



2019 SHOW GUIDE

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Education
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Organised
by:





flutiform[®] k-haler[®]

fluticasone propionate/formoterol

Intelligently designed. Simple to use.

The first and only ICS/LABA fixed-dose combination delivered in a breath-actuated aerosol inhaler.²

Aerosol delivery avoids the need for forceful inspiration.^{1,3}

Kinked *k-valve*[™] holds the dose in situ until inhalation, and prevents double-dosing.³



Prominent colour-coded dose counter shows how many doses are remaining.^{1,4}

Each dose is simply released by a gentle breath, removing the need for co-ordination.³

Full opening of the cover loads the dose.^{1,4}



Award winning patient friendly packaging provide simple and clear instructions for patients



Award winning ease of use design

For more information or to arrange for a visit from a member of our team, please call 01223 424444.

flutiform k-haler[®] (fluticasone propionate/formoterol fumarate) 50 µg/5 µg and 125 µg /5 µg pressurised inhalation suspension. Prescribing Information United Kingdom. Please read the Summary of Product Characteristics before prescribing. Presentation Pressurised inhalation suspension, in a breath-actuated pressurised aerosol inhaler. **Indications** Regular treatment of asthma where the use of a combination product (inhaled corticosteroid [ICS] and long-acting β₂-agonist [LABA]) is appropriate: (i) for patients not adequately controlled with ICS and 'as required' inhaled short-acting β₂-agonist (SABA) (ii) for patients already adequately controlled on both an ICS and a LABA. For adults and adolescents aged 12 years and above. **Dosage and administration** For inhalation use. Patients should be shown how to use the inhaler correctly by a healthcare professional. Patients should be given the strength of **flutiform k-haler** containing the appropriate fluticasone propionate dose for their disease severity (note that **flutiform k-haler** 50 µg/5 µg per actuation is not appropriate in patients with severe asthma). The appropriate strength should be taken as two inhalations, twice daily (normally morning and evening) and used every day, even when asymptomatic. **flutiform k-haler** is not recommended in children under 12 years. Prescribers should be aware that in asthmatics, fluticasone propionate is as effective as some other inhaled steroids when administered at approximately half the total daily microgram dose. Patients should be assessed regularly and once asthma is controlled, treatment should be reviewed and stepped down to the lowest effective dose, or an ICS alone. ICSs alone are first line treatment for most patients. **flutiform k-haler** is not intended for initial treatment of mild asthma. For patients with severe asthma the ICS therapy should be established before prescribing a fixed-dose combination product. Patients on **flutiform k-haler** must not use an additional LABA. An inhaled SABA should be taken

for immediate relief of asthma symptoms arising between doses. Patients should be advised to contact their prescriber when **flutiform k-haler** dose counter is getting near zero. **Contraindications** Hypersensitivity to the active substances or to any of the excipients. **Precautions and warnings** **flutiform k-haler** should not be used as the first asthma treatment, to treat acute asthma symptoms or for prophylaxis of exercise-induced asthma. It should not be initiated during an exacerbation, during significantly worsening or acutely deteriorating asthma, and should not be stopped abruptly. If a patient experiences serious asthma-related adverse events or exacerbations, they should continue treatment and seek medical advice. Patients should be reviewed as soon as possible if there is any indication of deteriorating asthma control. In case of sudden and progressive deterioration, seek urgent medical assessment. Caution in patients with: pulmonary tuberculosis; quiescent tuberculosis; fungal, viral or other infections of the airway; thyrotoxicosis; phaeochromocytoma; diabetes mellitus (consider additional blood sugar controls); uncorrected hypokalaemia; predisposition to low levels of serum potassium; impaired adrenal function (monitor HPA axis function regularly); hypertrophic obstructive cardiomyopathy; idiopathic subvalvular aortic stenosis; severe hypertension; aneurysm or other severe cardiovascular disorders; unstable or acute severe asthma and other conditions when the likelihood for hypokalaemia adverse effects is increased. There is risk of potentially serious hypokalaemia with high doses of β₂-agonists or concomitant treatment with β₂-agonists and drugs that can induce or potentiate a hypokalaemic effect. Monitoring of serum potassium levels is recommended during these circumstances. Formoterol may induce prolongation of the QTc interval. Caution must be observed when treating patients with existing prolongation of QTc interval. **flutiform k-haler** should be discontinued immediately if there is evidence of paradoxical bronchospasm. Visual disturbance may

