Asthma Management in Ages 12+ Years





Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess

- Confirm or evaluate diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adiust

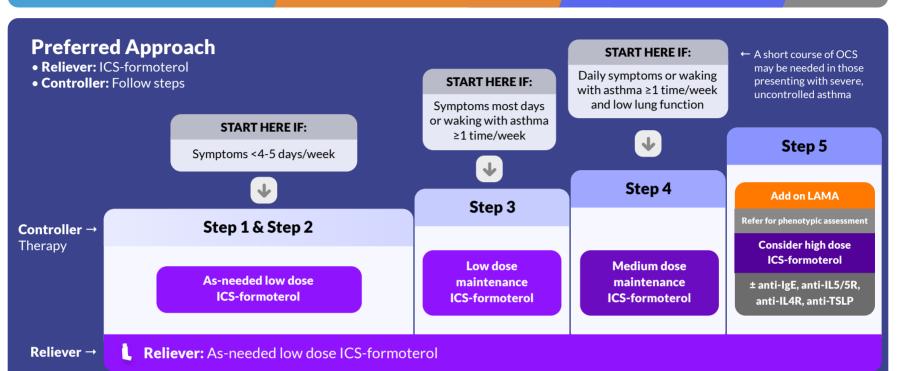
- Treat comorbidities, & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review

- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

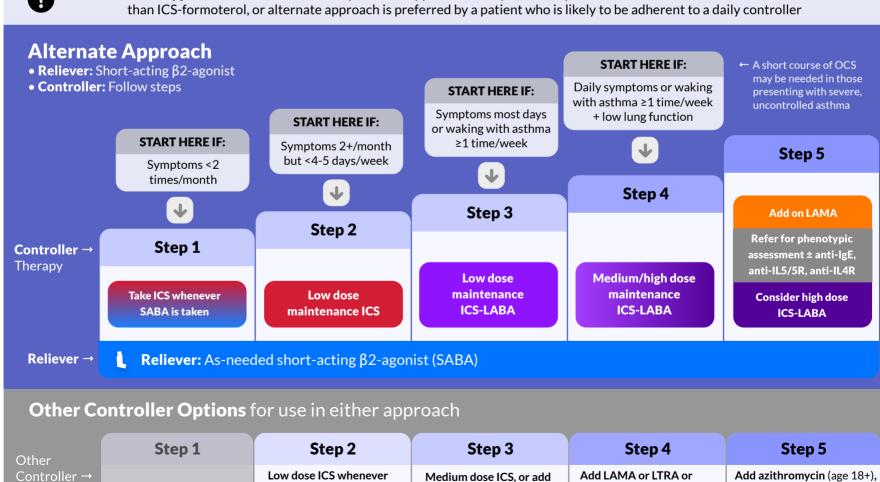
Repeat

- AssessAdjust
- Review





The alternate approach is reasonable when: preferred approach is not possible, if patient is stable on an ICS-LABA controller other than ICS-formoterol, or alternate approach is preferred by a patient who is likely to be adherent to a daily controller



LTRA, or add HDM SLIT

SABA taken, or daily LTRA,

or add HDM SLIT

as last resort

or LTRA; add low dose OCS

HDM SLIT, or switch to

high dose ICS

Asthma Management in Ages 11 Years and Under

Based on the 2022 Global Initiative for Asthma (GINA) Report



Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Other Controller →

options

Reliever →

- Confirm or evaluate diagnosis, if necessary
- Symptom control & modifiable risk factors
- Patient goals & inhaler technique/adherence

Adiust

- Educate and train skills and proper use

Review

- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

Repeat

- AssessAdjust
- Review

anti-IL4R

Add-on anti-IL5, or add low

dose OCS as last resort

START HERE IF: Children ages 6-11 years ← A short course of OCS may be needed in those Reliever: SABA or MART* Symptoms most days presenting with severe. or waking with asthma **START HERE IF:** • Controller: Follow steps uncontrolled asthma ≥1 time/week **START HERE IF:** Symptoms most days and low lung function or waking with asthma Symptoms 2+ **START HERE IF:** ≥1 time/week times/month but less than daily Symptoms < 2 Step 5 times/month Step 4 Step 3 Refer for phenotypic Step 2 Medium dose ICS-LABA, or assessment Step 1 low dose† ICS-formoterol Low dose ICS-LABA, or Consider higher dose as maintenance & reliever medium dose ICS, <u>or</u> very ICS-LABA or add-on therapy (MART) ow dose^ ICS-formoterol **Preferred** therapy, e.g. anti-lgE, Take low dose ICS **Daily low dose ICS** s maintenance & reliever Controller →

therapy (MART)

Low dose ICS + LTRA

Reliever: As-needed short-acting β2-agonist (SABA) or ICS-formoterol for MART as above in Steps 3+

*MART: maintenance and reliever therapy

whenever SABA is taken

Consider daily low dose ICS

^Very low dose: budesonide-formoterol 100-6 mcg

(use child dose ranges)

Daily LTRA, or low dose ICS

whenever SABA is taken

† Low dose: budesonide-formoterol 200-6 mcg (metered doses)

Refer for expert advice

Add tiotropium or add LTRA

Children ages 5 years and younger Before stepping up, check for alternate diagnosis, confirm • Reliever: Short-acting β2-agonist proper inhaler use, review adherence & exposures • Controller: Follow steps **CONSIDER THIS STEP IF: CONSIDER THIS STEP IF:** Poorly controlled asthma Symptoms are not consistent with asthma, but wheezing Confirmed asthma & poorly **CONSIDER THIS** episodes requiring SABA occur frequently e.g. ≥3/year. on doubled dose of initial controlled on low dose ICS **STEP IF:** Give a 3 month diagnostic trial. Consider expert referral. low dose ICS Infrequent viral Symptoms are consistent with asthma and are not well wheezing & no controlled or \geq 3 exacerbations per year. or few interval symptoms Step 4 Step 3 Step 2 Step 1 **Continue controller** Double the dose of **Daily low dose ICS** the initial low dose Refer for specialist **Preferred** ICS given Make reliever available (use ages 5 years and under low ICS dose range approximations) assessment Controller → Other Consider intermittent Daily LTRA, or intermittent short courses of ICS at onset of Low dose ICS + LTRA; Add LTRA, or add intermittent short ICS course at Controller → Consider specialist referral respiratory illness ICS, or increase ICS frequency onset of viral illness options Reliever: As-needed short-acting β2-agonist (SABA) **Reliever** →