



Royal Brompton Hospital

## Severe asthma biologic service



## Contents

•	What are biologic treatments?	3
•	Why would I need biologic treatments for my asthma?	3
•	How will you identify the best biologic treatment for me?	4
•	Biologic treatments guide	5
•	How will I get my biologic treatments?	6
•	Why do I still need to take prednisolone?	7
•	Frequently asked questions	9
•	My biologic appointments diary	11
•	My personalised asthma action plan	12
•	Asthma control questionnaire	14
•	Useful contact details	17

This booklet explains what to expect if you are offered biologic treatment for your asthma. It also provides you with some advice on how to manage your asthma symptoms and the medication you take.

Please bring this booklet with you to all your asthma appointments at Royal Brompton Hospital.

## Patient details

Name

Hospital number

Current biologic treatment

#### Dose of biologic

## What are biologic treatments?

Biologic treatments are also known as monoclonal antibodies. They can enable patients with some of the most serious forms of asthma to enjoy a better quality of life.

They work by targeting and blocking specific parts of the immune system which react when you have asthma. This in turn reduces the inflammation that causes asthma symptoms such as chest tightness, shortness of breath, sputum (mucus, phlegm) production and wheezing.

Biologics are 'add on' treatments. These are treatments that you take in addition to your other medication.

# Why would I need biologic treatments for my asthma?

If you have severe asthma, experience frequent asthma symptoms and flare-ups, biologic treatments may:

- reduce the frequency of your asthma symptoms
- reduce your need for oral prednisolone (steroid) which can have unpleasant side effects
- prevent asthma attacks.

# How will you identify the best biologic treatment for me?

#### Tests

We carry out tests to identify which type of asthma you have and decide if you would benefit from a biologic treatment.

We will do these tests when you come to Royal Brompton to have your asthma symptoms investigated, as a day patient for a Systematic Assessment of Refractory Asthma (SARA), or during your asthma outpatients appointments.

A member of the asthma team will explain the different types of biologic treatments and discuss which ones may be most suitable for you. Biologic treatments can target specific symptoms and are given to patients once every two, four or eight weeks. We will discuss the pros and cons (advantages and disadvantages) of each treatment with you. See the biologic treatments guide on page 5.

#### Choosing the best treatment

Once we have the results of your tests, we will discuss your case. We call this a multidisciplinary team (MDT) meeting. It is attended by doctors, nurses and a pharmacist. We will review all your results and preferences against national NHS guidelines, before deciding which is the most suitable biologic treatment for you. We will then call you to arrange your first appointment for the treatment.

Sometimes we may need to carry out further tests after the MDT meeting. If that happens, we will tell you and organise the tests.

## **Biologic treatments guide**

Name of biologic	How often is it administered?	Can it be administered at home?
Omalizumab (Xolair®)	Either every two weeks or every four weeks, subcutaneously (under the skin) depending on your dose. The Lind ward day unit nursing team will explain the dose you need.	Yes
Mepolizumab (Nucala®)	Every four weeks, subcutaneously	Yes
Reslizumab (Cinqaero®)	Every four weeks Intravenously (through a drip)	No
Benralizumab (Fasenra®)	Every four weeks subcutaneously for the first three doses and then every eight weeks	Yes
Dupilumab (Dupixent®)	Every two weeks subcutaneously	Yes

## How will I get my biologic treatments?

The nursing team on the Lind Ward day unit will give you your biologic treatments. When you arrive for your first biologic treatment, a member of the team will explain how the drug that has been chosen for you works. He/she will also talk to you about possible side effects and answer your questions.

Most treatments are given as a subcutaneous injection (under the skin) or intravenously (through a drip). You will be asked to stay on the ward for two hours after each treatment for the first three appointments and for half an hour for all following appointments.

While you are receiving biologic treatment, you will still need to attend the asthma outpatients clinic at Royal Brompton every six months.

#### **Biologic treatment – self-administration at home**

After the first six months of treatment, you may be able to give yourself the treatment at home, or a friend/relative may be allowed to do it for you.

You will still need to attend the asthma outpatient clinic every six months for your treatment to be assessed.

#### Do I have to administer the treatment at home?

No. You can continue to have your treatment at Royal Brompton, if you prefer.

#### How will you check my biologic treatment is working?

We will test to see if there are any changes in your lung function using spirometry and ask you questions.