be reported with corticosteroid use. Systemic effects with an ICS may occur, particularly at high doses for prolonged periods or when combined with potent CYP3A4 inhibitors, but are less likely than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents, decrease in bone mineral density and cataract glaucoma. Children may also experience anxiety, sleep disorders and behavioural changes. Increased exposure can be expected in patients with severe hepatic impairment. Prolonged treatment with high doses of corticosteroids may result in adrenal suppression and acute adrenal crisis, particularly in children and adolescents or potentially as a result of trauma, surgery, infection or rapid dose reduction. **flutiform k-haler** contains a negligible amount of ethanol that does not pose risk to patients. Interactions Co-treatment with CYP3A inhibitors (e.g. ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, neflavinir, saquinavir, ketoconazole, telithromycin, cobicistat) should be avoided unless the benefit outweighs the increased risk of systemic side-effects. Caution is advised with concomitant use of non-potassium sparing diuretics (e.g. loop or thiazide), xanthine derivatives, glucocorticosteroids, L-Dopa, L-thyroxine, oxytocin, alcohol or other adrenergic drugs, including anaesthesia with halogenated hydrocarbons and digitalis glycosides, β-adrenergic drugs, known to prolong the QTc interval, such as tricyclic antidepressants or MAOIs (and for two weeks following their discontinuation), antipsychotics (including phenothiazines), quinidine, disopyramide, procainamide, antihistamines. **Furazolidone and procarbazine flutiform k-haler** should not normally be used with β-blockers including those that are used as eye drops to treat glaucoma. Under certain circumstances, e.g. as prophylaxis after myocardial infarction, cardioselective β-blockers could be considered with caution. **Pregnancy and lactation flutiform k-haler** is not recommended

during pregnancy unless the benefits to the mother outweigh risks to the foetus. A risk to the breastfeeding infant cannot be excluded. **Side-effects** Uncommon (<1/100) but potentially serious side-effects: hyperglycaemia, agitation, depression, aggression, behavioural changes (predominantly in children), vision blurred, vertigo, palpitations, ventricular extrasystoles, angina pectoris, tachycardia, hypertension, dyspnoea, peripheral oedema. Please consult the SPC for a full list of side-effects and those reported for the individual molecules. **Legal category POM Package quantities and price** One inhaler (120 actuations) 50 µg/5 µg - £14.40 125 µg/5 µg - £28.00 **Marketing Authorisation numbers** PL 18950/0338-39 **Marketing Authorisation holder** Napp Pharmaceuticals Limited Cambridge Science Park Milton Road Cambridge CB4 0GW UK Tel: 01223 424444 For medical information enquiries, please contact medicalinformationuk@napp.co.uk. FLUTIFORM is a registered trademark of Jagotec AG, and is used under licence. K-HALER is a registered trade mark of Mundipharma AG. © 2018 Napp Pharmaceuticals Limited. UK/FLUT-K-18011 Date of Preparation: May 2018

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Napp Pharmaceuticals Limited on 01223 424444.

References: 1. Mundipharma International Limited. flutiform k-haler. Summary of Product Characteristics. Available from: <https://www.medicines.org.uk/emc/product/9483/smpc>. Last accessed August 2019. 2. MIMS. Available from: www.mims.co.uk/search/drugs?keywords=Beta+2+agonists,+long-acting/corticosteroids. Last accessed August 2019. 3. Bell D et al. J Aerosol Med Pulm Drug Deliv 2017; 30:425-34. 4. <https://www.medicines.org.uk/emc/product/9412/pil> UK/FLUT-K-19022 Date of preparation: August 2019

www.flutiform.co.uk



WELCOME

TO THE RESPIRATORY SHOW 2019

THE TEAM

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Group Event Director



Respiratory Show 2019

As Show Manager of the new Respiratory Show, I am delighted to welcome you....

The Respiratory Show was launched to support NHS professionals to deliver the Long Term Plan. The launch event recognises the importance this therapy area and wishes to offer it the prominence it deserves.

For many years respiratory has been a key clinical area of Best Practice which you will also be able to enjoy if you wish.

Thank you for choosing to attend over the next two days, we hope you enjoy all the education, networking and all of the latest products on show that you can have a play around with.

I want to say thank you to all of our Education Partners: BTS, ARNS, ILD-INN, and Education for Health – their support and help has been greatly appreciated, please visit their stands if you're a member or possibly looking to re-connect with like-minded professionals.

Our speakers have been great to work with, through them we've been able to offer a diverse programme of content, please share any feedback on the content in our survey which will be coming out to you in the coming weeks via email.

Please share on social media about your experience here: @respiratoryshow on Twitter and Facebook. #respiratoryshow

Thanks again, and we look forward to seeing you again next year with a new and exciting line up of speakers and even more exhibitors on 14 and 15th October 2020 at the NEC Birmingham.



