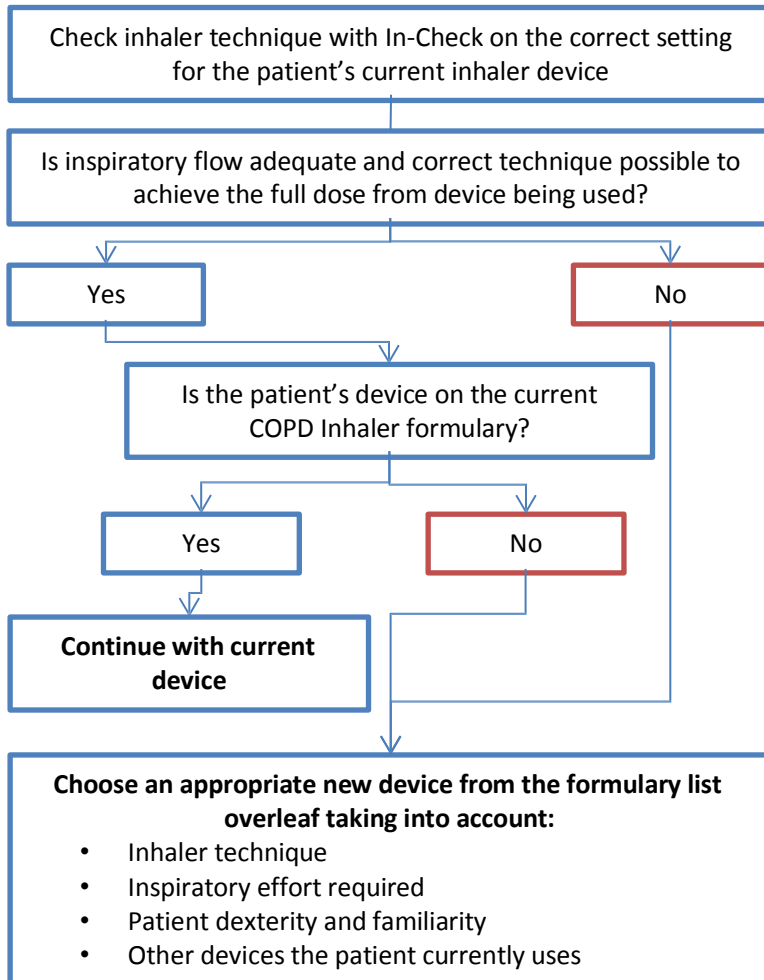


# Sunderland CCG COPD Inhaler Switching Guide

This guidance is to be used in conjunction with [Sunderland Clinical Commissioning group COPD Treatment Guide](#)

ALL patients for whom an inhaler device is prescribed or if inhaled therapy is being considered should have their inhaler technique assessed using a Clement Clarke In-Check DIAL G16.

## Flowchart for Inhaler Device Selection



## In-Check DIAL G16

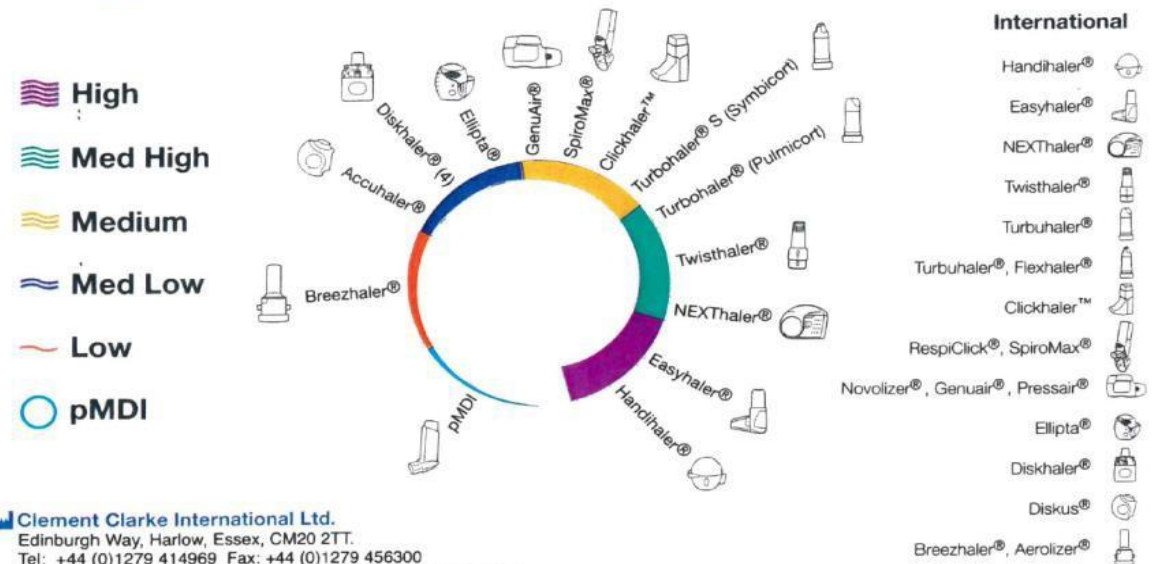
The In-Check DIAL G16 enables healthcare professionals to coach patients to use their inhalers correctly.

