

SABA (short-acting β agonist) Over-reliance in Asthma – What is it and how can we help reduce it?

What is SABA over-reliance?

SABA over reliance happens when a person with asthma relies too much on their bronchodilator/reliever (blue) inhaler. They may feel this is the only inhaler they need or that this is the one that works best.

Why does SABA over-reliance happen?

It is understandable that people with asthma can become reliant on their bronchodilator/reliever inhaler. Bronchodilators open the airways and help reduce breathlessness associated with asthma.

Why is SABA over-reliance a problem then?

It is a risky perception that SABA reliever inhalers are the ones that work best as without adequate ICS (inhaled corticosteroid) underlying inflammation continues to narrow the airways, putting the person at risk of worsening asthma symptoms or asthma attacks. SABA does not treat the cause of asthma.

What evidence is there that SABA over-reliance is harmful?

The Why Asthma Still Kills Report – National Review of asthma deaths (NRAD) 2014 highlighted widespread issues with the quality of asthma care in the UK including that there was excessive prescribing of reliever inhalers and under prescribing of preventer inhalers.

The SABINA study confirmed the link between SABA over-reliance and increase in asthma exacerbations and asthma related healthcare utilisation.

How much SABA is too much?

Using 3 or more SABA inhalers per year can indicate over-reliance. Most asthma patients should be able to achieve complete control of their asthma with appropriate maintenance therapy.

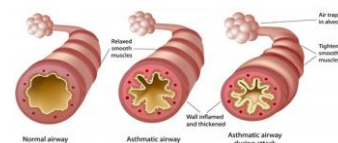
Complete control of asthma should be:

- No daytime symptoms
- No limitation of activities
- No night-time waking due to asthma
- No need for rescue medication

Using 3 SABA inhalers in a year = 12 puffs a week or 2 puffs per day, this is indicative of poor asthma control. (See [Asthma Slide Rule](#))

Top 10 Tips to help reduce SABA over-reliance

- Remove SABA from repeat for asthma patients so it is clear if being ordered too often. This should trigger a review.
- Where SABA is left on repeat alter the issue duration to 3-4 months. Early requests should trigger a review.
- Talk to patients about [what asthma is and how to treat it](#). Explain what is happening in their airways (inflammation). Use airway images to explain how each of their inhalers work.



- Emphasise to patients that SABA does NOT treat asthma – treatment is ICS.
- Optimise inhaler technique and check at every opportunity.
- Use flexible treatment approaches like as needed anti-inflammatory reliever (Symbicort Reliever) or MART regimes as appropriate.
- Flexible treatment approaches should generally be SABA free (SABA + spacer emergency pack may be appropriate for children/other exceptional circumstances). Consider these at the start of treatment where appropriate.
- Do not start any patient diagnosed with asthma on a SABA inhaler alone.
- Use the [Asthma Slide Rule](#) to start conversations about SABA over reliance.



- Talk to patients about any concerns that they have about using an inhaled corticosteroid.