Ian Reynolds
Senior Show Manager
The Respiratory Show

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Organised by:



ENHANCE YOUR HANDS-ON SKILLS

via Our Practical Hands-on Workshops

WED 9TH OCTOBER

09:30 10:15	Introduction to Spirometry - Myth and Misconceptions Chris Loveridge , Clinical and Academic Lead for Spirometry, Education of Health
10:30 11:15	Overview of Interpretation - Top Ten Tips Reviewed Chris Loveridge , Clinical and Academic Lead for Spirometry, Education of Health
12:00 13:00	Flutiform K Haler - Inhaler Technique Session Darush Attar-Zadeh , Respiratory Lead Pharmacist, Barnet CCG
13:10 13:55	Inhaler Techniques Darush Attar-Zadeh , Respiratory Lead Pharmacist, Barnet CCG
14:50 15:35	"Nebulisers" a How to... Holly Patterson , Specialist Respiratory Physiotherapist, Royal Brompton & Harefield NHS Foundation Trust
15:40 16:25	The Role of Mechanical Insufflation Exsufflation Device in the Management of Impaired Cough Strength Sean Headon , Physiotherapist, Aintree University Hospital Jackie Walsh , Deputy Ward Manager, Ventilation Inpatient Centre, University Hospital Aintree
16:30 17:15	Buteyko Breathing Technique Claire Mott , MCSP ACPRC MBBA, Senior Respiratory Physiotherapist, Royal Surrey County Hospital

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THURS 10TH OCTOBER

9:10 10:15	Spirometry Interpretation: A Masterclass Laura Wallis , Respiratory Physiologist & ARTP Tutor, The Institute of Clinical Science and Technology
10:30 11:15	Chest Clearance and Cough Management: a Physio Approach Sian Midwinter , Respiratory Physiotherapist, Midwinter Physiotherapy
11:45 12:30	Inhaler Techniques: Project Your Patients and Protect the Environment Professor Anna Murphy , Consultant Respiratory Pharmacist, University Hospitals of Leicester NHS Trust
12:45 13:30	RightBreathe Workshop Darush Attar-Zadeh , Respiratory Lead Pharmacist, Barnet CCG
13:45 14:30	Essential Skills for Peak Flow Monitoring Sian Rowlands , Interface Respiratory Nurse Specialist, ARNS
14:45 15:30	Inhaler Techniques: Project Your Patients and Protect the Environment Professor Anna Murphy , Consultant Respiratory Pharmacist, University Hospitals of Leicester NHS Trust
15:45 16:30	Tai Chi Increasing Patients Choice Elaine Smith , Clinical Lead for COPD, South West and West of England Academic Health Science Networks Paul Mills , Space & Breathe Clinic Specialist NHS

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SHOW TIMES

Wednesday 9 October 2019 - 08:30 - 17:30

Thursday 10 October 2019 - 09:00 - 16:30

LOCATION

Hall 3, NEC, Birmingham, B40

CLOAKROOMS

For a £1 charge you can store luggage in the NEC cloakrooms.

VIEW SESSIONS AFTER THE SHOW

The 2019 sessions will be uploaded to the CloserStill learning archive up to four weeks after the event, you will be emailed the link and log in details where you will be able to access the slides and recorded audio.

INTERESTED IN EXHIBITING NEXT YEAR?

Stop by our sales office to chat about your stand. Check the floorplan to locate our sales office on stand R10.

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The latest programme, exhibitor list and all other key information for this year's show at your finger tips!



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CONFERENCE PROGRAMME: WEDNESDAY 9TH OCTOBER

RESPIRATORY CLINICAL THEATRE 1

Morning Theatre Chair: Darush Attar-Zadeh, Respiratory Lead Pharmacist, Barnet Clinical Commissioning Group	
09:05 - 09:20	Welcome to the Respiratory Show by Chair: Darush Attar-Zadeh , Respiratory Lead Pharmacist, Barnet CCG
09:25 - 10:00	NHS Long-Term Plan Update James Calvert , Lead, National Asthma Audit, Royal College of Physicians
10:15 - 11:00	COPD Nurse Update Melissa Canavan , Respiratory Nurse Specialist, Respiratory Care Solutions
11:15 - 11:45	Device Selection in Asthmatics: Right Patient, Right Inhaler Darush Attar – Zadeh , Respiratory Lead Pharmacist Barnet & NE London  Sponsored by
12:00 - 12:30	Pulmonary Rehabilitation – Current Practice and Challenges Sally Singh , Head of Pulmonary and Cardiac Rehabilitation, University Hospitals of Leicester NHS Trust
12:45 - 13:15	Impact of Integrated Respiratory Care in a Cohort of Staffordshire COPD Population Dr Mukesh Singh , GP at Horse Fair Practice, Rugeley, GPwSI Respiratory Medicine Respiratory Lead at Staffordshire CCGs
Afternoon Theatre chair: Katy Beckford, Lead for Community Inpatient Services, Berkshire Healthcare NHS Foundation Trust	
13:40 - 14:20	The Respiratory Integrated Experience in Wolverhampton and Salford June Roberts , Associate Director of Transformation and Consultant Nurse, Salford Royal NHS Foundation Trust Helen Ward , Consultant Respiratory Physician, The Royal Wolverhampton NHS Trust 
14:30 - 15:00	Evolving Developments in the Management of COPD Professor Dave Singh , Professor of Clinical Pharmacology and Respiratory Medicine, University Hospital of South Manchester NHS Foundation Trust  Sponsored by
15:15 - 16:00	The Pitfalls and Opportunities in Advanced Nursing Practice Katy Beckford , Lead for Community Inpatient Services, NHS Berkshire Maria Parsonage , Respiratory Nurse Consultant, Wirral University NHS Teaching Hospital Trust 
16:15 - 16:45	Lung Fibrosis - The Patient Pathway Nikhil Hirani , Reader / Associate Medical Director of Outpatient Services, Centre for Inflammation Research, University of Edinburgh
17:00 - 17:30	Air Pollution Evidence Review Professor Paul Cosford , Director of Health Protection and Medical Director, Public Health England 

