

**Inhaler devices  
for routine  
treatment of  
chronic asthma  
in older  
children (aged  
5-15 years)**

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## Further information

Further information on NICE and the full guidance on the use of inhalers for the treatment of chronic asthma in older children (aged 5–15 years) that has been issued to the NHS are available on the NICE website at [www.nice.org.uk](http://www.nice.org.uk). The full guidance can also be requested by calling 0870 1555 455 and quoting reference number N0047.

If you have access to the Internet and would like to find out more about inhalers and asthma visit the NHS Direct website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk). If you would like to speak to NHS direct please call them on 08 45 46 47.

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## What is NICE guidance?

The National Institute for Clinical Excellence (NICE) is part of the NHS. It produces guidance on the use of medicines, medical equipment and clinical procedures for people working in the NHS in England and Wales, and for patients and their carers.

To produce this guidance, NICE looks at how well the medicine, equipment or procedure works and also how well it works in relation to how much it costs. This process is called an appraisal. The appraisal process involves the manufacturer of the medicine or equipment for which guidance is being produced, and the organisations that represent the healthcare professionals, patients and carers who will be affected by the guidance. Each appraisal takes about 12 months to complete.

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## What is this guidance about?

NICE has looked at the evidence available on inhalers for children aged 5–15 years with chronic asthma and has now produced guidance to help people working in the NHS decide which inhalers should be used. The guidance

that follows concerns the routine use of inhalers by children who have stable, chronic asthma – it does not cover the use of inhalers during asthma attacks. Also, this guidance concerns the types of inhaler that are available rather than the different medicines that can be used. Finally, this is not a guideline for the management of asthma – it is information that supports the decision-making process involved in choosing an inhaler.

Asthma is a common condition that affects the airways – the small tubes that carry air into and out of the lungs. When someone has asthma, his or her airways become narrower and this makes breathing difficult. People may cough or become wheezy and get out of breath. Asthma can be triggered by a number of factors that include infection, allergy, air pollution or exercise.

### ***Medicines for asthma***

Asthma medicines that have to be inhaled work in the airways that carry air to and from the

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## What is asthma?

lungs. They can be divided into two groups – those that control asthma by preventing problems with breathing (these are sometimes called ‘preventers’), and those that treat the breathing problems when they happen (sometimes called ‘relievers’).

### **Inhalers**

- Inhalers are designed to get the right amount of medicine to the airways. There are three main types of inhaler that can be used with inhaled medicines for asthma.
- **Press-and-breathe pressurised metered dose inhalers**, which are the spray inhalers for which the user has to press down on the metal canister to release the medicine and then breathe in.
- **Breath-actuated pressurised metered dose inhalers**, which are the spray inhalers that release the medicine when the user breathes in.
- **Dry-powder inhalers** which, as the name suggests, release the

medicine in the form of a dry powder that the user breathes in.

**Spacer chambers** can be attached to press-and-breathe inhalers to make them easier to use. The user can take several breaths to inhale the medicine, which is held in the chamber.

From its appraisal, NICE has made the following recommendations about the use of inhalers for children aged 5–15 years with chronic asthma.

- A press-and-breathe pressurised metered dose inhaler used with an appropriate spacer is recommended as the first choice of inhaler for use with inhaled corticosteroid medicines for asthma (preventers). If a clinician believes that it is so unlikely that an individual child will use the press-and-breath inhaler and spacer properly that his or her asthma control may be affected, other inhalers should be considered.

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What has NICE recommended ?

- For other inhaled medicines for asthma, such as bronchodilators (relievers), a wider range of inhalers should be considered. This recommendation takes into account that the child is more likely to have to carry this inhaler around with him or her so that it is available for use when needed.
- The choice of inhaler should be determined by individual needs, including the medicine the child needs, and the child's ability and willingness to use a particular inhaler. If, after these factors have been taken into account, there is more than one inhaler to choose from, the inhaler with the lowest overall cost to the NHS should be chosen.

The health professionals who help to look after a child with asthma will support the proper use of the inhaler. From time to time, they will check that the inhaler being used remains the best one for the child.

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What should I do?

If you are under 15 years old, have asthma and visit your doctor or nurse on your own, you can talk to your doctor or nurse about this guidance at your next appointment. If you are the parent or carer of a child aged between 5 and 15 years who has asthma, you should discuss this guidance with the doctor or nurse at your next appointment.

If you are unsure which type of inhaler(s) you or a child you care for are using, please discuss this guidance with your doctor, nurse or pharmacist at your next visit. Do not stop using the inhaler unless instructed to do so by your health professional.

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Will NICE review its guidance?

Yes. This guidance will be reviewed in April 2005.