



Children's Community Health Plan's

Clinical Summary of Guidelines

For the

Management of Asthma

NAEPP, NHLBI, NIH, Expert Panel Report 3: *Guidelines for the Diagnosis and Management of Asthma*, August 2007.
Summary written by Dr. M. Zacharisen, MCW

Stepwise Approach to Therapy

- Stepwise approach recommended to gain/maintain control
 - Severity assessment used to initiate controller or maintenance therapy
 - Control assessment used to adjust controller or maintenance therapy
- Before stepping up:
 - Assess medication adherence, inhaler technique, environmental control measures, comorbid conditions
 - If alternative treatment is being used, discontinue; initiate preferred treatment instead
- Consider stepping down therapy:
 - Once control has been maintained for > 3 months

◦ To identify minimum medication necessary to maintain control

Stepwise Approach for Managing Asthma in Children Aged ≤ 4 years

Recommended Steps for Initiating Treatment		Persistent Asthma	
Intermittent	Mild	Moderate	Severe
Step 1		Step 3	
Persistent Asthma: Daily Medication Consult with asthma specialist if step-3 or higher is required. Consider consultation at step 2.			
Intermittent Asthma	STEP 1	STEP 2	STEP 3
Preferred: SABA prn	Preferred: Low-dose ICS Alternative: Cromolyn or Montelukast	Preferred: Medium-dose ICS + either LABA or Montelukast	Preferred: High-dose ICS + either LABA or Montelukast or Oral systemic Corticosteroids
Patient Education and Environmental Control at Each Step			
Quick-Relief Medication for All Patients			



Step up if needed (first, check adherence, inhaler technique, and environmental control)

Assess control

Step down, if possible

(and asthma is well controlled for at least 3 months)



Montelukast is indicated for prophylaxis and chronic treatment of asthma only in patients aged 12 months and older. Safety and effectiveness of montelukast in patients younger than 12 months have not been established.

NAEPP, NHLBI, NIH, *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma*, August 2007.
 Summary written by Dr. M. Zacharisen, MCW

Stepwise Approach for Managing Asthma in Children Aged 5 to 11 years

Recommended Step for Initiating Treatment		Classification of Asthma Severity			
		Intermittent	Persistent		
Intermittent Asthma	Step 1	Mild	Moderate	Severe	
		Step 2	Step 3	Step 3 or 4	
Persistent Asthma: Daily Medication Consult with asthma specialist if step-4 or higher is required. Consider consultation at step 3.					
STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Preferred: SABA prn	Preferred: Low-dose ICS Alternative: Cromolyn, LTRA, Nedocromil or Theophylline	Preferred: EITHER: Low-dose ICS + LABA, LTRA, or Theophylline OR Medium dose ICS	Preferred: Medium-dose ICS + LABA Alternative: Medium-dose ICS + LTRA or theophylline	Preferred: High-dose ICS + LABA Alternative: High-dose ICS + either LTRA or Theophylline	Preferred: High-dose ICS + LABA + oral systemic corticosteroid Alternative: Or Montelukast Oral systemic Corticosteroids
Patient Education and Environmental Control at Each Step STEPS 2 – 4: Consider subcutaneous allergen immunotherapy for patients who have allergic Asthma.					
Quick-Relief Medication for All Patients					



Step up if needed (first, check adherence, inhaler technique, and environmental control)

Assess control

Step down, if possible (and asthma is well controlled for at least 3 months)



Stepwise Approach for Managing Asthma in Youths Aged ≥ 12 years & Adults

Classification of Asthma Severity		
Recommended Step for Initiating Treatment	Intermittent \uparrow	Persistent
	Step 1	Mild Step 2 Moderate Step 3 Severe Step 4 or 5
Intermittent \uparrow Asthma	Persistent Asthma: Daily Medication Consult with asthma specialist if step-4 or higher is required. Consider consultation at step 3.	
STEP 1	STEP 2	STEP 3
Preferred: SABA prn Alternative: Low-dose ICS Cromolyn, LTRA, Nedocromil, or Theophylline	Preferred: Low-dose ICS + LABA Or Medium-dose ICS. Alternative: Low-dose ICS + LTRA Theophylline Or Zileuton	Preferred: Low-dose ICS + LABA AND consider Omalizumab for patients who have allergies
STEP 4	STEP 5	STEP 6
Preferred: Medium-dose ICS + LABA Alternative: Medium-dose ICS + LTRA Theophylline Or Zileuton	Preferred: High-dose ICS + LABA AND consider Omalizumab for patients who have allergies	Preferred: High-dose ICS + LABA + Oral corticosteroids AND consider Omalizumab for patients who have allergies
Patient Education and Environmental Control at Each Step STEPS 2 -4: Consider subcut allergen immunotherapy if allergic Asthma Quick-Relief Medication for All Patients		



Step up if needed
(first, check adherence, environmental control, and Comorbid conditions)

Assess control
Step down, if possible
(and asthma is well controlled for at least 3 months)



EPR 3 - Summary

- Asthma assessment is now described by severity and control; each includes domains of impairment & future risk.
- Current evidence indicates that intervention with available long-term control medication does not alter the underlying severity of the disease.
- Use a stepwise approach to treatment, focused on individualized therapy with frequent monitoring.
- Once control is achieved, step down to minimal treatment step if possible.
- Clinician need to develop individualized treatment plans tailored to the specific needs and circumstances of the Pt.