RESPIRATORY CLINICAL THEATRE 2

Theatre Chair, David Farmer, Clinical Lead for Medicines Management, NHS South Worcestershire CCG	
09:15 - 09:20	Welcome to the Respiratory Show by Theatre Chair: David Farmer , Clinical Lead for Medicines Management, NHS South Worcestershire CCG
09:25 - 09:55	Using Digital to Implement the NHS Long-Term Plan Stephanie Mansell , Consultant Respiratory Physiotherapist, Royal Free London NHS Foundation Trust
10:10 - 10:55	Allergy and Asthma Shuaib Nasser , Consultant in Allergy & Asthma, Cambridge University Hospitals NHS Foundation Trust
11:05 - 11:35	The GP Practice Pharmacist – Vital to Implement NRAD for Asthma Gupinder Syan , Training and Clinical Outcomes Manager, i2i Network  Sponsored by
11:45 - 12:15	Smoking Cessation - Clinician and Industry Perspectives Dr Richard Roope , Cancer clinical champion, CRUK/RCCP  Sponsored by
13:00 - 13:30	Asthma and Allergy in Primary Care Key Aspects for Your Consultation and a Review of Hot Topics Liz Angier , Clinical Director Primary Care, NHS West Hampshire CCG
14:30 - 15:05	Breathlessness: The Whistle Stop Tour of Diagnosis and Management Helen Ward , Consultant Nurse and Assistant Director of Nursing, The Royal Wolverhampton NHS Trust
15:20 - 15:50	Cystic Fibrosis in the 21st Century Dr Joanna Whitehouse , CF Consultant and Centre Director, West Midlands Adult Cystic Fibrosis Centre
16:05 - 16:35	Mucolytics - Changing Old Habits? Lindsey Clayton , Medicines Safety Officer, NHS Wakefield CCG  Sponsored by
16:50 - 17:20	Bronchiectasis: from primary to secondary care Dr Ricardo Jose , Senior Clinical Research Fellow, Internal Medicine, UCL  With thanks to

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CONFERENCE PROGRAMME: THURSDAY 10TH OCTOBER

RESPIRATORY CLINICAL THEATRE 1

Morning Theatre Chair: Kay Roy, Respiratory Consultant, West Hertfordshire Hospitals NHS Trust	
09:05 - 09:10	Welcome by Chair: Kay Roy , Respiratory Consultant West Hertfordshire Hospitals NHS Trust
09:10 - 09:40	COPD Update – Balancing Two Sets of Guidelines Kay Roy , Respiratory Consultant, West Hertfordshire Hospitals NHS Trust
09:50 - 10:30	Appropriate Use of ICS in COPD Professor James Chalmers , Professor and Consultant Respiratory Physician, School of Medicine, University of Dundee  Sponsored by Boehringer Ingelheim
10:40 - 11:10	Asthma – Making Sense of the Guidelines Binita Kane , Consultant Chest Physician, Manchester University NHS Foundation Trust
11:20 - 11:50	Respiratory Hot Topics and Implications for Primary Care Salman Ghani , Consultant General and Respiratory Physician, Heart of England NHS Foundation Trust
12:00 - 12:30	Improving the Asthma Patient's Journey Amit Patel , Respiratory Specialist Pharmacist, North West of England  Sponsored by ORION PHARMA Building well-being
Afternoon Theatre Chair: Nipa Patel, Senior Practice Pharmacist, Brentworth PCN and Argyle Health Group	
12:35 - 12:40	Afternoon Welcome by Chair: Nipa Patel , Senior Practice Pharmacist, Brentworth PCN and Argyle Health Group
12:40 - 13:10	Lessons from the Knowsley Community Respiratory Service Dennis Wat , Consultant Chest Physician, Liverpool Heart and Chest Hospital   Respiratory Futures British Thoracic Society Inspire • Innovate • Collaborate
13:20 - 14:00	Asthma and Allergy in Children Viv Marsh , Clinical Lead for Asthma and Allergy, Education for Health
14:50 - 15:20	Hard to Reach or Hiding in Plain Sight? Treating the Smoker in Front of You Louise Ross , Clinical Consultant & Vice Chair, National Centre for Smoking Cessation and Training & New Nicotine Alliance
15:30 - 16:00	Respiratory Point of Care Testing (R-POCT) to Facilitate Management in the Community for COPD Exacerbations: A Novel Home-Based Service Kay Roy , Respiratory Consultant, West Hertfordshire Hospitals NHS Trust

