

APPENDIX A-1. STEPWISE APPROACH FOR MANAGING ASTHMA (continued)

Figure 2. Stepwise Approach for Managing Asthma in Adults and Children Older Than 5 Years of Age: Treatment (Updates EPR-2 Figures 3-4a and 3-4b)

Classify Severity: Clinical Features Before Treatment or Adequate Control		Medications Required To Maintain Long-Term Control
	Symptoms/Day Symptoms/Night	PEF or FEV ₁ PEF Variability
		Daily Medications
Step 4 Severe Persistent	Continual Frequent	≤60% >30%
Step 3 Moderate Persistent	Daily >1 night/week	>60% – <80% >30%
Step 2 Mild Persistent	>2/week but < 1x/day >2 nights/month	≥80% 20–30%
Step 1 Mild Intermittent	≤2 days/week ≤2 nights/month	≥80% <20%

Quick Relief

All Patients

- Short-acting bronchodilator; 2–4 puffs short-acting inhaled beta₂-agonists as needed for symptoms.
- Intensity of treatment will depend on severity of exacerbation; up to 3 treatments at 20-minute intervals or a single nebulizer treatment as needed. Course of systemic corticosteroids may be needed.
- Use of short-acting beta₂-agonists >2 times a week in intermittent asthma (daily, or increasing use in persistent asthma) may indicate the need to initiate (increase) long-term-control therapy.



Step down

Review treatment every 1 to 6 months; a gradual stepwise reduction in treatment may be possible.



Step up

If control is not maintained, consider step up. First, review patient medication technique, adherence, and environmental control.

Goals of Therapy: Asthma Control

- Minimal or no chronic symptoms day or night
- Minimal or no exacerbations
- No limitations on activities; no school/work missed
- Maintain (near) normal pulmonary function
- Minimal use of short-acting inhaled beta₂-agonist
- Minimal or no adverse effects from medications

Note

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- Classify severity: assign patient to most severe step in which any feature occurs (PEF is % of personal best; FEV₁ is % predicted).
- Gain control as quickly as possible (consider a short course of systemic corticosteroids); then step down to the least medication necessary to maintain control.
- Minimize use of short-acting inhaled beta₂-agonists. Overreliance on short-acting inhaled beta₂-agonists (e.g., use of short-acting inhaled beta₂-agonist every day, increasing use or lack of expected effect, or use of approximately one canister a month even if not using it every day) indicates inadequate control of asthma and the need to initiate or intensify long-term-control therapy.
- Provide education on self-management and controlling environmental factors that make asthma worse (e.g., allergens and irritants).
- Refer to an asthma specialist if there are difficulties controlling asthma or if step 4 care is required. Referral may be considered if step 3 care is required.