continue to inhale **slowly and deeply** (eg 'deep inward sigh').
5. Remove the MDI from your mouth and hold your breath for 10 seconds, or as long as is comfortable.
6. For a second dose, wait for approximately 30 seconds before repeating steps 1–5. Replace the mouthpiece cover after use.

www.asthma.org.uk

9. HOW TO USE A METERED DOSE INHALER AND SPACER: AEROCHAMBER DEVICE

1. Remove cap from inhaler – check mouthpiece for any objects, which could be inhaled.
2. Relax.
3. Shake the inhaler and insert into the back of the aerochamber.
4. Place the mouthpiece of the aerochamber in the mouth.
5. Press the inhaler ONCE to release a dose of the drug.
6. Breathe in and out slowly and gently 5 TIMES (Tidal Breathing)
7. If you hear a 'whistling' sound you are breathing TOO DEEPLY.
8. Remove the mouthpiece from mouth and relax.
9. Wait 30 seconds – 1 minute and then repeat steps 2-8 for each puff prescribed.



[James Paget University Hospitals NHS Foundation Trust, Respiratory Nursing Service, 'How to use your aerochamber', March 2009, Version 1]

10. HOW TO USE THE EASYHALER

Taking a dose from Easyhaler

If you use the protective cover with your Easyhaler, open it.

Remove the dust cap.

A. Shake (Figure 3a or 3b)

Shake the inhaler vigorously up and down 3-5 times to allow proper powder flow and a correct dose. After shaking, hold the Easyhaler in the upright position.

B. Click (Figure 4a or 4b)

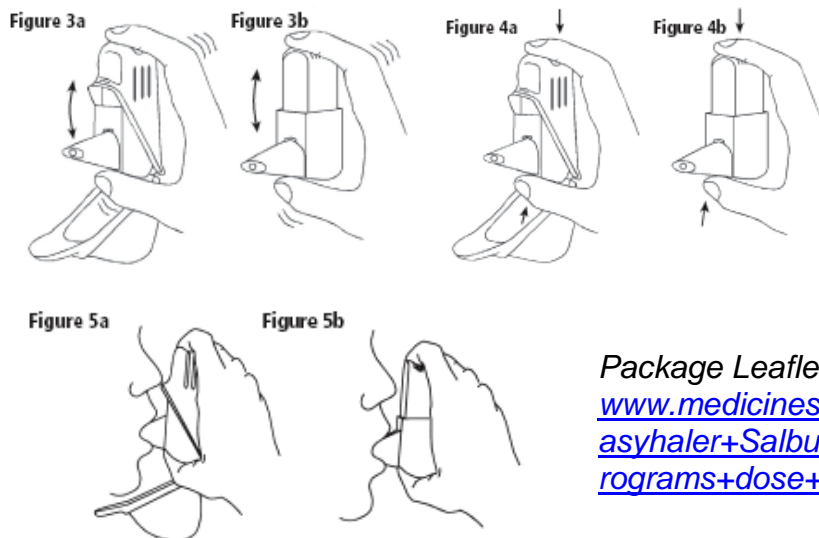
Press the inhaler **once** between your finger and thumb until you hear a click, and let it click back again to deliver powder into the inhalation channel inside the mouthpiece. Keep holding the inhaler in the upright position. If you think that you have clicked the Easyhaler more than once, see NOTE Figure 6a or 6b below.

C. Inhale (Figure 5a or 5b)

In the sitting or standing position

- Breathe out normally (but not into the inhaler)
- Place the mouthpiece in your mouth between your teeth and seal your lips tightly around it.
- Take a strong and deep breath through the inhaler (Figure 5a or 5b)
- Remove the inhaler from your mouth
- Hold your breath for at least 5 seconds, then breathe normally.

Make sure that you do not breathe out into the inhaler, because it could clog up the inhaler. If this happens, see NOTE Figure 6a or 6b below. If you have been prescribed more than one dose, pause for one minute and repeat points A, B and C. Put the dust cap back on the mouthpiece.



Package Leaflet: Information for the User
www.medicines.org.uk/EMC/medicine/22837/PIL/Easyhaler+Salbutamol+Sulphate+100+and+200+micrograms+dose+inhalation+powder/

11. HOW TO USE A DRY POWDER INHALER

(2nd Line Choice: Fife Formulary)

Dry Powder Inhalers

The medicine in dry powder inhalers is stored in a reservoir or as individual doses. When you breathe in through the mouthpiece the force of your breath releases the medicine, so your breath has to be **fast and deep**. The turbulence created in the inhaler by your breath will break the medicine down into small particles so it can get down into your airways where it's needed. Different dry powder inhalers need different amounts of effort so they need to be carefully selected by the doctor or nurse to suit you.



