Preventing Overuse of Oral Corticosteroids (OCS) in Asthma Patients

A Comprehensive Guide for Aetna Better Health of Michigan Providers

Understanding OCS Overuse in Asthma Management

Oral corticosteroids (OCS) remain an important intervention for managing asthma exacerbations in certain patients. However, their use should always be closely monitored by a qualified asthma specialist or a primary care provider with expertise in asthma care. Overuse or inappropriate use of OCS carries significant health risks and may indicate the need for a revised treatment plan.

Why is OCS Overuse Concerning?

Even limited exposure to OCS can lead to serious health complications. Just four bursts of OCS or 1–2.5 grams taken over a patient's lifetime can raise the risk of serious side effects. Short-term, low-dose courses (less than 30 days) are not without danger, these can double the risk of bone fractures, triple the likelihood of blood clots, and increase the risk of sepsis by five times.

- Cataracts
- High blood sugar (which can trigger or worsen diabetes)
- Infections
- Osteoporosis and thin skin
- Easy bruising and slower wound healing

OCS Use: A Signal for Treatment Review

Frequent OCS use often signals that a patient's asthma management plan may need to be updated, or that there could be issues with medication adherence. Most conventional asthma regimens utilize inhaled corticosteroids (ICS), which expose patients to much lower steroid doses compared to OCS.

How Can You Help Prevent OCS Overuse?

1. Educating Patients and Caregivers About OCS Risks:
   - Even a brief conversation about the potential dangers of OCS, both short- and long-term, can increase awareness and foster informed decision-making.
2. Promote Adherence to Controller Medications:
   - Emphasize the importance of daily ICS use, even when asymptomatic, to prevent severe flare-ups requiring OCS.
   - Discuss the option of Single Maintenance and Reliever Therapy (SMART), which uses one inhaler containing both ICS and a fast-acting bronchodilator (formoterol) for both maintenance and quick relief. SMART can be especially helpful for patients who find it confusing to manage multiple inhalers.
3. Introduce Advanced Treatment Options:
   - For patients with moderate-to-severe asthma uncontrolled by standard inhalers, biologic therapies are now available. These precision add-on treatments can reduce asthma symptoms, hospitalizations, and the need for oral steroids.

Starting the Conversation

Patients often seek immediate relief for their symptoms, which can lead to overreliance on OCS. Initiating discussions about alternative management strategies can be challenging but is crucial for long-term health.

Helpful Resources

Sometimes these conversations are hard to start, and patients want a “quick fix” for their symptoms. These resources can help:

- **OCS Overexposed Conversation Starter** https://inhalecqi.org/wp-content/uploads/OCS-Overexposed-Patient-Discussion-Guide.pdf
- **Inspiring Health Advances in Lung Care (INHALE) OCS Toolkit** https://inhalecqi.org/ocs-toolkit/
- **SABA/OCS Overuse Infographic:** https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Chronic-Disease/Diabetes-and-other/OCS-SABA-Overuse-Infographic-FINAL.pdf?rev=fc9c1a8a8dac419bb706fc270e363d1b&hash=CB9406BECC51C31A2926D5D1583BEC52

- **Video:** Is It Time to Embrace Oral Corticosteroid (OCS) Stewardship in Asthma and COPD Care? Dr. Lugogo https://www.youtube.com/watch?v=aOqilSgRkY8

Summary

By recognizing the risks associated with OCS, emphasizing the importance of daily ICS use, and discussing advanced therapies, you can help your patients achieve better asthma control and reduce their reliance on oral steroids. Use the listed resources to support these critical conversations and improve patient outcomes.