RESPIRATORY CLINICAL THEATRE 2

Theatre chair: Heather Henry, Nurse Entrepreneur, Brightness Management	
09:05 - 09:10	Welcome by Chair: By Theatre Chair: Heather Henry , Nurse Entrepreneur, Brightness Management
09:10 - 09:40	SABA Guardians, Creating the Followers in AsthmaRightCare (ARC) Darush Attar-Zadeh , Respiratory Lead Pharmacist, Barnet Clinical Commissioning Group
09:50 - 10:30	Lung Cancer: From 2WW to a Long Term Plan Dr Haval Balata , Consultant Respiratory Physician, Manchester University NHS Foundation Trust
12:00 - 12:40	National Review of Asthma Deaths Mark Levy , GP & GP Appraiser, NHS
12:50 - 13:20	Patient Behaviour in Asthma – Time to Harness it? Heather Matthews , Independent nurse specialising in respiratory care and communication skills  Sponsored by AstraZeneca
13:30 - 14:00	Innovation By Integrated Care Binita Kane , Consultant Chest Physician, Manchester University NHS Foundation Trust
14:10 - 14:40	Case Study: New Technology for Respiratory Care Sudip Ghosh , Medical Director Masters Physician Associate Programme, De-Montfort University
14:50 - 15:20	2019 International Asthma (GINA) Guidance Mark Levy , GP & GP Appraiser, NHS
15:30 - 16:00	BreathChamps: Child asthma Re-imagined Heather Henry , Nurse Entrepreneur, Brightness Management

SAVE THE DATE

14 & 15 OCTOBER 2020
NEC, BIRMINGHAM

WWW.RESPIRATORYSHOW.CO.UK

The conference is supported by educational grants from various companies who have not influenced the meeting content or the choice of speakers. Sponsors have not had any input into the programme except where an individual session states it's sponsored. The session topic and speaker have been developed by each sponsoring company. By attending these sessions you are agreeing to sponsors receiving your registration data. To revoke consent of your details being shared after your badge has been scanned, please visit Registration. Programme correct at time of print.

EXHIBITOR LISTINGS



Amplivox Limited Stand Number R28

Amplivox are a British Company who specialise in the supply and support of a comprehensive range of health screening equipment and consumables. The cost effective and innovative range includes both PC based and desktop spirometers, audiometers and vision testers.

www.amplivox.ltd.uk



Atlantic Pharma Stand Number R41

Atlantic Pharma is a UK business, dedicated to bringing high quality cost-effective medicines to the NHS. Our products are manufactured in Switzerland, ensuring the highest quality and available through UK wholesalers providing reliable supply. We pride ourselves on finding product solutions that give real world benefits to patients at an affordable cost.

www.atlanticpharma.co.uk



Boehringer Ingelheim Stand Number R70

Improving the health and quality of life of patients is the goal of the research-driven pharmaceutical company Boehringer Ingelheim. The company concentrates on developing innovative therapies that can improve patients' lives. In animal health, Boehringer Ingelheim stands for advanced prevention.

www.boehringer-ingelheim.co.uk



Chiesi Stand Number R75

Chiesi Limited is the UK affiliate of Chiesi Farmaceutici S.p.A. It is headquartered in Manchester and employs over 250 employees. Chiesi Farmaceutici is an international research-focused Healthcare Group based in Parma, Italy, and present in 26 countries. Chiesi researches, develops and markets innovative drugs in the respiratory, specialist medicine and rare disease areas.

www.chiesi.uk.com



Association of Respiratory Nurse Specialists (ARNS) Stand Number R57

ARNS was created in 1997 by respiratory nurses, for respiratory nurses, and this ethos is still very true today. ARNS remains the only nursing-led membership organisation within the UK respiratory specialty field. Today, our organisation benefits from the participation of more than 1,500 members across the UK. ARNS collaborates with other respiratory care organisations, as well as government and NHS initiatives in order to influence policy and developments for respiratory services, such as the NICE and BTS Guidelines.

