

Nurse Led Omalizumab® Clinic for Severe Allergic Asthma

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SEVERE ALLERGIC ASTHMA

- A small number of allergic asthmatics continue to suffer frequent exacerbations despite maximal doses of conventional therapy

IMPLICATIONS OF SEVERE ALLERGIC ASTHMA

- Poor overall control
- Repeated hospitalisation
- Increased risk of asthma death
- Poor response to usual inhaled and oral therapy
- Weight gain, & osteoporosis from long term steroid therapy
- Unable to work and poor quality of life
- Psychological effects of severe disease
- Unable to go out because of exacerbation by inhaled allergens (pollen etc)

TRIALS AND NICE APPRAISAL GUIDANCE

- GINA trial
 - NICE guidance Omalizumab issued in 2007
 - In severe, atopic asthmatics Omalizumab has been shown to (1)
 - Significantly reduce severe asthma exacerbation rate by 50%.
 - Significantly reduce total emergency visits rate by 44%
 - Significantly improved asthma-related quality of life, morning peak expiratory flow and asthma symptoms score
- First trials in Gwent October 2008

NATIONAL ASTHMA STATISTICS

About 5 million asthmatics in UK

- 1,400 people die annually
- 71,000 hospital admissions

For every 2 asthma admissions 5 are treated in A&E (Asthma UK 2004)

The average ICU admission for asthma is 1.5 days at £1500 per day plus 8 days in hospital at £333 per day

HOW DID WE SET UP

THE CLINIC?

- Discussion with Consultant
- Networking
- Team meetings
- Discussions with Pharmacist/Company/Specialist centre (Birmingham Heartlands)
- Draft guidelines written for clinic

GENERAL PROPOSAL

- A nurse led clinic working to NICE guidance (TA133) and patient pathway
- Highly selected, appropriate patients referred by Asthma Consultant – after optimisation of all other asthma treatment
- Uses Non Medical Prescribing
- All patients reviewed by Consultant before treatment, and at 4 and 16 weeks at the end of treatment
- Nurse symptom review every visit
- Clinic to be held on the discharge lounge
- Close resuscitation facilities in case of anaphylaxis
- Supported by the ANP, Asthma CNS and pharmacist
- All appointments confirmed by text message Audit

HOW DOES IT WORK?

- By Binding the free IgE and preventing the mast cell release of allergic mediators

HOW IS IT GIVEN?

- By S/C injection every 2 to 4 weeks

CAN THE PATIENT GIVE IT?

- Due to the risk of anaphylaxis this is not yet possible

COST OF TREATMENT

- Between £3k and £15k pa. Each vial is roughly £250.00

OUTCOME

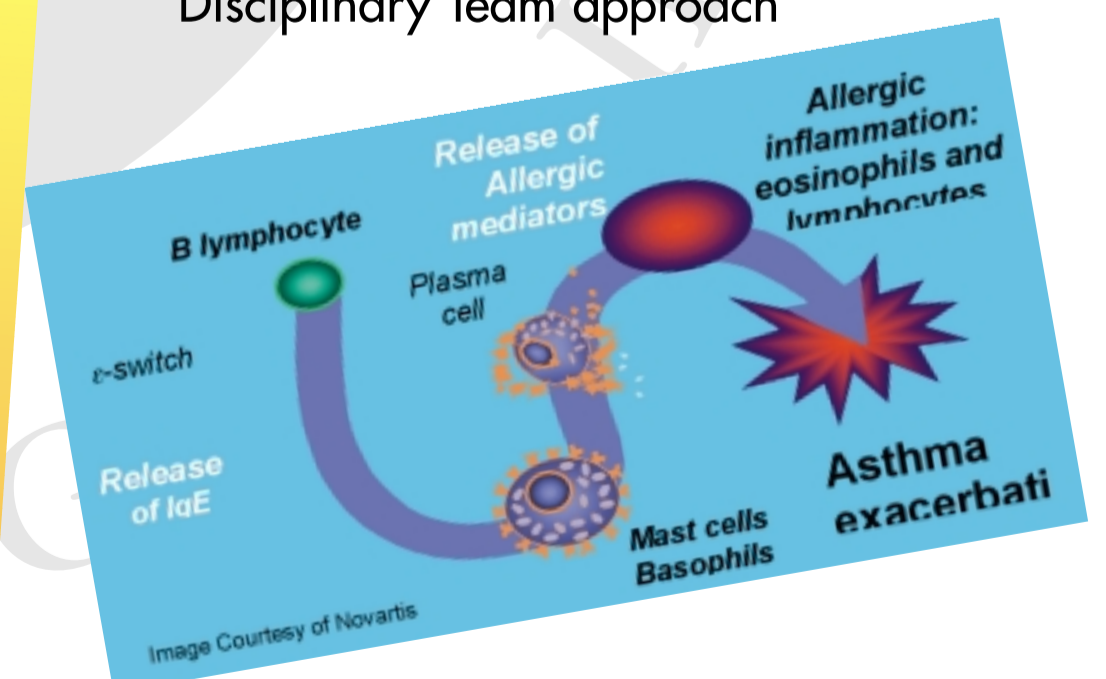
- Safe administration
- Reduced exacerbations
- Better utilisation of resources
- Well educated and informed patient group
- Cost effective by reducing waste via confirmed patient attendance
- Use of Advanced Nursing expertise & Non Medical Independent prescribing



DRIVERS FOR CHANGE

CHANGES IN SERVICE DELIVERY

- NICE appraisal of Omalizumab
- Repeated admissions
- Increasing numbers on high dose steroids and terbutaline infusions
- Capacity issues
- Improve patients quality of life
- Anaphylaxis risk addressed by close proximity to resuscitation facilities
- Ability of ANP (DO'N) to assess patient and prescribe both Omalizumab and other drugs as appropriate
- Utilisation of appropriate skills of Multi Disciplinary Team approach



Blogspot Checkout personal experience of living with brittle asthma on <http://theanticsfabrittleasthmatic.blogspot.com/>
 1 Humbert et al. Benefits of omalizumab as add-on therapy in patients with severe persistent asthma who are inadequately controlled despite best available therapy (GINA 2002 step 4 treatment) : INNOVATE. Allergy 2005;60;309-16.