How to use a DPI

1. Unscrew and lift off the white mouthpiece cover.
2. Hold the Turbohaler upright and twist the grip (at the base) forwards and backwards as far as it will go. You should hear a click.
3. Breathe out gently as far as is possible. Put the mouthpiece between your teeth and close your lips around it. Do not block the air holes on top.
4. Breathe in **quickly and deeply**. Even when a full dose is taken there may not be any taste.
5. Remove from mouth and breathe out slowly.
6. For a second dose repeat steps 1–5. Replace the mouthpiece cover after use. When a red line appears at the top of the window on the Turbohaler, there are approximately 20 doses left.

www.asthma.org.uk

12. HOW TO USE THE RELVAR ELLIPTA® INHALER

If you open and close the cover without inhaling the medicine, you will lose the dose.

The lost dose will be securely held inside the inhaler, but it will no longer be available.

It is not possible to accidentally take extra medicine or a double dose in one inhalation.

1. Wait to open the cover until you are ready to take your dose.
Do not shake the inhaler.
Slide the cover down until you hear a “click”

Your medicine is now ready to be inhaled.
The dose counter counts down by 1 to confirm.

- If the dose counter does not count down as you hear the “click”, the inhaler will not deliver medicine. Take it back to your pharmacist for advice.

2. While holding the inhaler away from your mouth, breathe out as far as is comfortable
 - Do not breathe out into the inhaler.

Put the mouthpiece between your lips, and close your lips firmly around it.

- Do not block the air vent with your fingers.

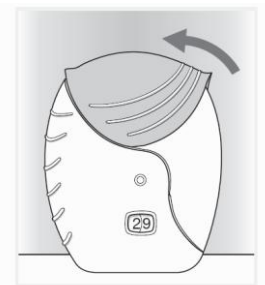
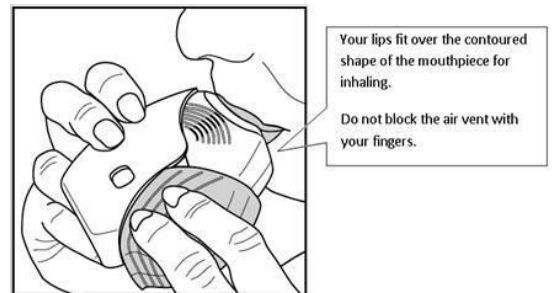
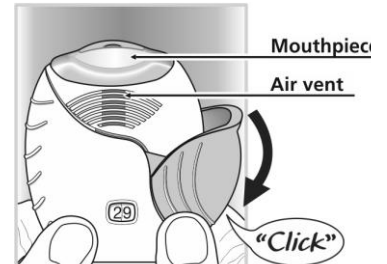
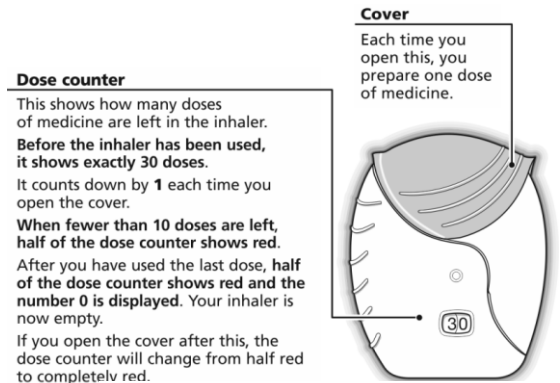
Take one long, steady, deep breath in. Hold this for as long as possible (about 3-4 seconds).

Remove the inhaler from your mouth. Breathe out slowly and gently.

- You may not be able to taste or feel the medicine, even when you are using the inhaler correctly.

3. Close the inhaler and rinse your mouth if possible
 - Rinse your mouth with water after you have used the inhaler. This will make it less likely that you will develop a sore mouth or throat as side effects.
 - If you want to clean the mouthpiece, use a dry tissue, before you close the cover.

- Slide the cover upwards as far as it will go, to cover the mouthpiece.



Package leaflet: Information for the user

Relvar® Ellipta® 92 micrograms/22 micrograms inhalation powder, pre-dispensed

Relvar® Ellipta® 184 micrograms/22 micrograms inhalation powder, pre-dispensed

Patient Information Leaflet (May 2014)

<http://www.medicines.org.uk/emc/medicine/28498>