

managing asthma long-term

Youths ≥ 12 years of age and adults

Lung function	Symptoms	Disease severity	Disease classification	Quick relief	Long-term daily treatment	
<ul style="list-style-type: none"> • FEV1 < 60% predicted • FEV1/FVC reduced > 5% 	<ul style="list-style-type: none"> • Throughout the day • Nighttime awakenings often 7x/week • Extremely limits normal activity • Use of SABA several times/day • ≥ 2 exacerbations/year requiring OSC 	Severe	Persistent asthma	<p style="text-align: center;">▲</p> <ul style="list-style-type: none"> • SABA as needed for symptoms. 	<p>Step 6 Preferred: High-dose ICS + LABA + oral corticosteroid AND consider Omalizumab for patients who have allergies</p> <p>Step 5 Preferred: High-dose ICS + LABA AND consider Omalizumab for patients who have allergies</p>	<p style="text-align: center;">▲</p> <p>Step up if needed (first check adherence, environmental control, and comorbid conditions)</p> <p>Assess control</p> <p>Step down if possible (and asthma is well controlled at least 3 months)</p> <p style="text-align: center;">▼</p>
<ul style="list-style-type: none"> • FEV1 > 60% but < 80% predicted • FEV1/FVC reduced 5% 	<ul style="list-style-type: none"> • Daily • Nighttime awakenings > 1x/week but not nightly • Some limitation of normal activity • Use of SABA daily • ≥ 2 exacerbations/year requiring OSC 	Moderate		<ul style="list-style-type: none"> • Intensity of treatment depends on severity of symptoms: Up to 3 treatments at 20-minute intervals as needed. 	<p>Step 4 Preferred: Medium-dose ICS + LABA Alternative: Medium-dose ICS + either LTRA, Theophylline, or Zileuton</p> <p>Step 3 Preferred: Low-dose ICS + LABA OR medium dose ICS Alternative: Low-dose ICS + either LTRA, Theophylline, or Zileuton</p>	
<ul style="list-style-type: none"> • FEV1 > 80% predicted • FEV1/FVC normal 	<ul style="list-style-type: none"> • > 2 days/week but not daily • Nighttime awakenings 3-4 x/month • Minor limitation of normal activity • Use of SABA > 2 days/week, but less than daily, and not more than 1x on any day • ≥ 2 exacerbations/year requiring OSC 	Mild		<ul style="list-style-type: none"> • Short course of oral systemic corticosteroids may be needed. 	<p>Step 2 Preferred: Low-dose ICS Alternative: Cromolyn, LTRA, Nedocromil, or Theophylline</p>	
<ul style="list-style-type: none"> • Normal FEV1 between exacerbations • FEV1 > 80% predicted • FEV1/FVC normal 	<ul style="list-style-type: none"> • ≤ 2 days/week • Nighttime awakenings ≤ 2 x/month • No interference with normal activity • Use of SABA ≤ 2 days/week • 0-1 exacerbation/year requiring OSC 		Intermittent asthma	<p style="text-align: center;">▼</p>	<p>Step 1 Preferred: SABA prn</p>	

Each step: Patient education, environmental control, and management of comorbidities.

Steps 2-4: Consider subcutaneous allergen immunotherapy for patients who have allergic asthma.

Consult with asthma specialist if Step 4 care or higher is required. Consider consultation at Step 3.

Key: Alphabetical order is used when more than one treatment option is listed within either preferred or alternative therapy. EIB: exercise-induced bronchospasm, ICS: inhaled corticosteroid, LABA: long-acting inhaled beta-2 agonist, LTRA: leukotriene receptor antagonist, OSC: oral systemic corticosteroid, SABA: inhaled short-acting beta-2 agonist

- Annual influenza vaccination for all persons ages 6 months and older.
- Pneumococcal (pneumonia) vaccination once unless immunocompromised or given more than 5 years before age 65.

Data used from National Asthma Education and Prevention Program – Expert Panel Report 3.

Guidelines for the Diagnosis and Management of Asthma, August 2007.

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