



QUALITY AUDIT 25/05

SABA WITH NO ICS IN ASTHMA

Dr Paul Driscoll, Helen Flatt

Title

Audit of Asthma patients prescribed SABA (Short Acting Beta Agonists) with no ICS (Inhaled Corticosteroids)

Reason

SABA, typically Salbutamol blue reliever inhalers have been a mainstay of asthma management for many years.

However recent guidance from the MHRA has raised concerns about a link between Saba overuse and risks of severe or fatal asthma, particularly in children:

[Short-acting beta 2 agonists \(SABA\) \(salbutamol and terbutaline\): reminder of the risks from overuse in asthma and to be aware of changes in the SABA prescribing guidelines - GOV.UK](#)

Recent combined guidance on asthma management from NICE, BTS & SIGN has also limited the role of Saba inhalers in the management of asthma:

[Overview | Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\) | Guidance | NICE](#)

Method

As part of our monthly quality audits we added a new metric of patients with asthma on SABA with no ICS.

Over the period between **June 2025** and **November 2025** patients were identified and were sent the following message:

Recent guidance reminds us of the risk of severe and fatal asthma attacks with use of blue SABA (salbutamol/terbutaline) reliever inhalers, without use of a corticosteroid preventer. Please contact the surgery to discuss your asthma management.

4 weeks later patients who had not responded were sent a second message:

We wrote recently advising that it is not recommended to have a salbutamol inhaler without a preventer steroid inhaler and asked that you contact the surgery to discuss. We are now removing the salbutamol from your repeat prescription so you will need a review before further inhalers are issued and I would encourage you to do that sooner rather than later. Clinical Safety Lead <organisation name>



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The SABA was then removed from the repeat prescription by the central team (Dr PD)

Results

SABA with no ICS in asthma	Site B	Site C	Site D1	Site D2	Site H1	Site H2	Site O	Total
June 2025	3	88	39	114	36	56	25	361
July 2025	3	85	39	111	25	54	24	341
August 2025	3	81	33	108	25	50	23	325
September 2025	0	59	14	85	0	28	1	187
October 2025	0	21	2	27	0	0	1	51
November 2025	0	3	3	2	0	3	2	13

Discussion

That many patients were not particularly high risk because they had very occasional use, but current guidance would suggest they may be better managed with anti-inflammatory reliever AIR therapy.

Some patients had had repeat SABA without ICS.

One letter of complaint from a patient, but addressed at practice level and by central team.

Most patients made no contact and a request for further prescriptions can be addressed when it arises.

A few patients remained on the list as they had possible historic diagnosis of asthma and other respiratory illness, for example pulmonary fibrosis under the care of respiratory team

Actions

Continue with quality metrics to ensure patients not been added onto the list.