

Caring for Care Homes

Inhaler Technique and Respiratory Conditions

When diagnosed with asthma, Chronic Obstructive Pulmonary Disease (COPD) or another respiratory condition, an inhaler may be prescribed. There are many different devices which are prescribed, and it is important the correct inhaler technique is used. The illustrations below show some examples of the different devices currently available:

Metered Dose Inhaler: Breathe in slowly and deeply

Easi-breathe®
Autohaler®
Respimat®
Metered dose inhaler (MDI)
Spacer devices, (used with some MDIs)



Dry Powder Inhaler: Breathe in strongly and deeply

Nexthaler®
Breezhaler®
Turbohaler®
Spiromax®
Genuair®
Easyhaler®
Ellipta®
Zonda®



Problems that residents may experience and what can be done about them

Some residents may have problems with their treatment. This may be due to the drug itself or the type of device that they are using. Commonly experienced problems include:

- Inability to co-ordinate activating an inhaler with inhaling at the right time, thereby 'missing' the dose.
- Sore throat or hoarseness can be caused by inhaled corticosteroids.
- Inhaling too quickly making the spacer device 'whistle'.
- Not loading the device correctly before use, particularly for dry powder inhalers.
- Inhalation strength not strong enough to bring the powder out of the device in dry powder inhalers.

For more information regarding problems which can be experienced with inhaler usage, please see **Appendix One** at the end of this Guidance Sheet.

You can use these resources to help your residents to improve their inhaler technique:

1. **Watch a video** on inhaler technique with a resident to help demonstrate the correct technique, to help get the best outcome possible from their inhalers. The 'Right Breathe' website also has many useful videos, which you can find [here](#).
2. **Discuss** a COPD self-management plan or Asthma action plan with the resident's GP or respiratory nurse.

If you feel that your residents are experiencing difficulties with their inhalers, please seek advice from your community pharmacist, the resident's GP, respiratory nurse or practice pharmacist.

The difference between asthma and COPD

What is asthma? Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Asthma can be controlled well in the majority of people most of the time, although some people may have more recurrent problems.

What is COPD? Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases including chronic bronchitis and emphysema. People with COPD have difficulty breathing in and out; this is known as airways obstruction. The breathing difficulties residents suffer from are caused by long-term damage to the lungs. This is not reversible. The most common cause of this damage is smoking. People with COPD who still smoke should be offered support with stopping.

Symptoms	Asthma	COPD
People under 35 years	Common (often starts in childhood)	Very few
Smoker or ex-smoker	Sometimes	Nearly all
Symptoms caused by an allergy	Sometimes	No
Chronic (long lasting) cough with lots of phlegm	Uncommon	Common
Breathlessness	Variable. Residents can be free of symptoms for long periods	Can be persistent, usually worsens over time
Symptoms causing night time waking	Often	Rarely
Noticeable variation in symptoms between day and night, or from day to day	Common	Uncommon

COPD rescue medication

Residents who have COPD may be prescribed a COPD rescue pack by their GP or respiratory nurse. It is important that care home staff who administer medication are aware of the purpose of these packs, and know when they should be used.

COPD rescue packs should only be started if the resident is having a flare up of their COPD. The individual resident's COPD management plan will detail the symptoms to look out for and the steps you should take. It also details when emergency medical attention is required. If the resident does not have a current COPD management plan, you should contact the resident's GP or respiratory nurse to ask if they could provide one.

COPD rescue packs contain a short course of medications, normally an antibiotic and a steroid. These medications will have been carefully selected for the specific resident and should never be borrowed for use by another resident. Normally COPD rescue packs will be packaged separately from regular medication, have a leaflet advising on how to use appropriately, and will be clearly marked with an expiry date. Care homes should ensure this medication is date checked along with other medications. Out of date medication should be replaced and disposed of as advised in your medication policy.

When the COPD rescue pack has been started, it is extremely important that the GP is contacted as soon as possible to inform them that the medication is in use. Also, a new prescription must be requested to replace the COPD rescue pack.

Appendix One: Problems and Solutions with Inhaler Usage

For videos on how each inhaler should be used correctly go to:

- [Right Breathe Website](#)

If you are unsure on which type of device an inhaler is, then please seek advice from your local community or practice pharmacist.

**The problems described may not be applicable to every device within the inhaler grouping.*

Metered Dose Inhaler (MDI), including Autohalers [®] and Easibreathe [®]	
*Problem	Tip
Resident has poor co-ordination and inhaler technique	Consider using a spacer device with the MDI (especially if using a steroid inhaler). Residents can inhale multiple breaths in through the spacer device, so correct timing is less important. (spacers cannot be used with an Autohaler or Easibreathe)
Sore throat/ mouth or hoarseness with steroid inhalers (caused by drug depositing at back of mouth, not in lungs)	
Failing to hold breath for long enough after inhaling	Remind resident about the importance of holding their breath for 10 seconds, or as long as is comfortable. If not possible consider using a spacer device.
Using multiple puffs without waiting in-between, and not shaking inhaler beforehand	Remind the resident to wait 30 seconds and shake inhaler between puffs. Consider using a spacer device.
Breathing in too quickly	Residents may assume they have to breathe in rapidly with this device. A slow and steady breath is required. If the resident cannot manage a slow breath in, a dry powder inhaler could be used instead or an MDI inhaler with a spacer device.
Spacer device makes a whistling noise (if a spacer is used)	Slow down the inhalation. A whistling noise means the inhalation is too fast.

Dry Powder Inhaler (DPI)	
*Problem	Tip
Not breathing in strongly enough to deliver dose	Dry powder inhalers require considerable breath strength to use, if the resident's breathing is weak this could be difficult for the resident. If the inhaler mouthpiece looks gritty when this happens discuss with the GP/ respiratory nurse.
Dose not delivering properly	DPIs must be primed before use. Remind the resident to do this before each inhalation. The inhaler must be kept horizontal and level after loading a dose.
Inhaler has no more doses	Advise resident that there is often a dose counter which should be checked regularly, and a new inhaler should be used once it runs out.
Resident is getting symptoms of oral thrush or irritation in the mouth	This can be a side effect of inhaled corticosteroids. Check resident's inhaler technique and advise resident to rinse mouth after use.
Inhaler cover left open/ off after use	Remind resident to close or replace the cover after using the inhaler.
Resident turns inhaler upside down before inhaling, after loading a dose.	Retrain the resident and advise the resident to ensure the inhaler remains upright after the dose has been loaded.
Capsule placed in the mouthpiece (if the inhaler has capsules).	Do not place the capsule in the mouthpiece. Capsules must only be placed in the capsule chamber to avoid inhaling the capsule and choking.