www.arns.co.uk



Baxter Healthcare Ltd Stand Number R53

Every day, millions of patients and caregivers rely on Baxter's leading portfolio of critical care, nutrition, renal, hospital and surgical products. For more than 85 years, we've been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that make it happen.

www.baxterhealthcare.co.uk



British Lung Foundation Stand Number R80

One in five of us has problems with our breathing. Millions more are at risk. We're the only UK charity looking after the nation's lungs. We offer hope, help and a voice. Our research finds new ways to prevent, treat and cure lung disease. Our support gives people who struggle to breathe the skills, knowledge and confidence to take control of their lives. And together, we're campaigning for clean air and better services. One day, everyone will breathe clean air with healthy lungs. Only your support can make that happen.

bif.org.uk



Cipla Stand Number R65

Cipla is a global pharmaceutical company which uses cutting edge technology and innovation to meet the everyday needs of patients. Since forming over 80 years ago, Cipla has emerged as one of the most respected pharmaceutical names in India and has a presence in more than 80 countries.

www.sereflo.co.uk



BioMerieux UK Ltd Stand Number R67

A global leader for in-vitro diagnostics for over 50 years, bioMerieux is driven by a pioneering spirit and unrelenting commitment to improve public health. At The Respiratory Show we will be proud to present BioFire, our innovative, rapid syndromic, diagnostic solution for Respiratory infections.

www.biomerieux.co.uk



Buteyko Breathing Association Stand Number R03

The Buteyko Breathing Association (BBA) is an organisation of healthcare professionals trained in the assessment and treatment of adults and children with asthma or other chest conditions using the Buteyko Breathing Technique. The BBA provides teacher training courses, and CPD via study days, newsletters and discussion forums.

www.buteykobreathing.org



Exhalation Technology Ltd Stand Number R30

At Exhalation Technology, we are revolutionising respiratory care by providing clinicians the tools to help transform the process of diagnosing, treating and monitoring respiratory conditions. Inflammacheck® provides clinicians access to information such as underlying causes. Inflammacheck® strengthens their decision-making process – and supports better outcomes for patients.

www.exhalationtechnology.com



AstraZeneca Stand Number R50/R54

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialisation of prescription medicines, primarily for the treatment of diseases in three therapy areas - Oncology, Cardiovascular, Renal & Metabolism and Respiratory.

www.astrazeneca.co.uk



A logical choice

of maintenance treatment to help prevent exacerbations of COPD

Maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting β_2 -agonist or a combination of a long-acting β_2 -agonist and a long-acting muscarinic antagonist (for effects on symptoms control and prevention of exacerbations see section 5.1 of the SPC).¹

 **Chiesi**

Prescribing information can be found overleaf

Trimbow® 

beclometasone/formoterol/
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Extrafine formulation

Inspired logic



UK-TRI-1900076 Mar 2019



**Glenmark Pharmaceuticals
Europe Ltd
Stand Number R47**

Glenmark brings 40+ Years of Pharmaceuticals Knowledge and Experience and has more than 12,000 employees. Glenmark are an innovations based company ranked in the top 75 Ranked Pharma & Biotech companies of the world. The pipeline has a strong respiratory focus with multiple devices/brands planned.
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**Interstitial Lung Disease
Interdisciplinary Network
(ILD-IN)**

Stand Number R36

The ILD Interdisciplinary Network (ILD-IN) aims to provide a supportive network for health professionals of all disciplines working in interstitial lung diseases. ILD-INs purpose is, to provide support, promote ILD specialty practice through education and professional development and to influence the policy of ILD care.
www.ILD-IN.org.uk



**Intersurgical
Stand Number R85**

Intersurgical is Europe's leading designer, manufacturer and supplier of a wide range of medical devices for respiratory support. We provide flexible patient solutions for airway management, anaesthesia, critical care, and oxygen & aerosol therapy primarily for use within the hospital environment.
www.intersurgical.com



**LogixX Pharma
Stand Number R04**

LogixX Pharma is a speciality pharmaceutical company with a core focus on products for the management and treatment of niche therapeutic conditions as many of these conditions are poorly treated with a high level of unmet medical need. To meet this challenge, we are rapidly expanding our portfolio of products to bring new therapies to patients, new treatment approaches to healthcare professionals and better health outcomes for patients. Our product portfolio includes Nutraceutical Supplements, Respiratory and Cardiovascular matters. LogixX Pharma is committed and focused on the patients needs.
www.logixxpharma.com



**NObreath Fenol from
Intermedical
Stand Number R56**

Make better clinical decisions on Asthma diagnosis using the NObreath FeNO monitor. Join us on our stand at the Respiratory Show as we demonstrate the monitor.
www.nobreath.co.uk



