

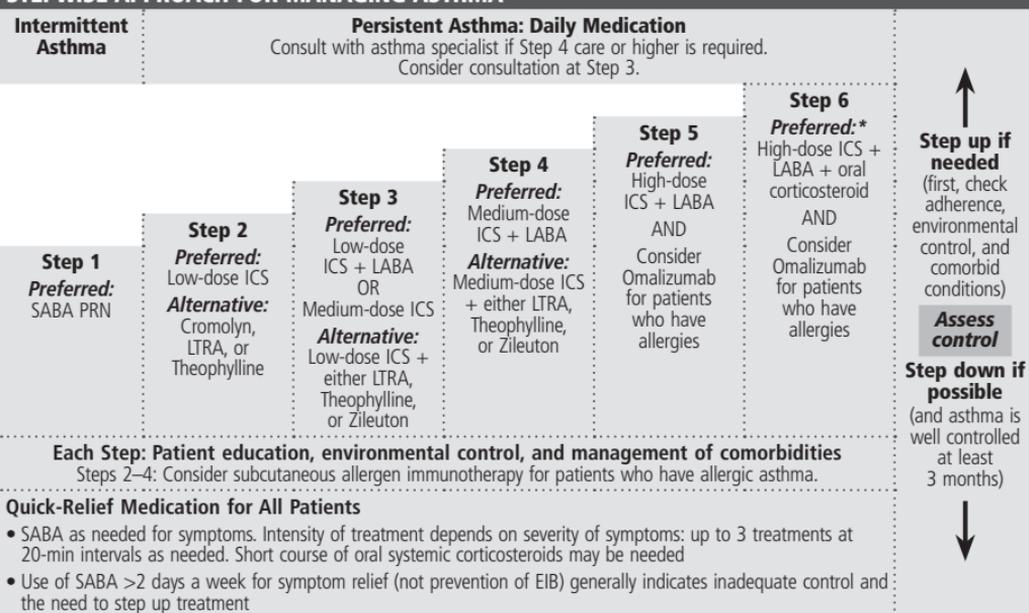
ASTHMA MANAGEMENT: ≥12 YEARS OF AGE (Part 1 of 2)

CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT

Assessing severity and initiating treatment for patients who are not currently taking long-term control medications

Components of Severity		Classification of Asthma Severity (≥12 Years of Age)			
		Intermittent	Mild	Persistent Moderate	Severe
Impairment Normal FEV ₁ /FVC: 8–19yr 85% 20–39yr 80% 40–59yr 75% 60–80yr 70%	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2×/month	3–4×/month	>1×/week but not nightly	Often 7×/week
	Short-acting β ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not daily and not more than 1× on any day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	<ul style="list-style-type: none"> Normal FEV₁ between exacerbations FEV₁ >80% predicted FEV₁/FVC normal 	<ul style="list-style-type: none"> FEV₁ >80% predicted FEV₁/FVC normal 	<ul style="list-style-type: none"> FEV₁ >60% but <80% predicted FEV₁/FVC reduced 5% 	<ul style="list-style-type: none"> FEV₁ <60% predicted FEV₁/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids 0–1/year	≥2/year →			
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 4 or 5
In 2–6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly.					

STEPWISE APPROACH FOR MANAGING ASTHMA



NOTES

Key: EIB = exercise-induced bronchospasm; FEV₁ = forced expiratory volume in 1 second; FVC = forced vital capacity; ICS = inhaled corticosteroid; LABA = inhaled long-acting β₂-agonist; LTRA = leukotriene receptor antagonist; SABA = inhaled short-acting β₂-agonist.

*Preferred therapy is based on *Expert Panel Report 2* from 1997.

(continued)

ASTHMA MANAGEMENT: ≥12 YEARS OF AGE (Part 2 of 2)

ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY

Components of Control		Classification of Asthma Control (≥12 Years of Age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2×/month	1–3×/week	≥4×/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting β ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV ₁ or peak flow	>80% predicted/ personal best	60%–80% predicted/ personal best	<60% predicted/ personal best
	Validated questionnaires*			
	ATAQ	0	1–2	3–4
	ACQ	≤0.75†	≥1.5	N/A
	ACT	≥20	16–19	≤15
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year	≥2/year →	
	Progressive loss of lung function	Consider severity and interval since last exacerbation		
	Treatment-related adverse effects	Evaluation requires long-term follow-up care Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment		<ul style="list-style-type: none"> • Maintain current step • Regular follow-ups every 1–6 months to maintain control • Consider step down if well controlled for at least 3 months 	<ul style="list-style-type: none"> • Step up 1 step and • Reevaluate in 2–6 weeks • For side effects, consider alternative treatment options 	<ul style="list-style-type: none"> • Consider short course of oral systemic corticosteroids • Step up 1 to 2 steps and • Reevaluate in 2 weeks • For side effects, consider alternative treatment options

NOTES

Key: ACQ = Asthma Control Questionnaire®; ACT = Asthma Control Test™; ATAQ = Asthma Therapy Assessment Questionnaire®; EIB = exercise-induced bronchospasm; FEV₁ = forced expiratory volume in 1 second.

*Questionnaires do not assess lung function or the risk domain. †ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

REFERENCES

Adapted from National Asthma Education and Prevention Program. *Expert Panel Report 3: Guidelines for the Diagnosis and*

Management of Asthma 2007. U.S. Department of Health and Human Services. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>. Accessed on: July 19, 2019.

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