#### **Spirometry**

We will ask you to take a spirometry test each time you come to the hospital for your biologic treatment. Spirometry is a test that shows how well you breathe in and out. We use a device called a spirometer to take the measurements. We will ask you to breathe in fully and to blow out as hard and fast as you can into the mouthpiece of the spirometer. You may have to repeat this a number of times.



A patient using a spirometer

#### Asthma control questionnaire

You will be asked to complete an asthma control questionnaire (ACQ) regularly during your treatment to help us to check if your symptoms and quality of life are improving. See the asthma control questionnaire on page 14.

### Why do I still need to take prednisolone?

It is important that you continue to take the prednisolone you have been prescribed while you are having biologic treatment for two reasons.

Firstly, we need to see how well controlled your asthma is on the treatment. So, each time you visit the hospital for your biologic treatment, we will ask you about how much prednisolone you have been taking to control your symptoms since your last treatment.

Secondly, when you have been on prednisolone for a long time, suddenly stopping it can be dangerous.

This is because prednisolone replaces a natural hormone called cortisol which helps us survive stresses on the body such as trauma (physical injury or emotional distress) or illness.

Sometimes when you take prednisolone your body stops producing cortisol. Reducing the dose slowly gives the body the time it may need to start producing the right amount of cortisol again.

Once you begin the biologic treatment, we will carry out regular blood tests to check the level of cortisol in your body. If we need to check your cortisol levels we will ask you not to take your prednisolone or inhaled steroid the night before or the morning of your appointment. Depending on this result, if you are producing enough cortisol, we will gradually reduce your dose of prednisolone. We may also carry out a further test – called a short synacthen test, to check how well your body is producing cortisol and then refer you to an endocrinologist for further advice.

Please do not reduce your prednisolone dose unless you have been advised to by the asthma team.

#### Remember these precautions when taking prednisolone

- If you take 10mg of prednisolone per day or more and you have diarrhoea and/or vomiting, go to your nearest accident and emergency (A&E) department and contact us. You may need a steroid injection.
- If you normally take less than 10mg of prednisolone each day and you have an accident, an operation or become unwell, increase your dose of prednisolone to 10mg for 72 hours and contact us. If you are unable to swallow or keep medications down, then you should visit your GP or your nearest A&E department. You may need a steroid injection.

Contact us or your GP if you are at all unsure about what to do (see useful contact details on page 17).

Please remember that Royal Brompton and Harefield Hospitals do not have an accident and emergency (A&E) department.

## Frequently asked questions

#### Will I always need biologic treatment?

Yes, if the treatment works well you will stay on it. However, we will continually review how well it is working. The doctor or nurse will discuss your treatment with you when you come to Lind ward day unit for your biologic treatment and during your asthma outpatient appointment. Please ask us if you have any questions or concerns.

#### What are the common side effects of biologic treatments?

Like all medications, biologic treatments can have side effects. Please check the booklet you are given about your specific biologic treatment for information about side effects.

#### What do I do if I have a side effect?

Please tell us as soon as possible if you think you have any side effects from your biologic treatment. We will then be able to see if there is a different biologic treatment available for you.

## What if I am unwell and I am due to come for my biologic appointment?

Contact us and cancel your appointment (see useful contact details on page 17). If you are feeling very unwell because of your asthma, make an emergency appointment with your GP or go to the nearest A&E department.

If you have an infection and have been prescribed antibiotics, please only attend your biologic treatment appointment if you have taken day four or more of your prescribed course of antibiotics.

If you need to rearrange your appointment, or have any queries or concerns, contact us.

#### Can I have vaccinations while I am having biologic treatment?

You can have some, but not others. We recommend that you have flu and pneumonia vaccinations. However, you should have them either a week before or a week after your biologic treatment.

Please do not have any 'live' vaccines, yellow fever or shingles vaccines, for example. This is because the risks of live vaccines on patients receiving biologic treatments are still unknown.

Ask us for advice (see useful contact details on page 17).

#### What if I want to become pregnant?

Generally, we do not recommend most biologic treatments for patients who are pregnant or planning to get pregnant in the next six months. While there is some evidence that biologic treatments are safe for pregnant women, it is limited. We may give Xolair to some pregnant women if the benefits of receiving the treatment outweigh any potential risks.

