



Inhaled medicines are essential for millions of people and are not interchangeable

Nearly 550 million people globally live with chronic respiratory diseases including asthma and COPD* and prevalence is increasing.^{1,2}

These diseases can be complex to treat and carry a heavy burden for patients, healthcare systems and society.³⁻⁵

Inhaled medicines, including pressurised metered-dose inhalers (pMDIs), are used by millions of patients to control symptoms, prevent disease progression and reduce mortality.^{3,6}

Many inhaled medicines fall within the scope of **new environmental policies**.⁷

Reducing the environmental impact of respiratory inhalers is critical. However, inhalers are not interchangeable.^{8,9}

Inhaler switching that is not based on clinical need could result in **health risks for individuals** and drive up the carbon footprint of care that accompanies less-controlled disease.⁷⁻¹¹



Changing inhalers without consent can lead to variable clinical consequences and damage the doctor-patient relationship^{9,10}

Non-consented inhaler switching may be associated with:^{8,10}

- Reduced disease control and increased exacerbations
- Non-adherence to treatment
- Incorrect inhaler technique
- Increased healthcare utilisation and associated costs
- Quality of life impact

A panel of eight global experts have developed consensus quality statements for how and when to implement a change in inhaler treatment^{12,**}

The consensus outlines that an inhaler regimen switch requires approximately 35 minutes per patient.

Baseline competencies required by clinicians for conducting an inhaler switch when appropriate include:¹²



A qualified clinician with medical expertise of respiratory disease management



Knowledge of inhalers including mode of action, handling technique and cost



Able to deliver appropriate patient training and correct inhaler use critical errors

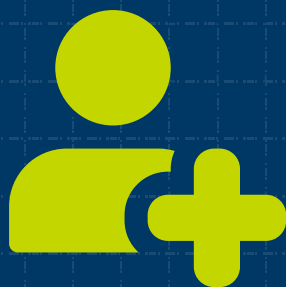


Able to communicate the need for regimen switch/treatment goal, while sensitive to patients' wishes and beliefs



Familiar with relevant policy, access programmes and guidelines

**The consensus was organised and funded by AstraZeneca and consisted of 8 experts from around the globe



Implications for clinical practice and health system policies

Clinical and patient-led factors are the most important reasons for an appropriate inhaler regimen switch. Switches should be initiated and implemented by qualified clinicians only.¹²

The practical considerations of switching millions of patients who rely daily on their inhaled medicine to control their respiratory disease should not be underestimated.



*Chronic obstructive pulmonary disease

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