**Orion Pharma
Stand Number R40**

Orion Pharma (UK) Ltd. is a wholly owned subsidiary of Orion Corporation, which is a pharmaceutical company based in Finland. Our focus in the UK market is on Prescription Only Medicine (POM) including products in Respiratory, Critical Care & Women's Health.
www.orionpharma.co.uk

Prescribing Information

Trimbow 87/5/9 Pressurised Metered Dose Inhaler (pMDI)

Prescribing Information

Please refer to the full Summary of Product Characteristics (SPC) before prescribing.
Presentation: Each Trimbow 87/5/9 pMDI delivered dose contains 87micrograms (mcg) of beclometasone dipropionate (BDP), 5mcg of formoterol fumarate dihydrate (formoterol) and 6mcg of glycopyrronium. This is equivalent to a metered dose of 100mcg BDP, 6mcg formoterol and 10mcg glycopyrronium. **Indication:** Maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta₂-agonist or a combination of a long-acting beta₂-agonist and a long-acting muscarinic antagonist (for effects on symptoms control and prevention of exacerbations see section 5.1 of the SPC). **Dosage and administration:** For inhalation in adult patients (≥18 years). 2 inhalations twice daily. Can be used with the AeroChamber Plus® spacer device. BDP in Trimbow is characterised by an extrafine particle size distribution which results in a more potent effect than formulations of BDP with a non-extrafine particle size distribution (100mcg of BDP extrafine in Trimbow are equivalent to 250mcg of BDP in a non-extrafine formulation). **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. **Warnings and precautions:** Not for acute use in treatment of acute episodes of bronchospasm or to treat COPD exacerbation. Discontinue immediately if hypersensitivity or paradoxical bronchospasm. **Deterioration of disease:** Trimbow should not be stopped abruptly. **Cardiovascular effects:** Use with caution in patients with cardiac arrhythmias, aortic stenosis, hypertrophic obstructive cardiomyopathy, severe heart disease, occlusive vascular diseases, arterial hypertension and aneurysm. Caution should also be used when treating patients with known or suspected prolongation of the QTc interval (QTc > 450 milliseconds for males, or > 470 milliseconds for females) either congenital or induced by medicinal products. Trimbow should not be administered for at least 12 hours before the start of anaesthesia as there is a risk of cardiac arrhythmias. Caution in patients with thyrotoxicosis, diabetes mellitus, phaeochromocytoma and untreated hypokalaemia. Increase in pneumonia and pneumonia hospitalisation in COPD patients receiving ICS observed. Clinical features of pneumonia may overlap with symptoms of COPD exacerbations. Systemic effects of ICS may occur, particularly at high doses for long periods, but are less likely than with oral steroids. These include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation, decrease in bone mineral density, cataract, glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression and aggression. Use with caution in patients with pulmonary tuberculosis or fungal/viral airway infections. Potentially serious hypokalaemia may result from beta₂-agonist therapy. Formoterol may cause a rise in blood glucose levels. Glycopyrronium should be used with caution in patients with narrow-angle glaucoma, prostatic hyperplasia or urinary retention. Use in patients with severe hepatic or renal impairment should only be considered if benefit outweighs the risk. Consider referral of patients reporting blurred vision or visual disturbances to an ophthalmologist as causes may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy. **Interactions:** Since glycopyrronium is eliminated via renal route, potential drug interactions could occur with medicinal products affecting renal excretion mechanisms e.g. with cimetidine (an inhibitor of OCT2 and MATE1 transporters in the kidney) co-administration, glycopyrronium showed a slight decrease in renal excretion (20%) and a limited increase in total systemic exposure (16%). Possibility of systemic effects with concomitant use of strong CYP3A inhibitors (e.g. ritonavir, cobicistat) cannot be excluded and therefore caution and appropriate monitoring is advised. **Related to formoterol:** Non-cardioselective beta-blockers (including eye drops) should be avoided. Concomitant administration of other beta-adrenergic drugs may have potentially additive effects. Concomitant treatment with quinidine, disopyramide, procainamide, antihistamines, monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants and phenothiazines can prolong the QTc interval and increase the risk of ventricular arrhythmias. L-dopa, L-thyroxine, oxytocin and alcohol can impair cardiac tolerance towards beta₂-sympathomimetics. Hypertensive reactions may occur following co-administration with MAOIs including drugs with similar properties (e.g. furazolidone, procarbazine). Risk of arrhythmias in patients receiving concomitant anaesthesia with halogenated hydrocarbons. Concomitant treatment with xanthine derivatives, steroids or diuretics may potentiate a possible hypokalaemic effect of beta₂-agonists. Hypokalaemia may increase the likelihood of arrhythmias in patients receiving digitalis glycosides. **Related to glycopyrronium:** Co-administration with other anticholinergic-containing medicinal products is not recommended. **Excipients:** Presence of ethanol may cause potential interaction in sensitive patients taking metronidazole or disulfiram. **Fertility, pregnancy and lactation:** Should only be used during pregnancy if the expected benefits outweigh the potential risks. Children born to mothers receiving substantial doses should be observed for adrenal suppression. Glucocorticoids and metabolites are excreted in human milk. It is unknown whether formoterol or glycopyrronium (including their metabolites) pass into human breast-milk but they have been detected in the milk of lactating animals. Anticholinergic agents like glycopyrronium could suppress lactation. A risk/benefit decision should be taken to discontinue therapy in the mother or discontinue breastfeeding. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from therapy. **Effects on driving and operating machinery:** None or negligible. **Side effects: Common:** pneumonia (in COPD patients), pharyngitis, oral candidiasis, urinary tract infection, nasopharyngitis, headache, dysphonia. **Uncommon:** influenza, oral fungal infection, oropharyngeal candidiasis, oesophageal candidiasis, sinusitis, rhinitis, gastroenteritis, vulvovaginal candidiasis, granulocytopenia, dermatitis allergic, hypokalaemia, hyperglycaemia, restlessness, tremor, dizziness, dysgeusia, hypoaesthesia, otosalginitis, atrial fibrillation, electrocardiogram QT prolonged, tachycardia, tachyarrhythmia, palpitations, hyperaemia, flushing, hypertension, cough, productive cough, throat irritation, epistaxis, diarrhoea, dry mouth, dysphagia, nausea, dyspepsia, burning sensation of the lips, dental caries, aphthous stomatitis, rash, urticaria, pruritus, hyperhidrosis, muscle spasms, myalgia, pain in extremity, musculoskeletal chest pain, fatigue, C-reactive protein increased, platelet count increased, free fatty acids increased, blood insulin increased, blood ketone body increased, cortisol decreased. **Rare:** Lower respiratory tract infection (fungal), hypersensitivity reactions, including erythema, lips, face, eye and pharyngeal oedema, decreased appetite, insomnia, hypersomnia, angina pectoris (stable and unstable), ventricular extrasystoles, nodal rhythm, sinus bradycardia, blood extravasation, paradoxical bronchospasm, oropharyngeal pain, pharyngeal erythema, pharyngeal inflammation, dry throat, angioedema, dysuria, urinary retention, nephritis, asthma, blood pressure increased, blood pressure decreased. **Very rare:** thrombocytopenia, adrenal suppression, glaucoma, cataract, dyspnoea, growth retardation, peripheral oedema, bone density decreased. **Frequency not known:** psychomotor hyperactivity, sleep disorders, anxiety, depression, aggression, behavioural changes, blurred vision. (Refer to SPC for full list of side effects). **Legal category:** POM **Price and Pack:** £44.50 1x120 actuations. **Marketing authorisation (MA) no:** EU/1/17/1208/002 **UK Distributor:** Chiesi Limited, 333 Styl Road, Manchester, M22 5LG. **Date of Preparation:** Jan 2019. AeroChamber Plus® is a registered trademark of Trudell Medical International.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Chiesi Limited on 0800 0092329 (UK) or PV.UK@Chiesi.com.