Please talk to us if you are pregnant, or hoping to become pregnant, so we can discuss the benefits and the risks about having biologic treatment.

#### Can I travel abroad while having the treatment?

Yes. Please contact us in advance so that we can schedule your appointments around your trip and discuss any vaccines that you may need.

#### Do I need to carry on taking my inhaler?

Yes. Biologic treatments are an 'add-on' to your current treatment. This means that you need to continue to take your preventer inhaler every day as prescribed, even if you're feeling well and do not have any symptoms. If you are unsure about how or when to take your inhaler, contact us for advice (see useful contact details page 17).

## My biologic appointments diary

Date	Time

## My personalised asthma action plan

A personalised asthma action plan can help manage your asthma symptoms and treatment.

Your plan should be reviewed and updated regularly during asthma checks at your GP surgery and appointments with the asthma team at Royal Brompton.

My best peak flow is:

My current medications:

Peak flow range	Symptoms	Action
80 – 100% of best		
70 – 80% of best		
50% - 70% of best		
Less than 50%		
of best		

## Asthma control questionnaire\*

Please answer all six questions below.

Mark the number of the response that best describes how you have been during the past week.

Add up the total of all six of your responses and note it down with the accompanying date in the table provided.

Question	Answer On average 0 never 1 hardly ever 2 a few times 3 several times 4 many times 5 a great many times 6 unable to sleep because of asthma	
1. How often during the past week have you been woken up by your asthma during the night?		
2. How bad have your asthma symptoms been when you wake up in the mornings during the last week?	On average 0 no symptoms 1 very mild symptoms 2 mild symptoms 3 moderate symptoms 4 quite severe symptoms 5 severe symptoms 6 very severe symptoms	

Question	Answer
3. How much has your asthma limited your activities during the past week?	<ul> <li>Generally</li> <li>not limited at all</li> <li>very slightly limited</li> <li>slightly limited</li> <li>moderately limited</li> <li>very limited</li> <li>extremely limited</li> <li>totally limited</li> </ul>
4. How much shortness of breath have you experienced because of your asthma during the past week?	Generally 0 none 1 a very little 2 a little 3 a moderate amount 4 quite a lot 5 a great deal 6 a very great deal
5. How much of the time have you wheezed during the past week?	<ul> <li>Generally</li> <li>not at all</li> <li>hardly any of the time</li> <li>a little of the time</li> <li>a moderate amount of the time</li> <li>a lot of the time</li> <li>most of the time</li> <li>all the time</li> </ul>

Question	Answer
6. How many puffs of short-acting bronchodilator (e.g. Ventolin) have you used each day on average during the last week?	On average 0 none 1 one to two puffs most days 2 three to four puffs most days 3 five to eight puffs most days 4 nine to 12 puffs most days 5 13–16 puffs most days 6 more than 16 puffs most days

Date	Total ACQ score

## **Useful contact details**

#### Asthma, allergy and upper airway services

For clinical enquiries and biologic appointments

- Tel: 0330 12 88043 and select 'asthma clinical nurse specialist team for clinical issues' from the list of options.
- Email: asthma@rbht.nhs.uk

#### For secretarial assistance

Tel: 020 7351 8043

Email: asthma.allergy.admin@rbht.nhs.uk

#### Hospital transport for patients

If you are unable to get to the hospital for medical reasons, please contact your GP who can arrange transport for you.

More information is available online at: www.rbht.nhs.uk/patients-visitors/patients/non-emergencyhospital-transport-patients

\* Questionnaire adapted with permission from Professor Juniper. Juniper EF, Svensson K, Mork AC, Stahl E. Measurement properties and interpretation of three shortened versions of the asthma control questionnaire. Respiratory Medicine 2005 (99): 553–558.

## Your notes

If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on:

- Royal Brompton Hospital 020 7349 7715
- Harefield Hospital 01895 826 572

You can also email pals@rbht.nhs.uk. This is a confidential service.

#### Severe asthma biologic service

Royal Brompton Hospital Sydney Street London SW3 6NP Tel: 0330 12 88121

Harefield Hospital Hill End Road Harefield Middlesex UB9 6JH Tel: 0330 12 88121

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Turkçe tercumesi için tedavi goruyor oldugunuz bolume bas vurunuz. Bolum personeli tercumenin gerçeklesmesini en kisa zamanda ayarlacaktir.

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