

NHS Lothian Guidance on AIR and MART in Asthma

What is AIR?

Anti-inflammatory reliever (AIR) is a dual (inhaled corticosteroid / formoterol) combination reliever inhaler, licensed for people aged 12 years and over. It is sometimes also called preferred reliever therapy. AIR can be used as monotherapy (no maintenance therapy) for patients with infrequent, mild asthma or hypersensitive lungs.

What is MART?

Maintenance and reliever therapy (MART), sometimes called SMART (single- inhaler maintenance and reliever therapy) is a combination of an ICS and LABA treatment in a single inhaler. MART involves regular doses of the combination inhaler with extra doses taken if required. The LABA is always formoterol, as this is fast acting so can be used with an ICS for both daily maintenance therapy and the relief of asthma symptoms.

Benefits of AIR and MART

1. One inhaler device for both preventer and reliever
2. Formoterol works as fast as salbutamol.
3. The patient gets the inhaled steroid needed to treat the inflammation causing the asthma symptoms at the same time as immediate relief from their symptoms.
4. The regimen suits people of varying lifestyles, those who have good as well as poor adherence.
5. MART reduces the need to rely on a blue salbutamol or terbutaline inhaler.
6. MART reduces the overall ICS dose taken longer term.
7. AIR and MART reduce the risk of severe flare ups/attacks (exacerbations)
8. MART results in fewer flare ups/attacks (exacerbations) and hospital admissions.

What about guidelines

For some years the Global Initiative for Asthma (GINA)¹ has been recommending an ICS/LABA combination as the preferred treatment pathway for patients with asthma. This is because it reduces the over reliance on a short acting beta agonist (SABA) e.g. salbutamol and is seen as a simple and safer way to manage asthma. The recently published BTS/SIGN/NICE² guidance also now recommends AIR as first choice early in the asthma treatment pathway. AIR and MART are alternatives to the current choice of a low and medium dose ICS taken regularly with a short acting beta agonist (SABA), such as salbutamol, when required for asthma symptoms. AIR therapy has been shown to be more cost effective than regular low dose ICS and SABA when required.³

Caution with MART

MART is not appropriate for patients with diagnoses of conditions other than asthma e.g. COPD
MART is only suitable in combinations containing formoterol due to its fast onset of action. Inhalers containing bronchodilators other than formoterol cannot be used for MART.
MART is not licensed for those under the age of 12 years and only Symbicort can be used in those age 12-17 years.

NHS Lothian Formulary choices for AIR and MART

Inhaler technique – patient must be on a device they can and will use. Please refer to the NHS Lothian Inhaler guide - [Resources for Healthcare Professionals – Respiratory \(nhslothian.scot\)](https://www.nhs.uk/healthcare-professionals/respiratory/) and Asthma and Lung UK videos. [How to use your inhaler | Asthma + Lung UK \(asthmaandlung.org.uk\)](https://www.asthmaandlung.org.uk/)

AIR – 12 years and over (with asthma) - Symbicort® turbohaler 200/6



Dosage - 1 inhalation when required for asthma symptoms.
Another inhalation can be taken after a few minutes if symptoms persist.
No more than 6 inhalations at a single time.
Usual maximum daily dose is 8 inhalations.

MART – 12 to 17 years - Symbicort turbohaler 200/6 (100/6 can be used as well)



Dosage - 1 inhalation twice a day or 2 inhalations once a day.
An extra dose can be taken if required for symptoms with a further inhalation taken after a few minutes if symptoms persist.
No more than 6 inhalations on a single occasion.
Usual maximum dose is 8 inhalations in a day.
Dose may be increased to moderate - 2 inhalations twice a day.

MART – 18 years and over –

Fobumix® easyhaler 160/4.5, Fostair® Nexthaler 100/6, Luforbec® 100/6 pMDI and spacer. (Choice depends on patient preference and ability to use device)



Dosage - 1 inhalation twice a day.
An extra dose can be taken if required for symptoms with a further inhalation taken after a few minutes if symptoms persist.
No more than 6 inhalations on a single occasion.
Usual maximum dose is 8 inhalations in a day.
Dose may be increased to moderate - 2 inhalations twice a day.



plus



Recommendations

1. All new patients with a diagnosis of asthma and symptoms that occur three or less times a week should be started on AIR therapy.
2. All new patients with a diagnosis of asthma who are experiencing regular symptoms should be started on an appropriate dose of MART and NOT given a salbutamol inhaler.
3. Patients who are requiring their AIR therapy three or more times a week should be changed to MART.
4. Consider changing patients already using an ICS/formoterol inhaler to a MART regimen and remove salbutamol.
5. Consider changing patients who are over relying on their SABA to MART.
6. Patients on MART should not require an alternative reliever inhaler. If patients continue to use their SABA inhaler the suitability of that patient for MART regimen should be reviewed.
7. If adequate asthma control is not obtained with low-dose MART treatment, then the maintenance dose of MART should be increased to moderate dose.
8. Symbicort is licensed for AIR from the age of 12 years and on the formulary for MART for those aged 12-17 years. If someone is 18 years or over and requires regular AIR doses please consider switching to a formulary MART product.
9. The East Regional formulary products that can be used for MART
 - a. Adults age 18+ –
 - i. Fobumix Easyhaler (4 month expiry)
 - ii. Fostair Nexthaler (6 month expiry)
 - iii. Luforbec pMDI with aerochamber (3 month expiry)
 - b. Children age 12 -17 years of age -
 - i. Symbicort turbohaler (3 year expiry)
10. MART is currently not licensed in the UK below the age of 12, and therefore at present the recommendation in Lothian is that a regular ICS preventer and SABA as reliever for symptoms are prescribed.
11. Patients with asthma who are stable and not currently on an ICS/formoterol should be continued on their current treatment.
12. Symbicort turbohaler is a dry powder inhaler (DPI) and therefore requires a strong fast inhalation. If a patient can not use a DPI then a salbutamol and spacer with a separate ICS will be required and AIR is not the most appropriate treatment for them. Please note children under the age of 10 in Lothian are recommended a pMDI and spacer.

All patients with asthma should be given a self-management plan sometimes called an asthma action plan. Both AIR and MART action plans are available for printing free from the asthma and Lung UK website - [Healthcare professionals – Asthma + Lung UK \(asthmaandlung.org.uk\)](https://www.asthmaandlung.org.uk)

References

1. [Reports - Global Initiative for Asthma - GINA \(ginasthma.org\)](https://ginasthma.org)
2. [Asthma: diagnosis, monitoring and chronic asthma management \(nice.org.uk\)](https://www.nice.org.uk/guidance/GID-NG10186/documents/450) or <https://www.nice.org.uk/guidance/GID-NG10186/documents/450>
3. Scottish Medicines Consortium [budesonide-formoterol-symbicort-final-april-2024-for-website.pdf \(scottishmedicines.org.uk\)](https://www.scottishmedicines.org.uk)