The Asthma Office Visit

• Assess “severity” and “control”
• Reduce current impairment
• Reduce future risk
• Address inflammation vs. bronchoconstriction
• Differentiate controller vs. rescue medication
• Prescribe an inhaled steroid (for at least 4-6 weeks)
• Teach spacer device technique
• Evaluate asthma triggers at home, schools, and work
• Write an Asthma Action Plan
  • Daily management and recognizing signs and symptoms of worsening
  • Step-up “Yellow Zone” plan for home management
• Set up follow up in 4-6 weeks: step-up/step-down and modify Asthma Action Plan
• Prescribe albuterol and spacer for school
• Annual influenza vaccine, regardless of severity

When to Refer to an Asthma Specialist

• Patient has difficulty achieving or maintaining control
• Patient has required more than 2 bursts of oral systemic corticosteroids in 1 year
• Patient has had an exacerbation requiring hospitalization - hospitalization is a risk factor for mortality
• Patient requires “Step 4” care or higher (Step 3 for children 0-4 years)
• Immunotherapy or omalizumab are considered for patient’s care
• Additional testing is indicated (allergy skin testing, bronchoscopy, workplace assessment, etc.)
• Signs and symptoms are atypical
• Co-morbid conditions complicate asthma
• Patient requires additional education/guidance

Terms to Know:

Impairment (present)
• Frequency and intensity of symptoms
• Functional limitations (quality of life)

Risk (future)
• Asthma exacerbations (utilization)
• Progressive loss of pulmonary function
• Risk of adverse reaction from medication

  • 6 Key Messages from Expert Panel Report-3
  • Tri-fold Guide (8.5 x 11 and 11 x 17 versions)
  • Classifying Severity, Control, and Stepwise Treatment Guidelines excerpted from Expert Panel Report-3
  • Asthma medication dose grids for long term control and quick relief medications. excerpted from Expert Panel Report-3
  • Validated instruments for assessment and monitoring asthma. excerpted from Expert Panel Report-3. (ATAQ and ACT)

Reference:

Terms to Know:

Essential Information from the

2007 NHLBI Guidelines for the Diagnosis and Treatment of Asthma
Expert Panel 3 Report

The Asthma Initiative of Michigan is a collaborative effort involving multiple partners from public and private sectors across the state and is committed to reducing the burden of asthma in Michigan.

For questions, state and local resources, or to request more information:
1.866.EZLUNGS (1.866.395.8647)
www.getasthmahelp.org
### Classification of Asthma Severity

#### Components of Severity

- **Symptoms**
  - Children 0 to 4 Years:
    - Moderate: 2 days/week or many times/day
    - Severe: 3 or more times/day

- **Nighttime Awakenings**
  - Children 0 to 4 Years:
    - None: 0-1/day
    - Moderate: 2 or more times/day

- **Interference with Normal Activity**
  - Children 0 to 4 Years:
    - None: Some Limitation
    - Moderate: Extremely Limited

- **Exacerbations requiring oral steroids**
  - Children 0 to 4 Years:
    - None: 0-1/year
    - Moderate: ≥2/year

- **Treatment-related adverse effects**
  - Children 0 to 4 Years:
    - None: 0-1/year
    - Moderate: ≥2/year

- **FEV1 or Peak Flow**
  - Children 0 to 4 Years:
    - None: 80-100%
    - Moderate: 60-80%

#### Components of Control

- **Well Controlled**
  - Children 0 to 4 Years:
    - No symptoms: ≤2 days/week
    - Nighttime: ≤2 days/week
    - Interference: None
    - Exacerbations: None
    - Treatment-related: None

- **Not Well Controlled**
  - Children 0 to 4 Years:
    - No symptoms: >2 days/week
    - Nighttime: >2 days/week
    - Interference: Some Limitation
    - Exacerbations: >2 days/month
    - Treatment-related: Moderate

- **Very Poorly Controlled**
  - Children 0 to 4 Years:
    - No symptoms: ≥3 days/week
    - Nighttime: ≥3 days/week
    - Interference: Extremely Limited
    - Exacerbations: >3 days/month
    - Treatment-related: Severe

#### Stepwise Approach for Managing Asthma

**Children 0 to 4 Years**

- **Step 1**
  - Preferred: Salbutamol
  - Preferred: Montelukast
  - Preferred: Low-Dose ICS
  - Preferred: Ciclesonide

- **Step 2**
  - Preferred: Medium-Dose ICS
  - Medium-Dose ICS
  - Alternative: Montelukast

- **Step 3**
  - Preferred: High-Dose ICS + LABA
  - High-Dose ICS + LABA
  - Alternative: Ciclesonide

- **Step 4**
  - Preferred: Ciclesonide + LABA
  - Ciclesonide + LABA
  - Alternative: Montelukast

- **Step 5**
  - Preferred: Medium-Dose ICS + LABA
  - Medium-Dose ICS + LABA
  - Alternative: Ciclesonide

- **Step 6**
  - Preferred: High-Dose ICS + LABA
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**Children 5 to 11 Years**

- **Step 1**
  - Preferred: Salbutamol
  - Preferred: Montelukast
  - Preferred: Low-Dose ICS
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**Youths 12 Years and Adults**

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**Stepwise Approach for Managing Asthma**

- **Quick Relief Medication for All Patients**:
  - Salbutamol as needed for symptoms. Intensity of treatment depends on severity of symptoms:
    - Children 0 to 4 Years: up to 3 treatments at 20 minute intervals as needed.
    - Children 5 to 11 Years: up to 3 treatments at 20 minute intervals as needed. Short courses of systemic corticosteroids may be needed.

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