Stepwise Approach for Management of Asthma*†

STEPS		LONG-TERM CONTROL	QUICK RELIEF
4	**SEVERE PERSISTENT** • Continual symptoms • Frequent nighttime symptoms • Limited physical activity • Frequent exacerbations • FEV_1 or PEF ≤60% predicted • PEF variability >30%	**DAILY MEDICATION:** High-dose inhaled corticosteroid + Long-acting bronchodilator **IF NEEDED:** Long-term corticosteroid tablets or syrup	**AS NEEDED:** Short-acting inhaled bronchodilator
3	**MODERATE PERSISTENT** • Daily symptoms • Nighttime symptoms >1x/wk • Daily use of inhaled short-acting $beta_2$-agonist • Exacerbations affect activity • Exacerbations ≥2x/wk; may last days • FEV_1 or PEF >60%-<80% predicted • PEF variability >30%	**DAILY MEDICATION:** **Preferred:** Low/medium-dose inhaled corticosteroid and long-acting bronchodilator **Alternative:** Increased medium-dose range inhaled corticosteroid or Low/medium dose inhaled corticosteroid + Leukotriene modifier or theophylline **IF NEEDED:** **Preferred:** Increased medium-dose range inhaled corticosteroid and long acting brochodilator **Alternative:** Medium-dose inhaled corticosteroid + Leukotriene modifier or theophylline	**AS NEEDED:** Short-acting inhaled bronchodilator
2	**MILD PERSISTENT** • Symptoms >2x/wk but <1x/day • Nighttime symptoms >2x/month • Exacerbations may affect activity • FEV_1 or PEF ≥80% predicted • PEF variability 20%-30%	**DAILY MEDICATION:** **Preferred:** Inhaled corticosteroid **Alternative:** Cromolyn or nedocromil (pediatric) Sustained-release methylxanthines to serum concentration of 5-15 µg/mL is an alternative, but not preferred, therapy. Leukotriene modifiers may also be considered for patients ≥12 years of age, although their position in therapy is not fully established.	**AS NEEDED:** Short-acting inhaled bronchodilator
1	**MILD INTERMITTENT** • Symptoms ≤2x/wk • Nighttime symptoms ≤2x/month • Asymptomatic and normal PEF between exacerbations • Brief exacerbations; variable intensity • FEV_1 or PEF ≥80% predicted • PEF variability <20%	**DAILY MEDICATION:** No daily medication needed	**AS NEEDED:** Short-acting inhaled bronchodilator

* Adapted from: National Heart, Lung, and Blood Institute, National Institutes of Health, *NAEPP Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma – Update on Selected Topics 2002.* Bethesda, MD: US Dept of Health and Human Services, July 2002. NIH publication 02-5075.

† Please consult respective product labeling for **Pediatric Use** information.

Reinforce PACT to Enhance Patient Compliance With Asthma Treatment

P — Partnership between doctor and patient

Work as a team to improve communication and outcomes
- Establish ongoing dialogue
- Provide appropriate patient education materials

A — Asthma action plan

Develop a plan for keeping symptoms in check and asthma under control
- Instruct on the proper use of a peak flow meter
- Determine "personal best" peak flow
- Establish asthma action zones

C — Control triggers

Identify triggers

Develop strategies for avoiding/limiting exposure to triggers

T — Therapy-classes of medicine

Inform about appropriate use of long-term control medicines
- Stress need to take medicines exactly as prescribed, even in the absence of symptoms

Inform about appropriate use of quick-relief medicines
- Stress need to use as symptoms occur, and as prescribed

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Guidelines for Diagnosis and Management of Asthma

S — Subjective evaluation

Establish a detailed medical history
- Identify symptoms, frequency, and severity
- Evaluate for precipitating and/or aggravating factors
- Review family history

O — Objective evaluation

Conduct physical examination
- Focus on the upper respiratory tract, chest, and skin
- Assess physical findings

Assess pulmonary function (spirometry) and determine airway obstruction
- Measure FEV_1, FVC, FEV_1/FVC

A — Assessment of subjective and objective findings

Differential diagnosis
- Rule out other possible causes of airway obstruction

Diagnosis of asthma
- Classify severity

P — Plan of action

Follow stepwise approach to pharmacologic therapy at different steps of severity
- Gain control
- Maintain control

Ongoing monitoring
- Reduce symptoms
- Prevent recurrent exacerbations
- Improve patient quality of life

This information is not intended as a substitute for professional medical care. Always follow your health care provider's instructions.
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Reference: 1. Based on: National Heart, Lung, and Blood Institute, National Institutes of Health, *NAEPP Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma – Update on Selected Topics 2002.* Bethesda, MD: US Dept of Health and Human Services, July 2002. NIH publication 02-5075.

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