The device measures peak inspiratory flow rate and can simulate the resistance characteristics of the specific inhaler of a patient, providing the device is set on the correct setting.

The healthcare professional can then assess if the patient has the correct technique to enable them to use the device they are prescribed and if not recommend a suitable alternative.



## Inhaler Resistance Range



Clement Clarke International Ltd.  
Edinburgh Way, Harlow, Essex, CM20 2TT.  
Tel: +44 (0)1279 414969 Fax: +44 (0)1279 456300  
email: resp@clement-clarke.com Web: www.clement-clarke.com






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Available Resources:







- [Sunderland COPD Guideline](#)
- [Right Breathe website](#)







<b>Antimuscarinic Bronchodilators (LAMA)</b>	<b>Tiotropium – Spiriva Respimat</b> 	<b>Glycopyrronium - Seebri Breezhaler</b> 	<b>Umeclidinium – Incruse Ellipta (Non formulary)</b> 	<b>Acclidinium – Eklira Genuair</b> 	<b>Tiotropium – Braltus Zonda</b> 
<b>More suitable for:</b>	Patients with no ability to achieve DPI inspiratory effort	Patients with less inspiratory effort Safe to use in patients with eGFR <50	Patients with dexterity issues. Safe to use in patients with eGFR <50	Patients with dexterity issues. Patients with night time symptoms. Safe to use in patients with eGFR <50	As the preferred alternative to Tiotropium HandiHaler
<b>Less Suitable for</b>	Patients who cannot manage to put the device together when issued.	Patients with poor dexterity (capsule loading)	Patients with poor inspiratory effort – check using InCheck dial	Patients with poor inspiratory effort- check using InCheck dial	Patients with poor inspiratory effort – check using InCheck dial (use HandiHaler setting)

<b>Compound Bronchodilators (LAMA/LABA)</b>	<b>Tiotropium/Olodaterol – Spiolto Respimat</b> 	<b>Glycopyrronium/Indacaterol – Ultibro Breezhaler</b> 	<b>Umeclidinium/Vilanterol – Anoro Ellipta (Non formulary)</b> 	<b>Acclidinium/Formoterol – Duaklir Genuair</b> 
<b>More suitable for:</b>	Patients with no ability to achieve DPI inspiratory effort	Patients with less inspiratory effort. Safe to use in patients with eGFR <50	Patients with dexterity issues. Safe to use in patients with eGFR <50	Patients with dexterity issues. Patients with night time symptoms. Safe to use in patients with eGFR <50
<b>Less Suitable for</b>	Patients who cannot manage to put the device together when issued.	Patients with poor dexterity (capsule loading)	Patients with poor inspiratory effort – check using InCheck dial	Patients with poor inspiratory effort- check using InCheck dial

**In-Check Dial Settings – Device Resistance**

-  pMDI/none
-  Low
-  Med Low
-  Medium
-  Med High
-  High

<b>Corticosteroids ICS/LABA</b>	<b>Beclometasone/Formoterol – Fostair (MDI)</b> 	<b>Fluticasone/Vilanterol – Relvar Ellipta (Non formulary)</b> 	<b>Budesonide/Formoterol – DuoResp Spiromax</b> 	<b>Beclometasone/Formoterol – Fostair NEXThaler</b> 
<b>More suitable for:</b>	Patients who cannot use DPI i.e. Poor inspiratory effort or dislike of dry powder. Recommend use with spacer		As the preferred alternative for Symbicort	
<b>Less Suitable for</b>		Patients with poor inspiratory effort- check using InCheck dial	Patients with poor inspiratory effort – check using InCheck dial	