Reference

1. Trimbow Summary of Product Characteristics, Chiesi Limited. Available at: www.medicines.org.uk/emc/product/761.



beclometasone/formoterol/
glycopyrronium (87/5/9 mcg)

EXHIBITOR LISTINGS



**PROACT Medical
Stand Number R49**

PROACT Medical Ltd, established in 1995 is an independent UK based company, located in Northamptonshire. We specialise in the manufacturing and supplying of Patient Monitoring, Diagnostic, Airway Management, Anaesthetic and Resuscitation products to the NHS and private organisations.

www.proactmedical.co.uk



**Pulmonx
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Pulmonx strives to improve the lives of patients suffering from emphysema with its minimally-invasive, personalized technologies for interventional pulmonology.

www.pulmonx.com



**Respiratory Care Solutions
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We are a primary care based social enterprise specialising in respiratory services. In 2013 we set up Leeds Respiratory Network, an educational initiative designed to enhance the learning opportunities available to primary care staff with a special interest in respiratory disease. For three years we have organised regular evening meetings and study days, inviting both local and national respiratory experts to address our audiences on issues relating to chronic respiratory disease.

www.respiratorycaresolutions.org



**Respiratory Futures, British Thoracic Society
Stand Number R42**

Respiratory Futures is a collaborative initiative between the British Thoracic Society, NHS England, and a wide range of respiratory stakeholders across the UK. We aim to highlight innovation and best practice in models of respiratory care, including integrated care, via blogs, features, profiles and practical examples. Visit our interactive map to discover more about these, and respiratory priorities, across STPs and in Scotland, Wales and Northern Ireland.

www.brit-thoracic.org.uk



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