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

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

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

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

Resources available at
http://www.getasthmahelp.org/EPR3AsthmaGuidelines.asp
  • 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:
www.nhlbi.nih.gov/guidelines/asthma

Link to the Complete Expert Panel Report:
www.nhlbi.nih.gov/guidelines/asthma

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

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.
## Classification of Asthma Severity

### Children 0 to 4 Years

<table>
<thead>
<tr>
<th>Component of Severity</th>
<th>Intermittent</th>
<th>Persistent</th>
<th>Severe</th>
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<tbody>
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<td>Symptoms</td>
<td>≤ 2 days/wk</td>
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</tr>
<tr>
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<td>Interference with Normal Activity</td>
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### Risk

- **Exacerbations requiring oral steroids**
  - 0–1 year: ≤ 2 in 6 months requiring oral steroids, OR 2 or more in 1 year requiring oral steroids for persistent asthma
  - 2 or more years: ≤ 2 in 6 months requiring oral steroids

### Recommended Step for Initiating Treatment
- Step 1: Re-evaluate control in 2–6 weeks and adjust therapy accordingly.

### Stepwise Approach for Managing Asthma

- **Quick Relief Medication for All Patients**: SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms: up to 3 treatments at 20-minute intervals as needed. Short course of systemic oral corticosteroids may be needed. Use of SABA > 2 days a week for symptom control (not prevention of EIB) indicates inadequate control and the need to step up treatment.

- **Persistent Asthma**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 2.

### Patient Education and Environmental Control at Each Step

- **Step 1**: Preferred: SABA pm, Alternative: Inhaled LTRA or Cromolyn

### Children 5 to 11 Years

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  - 2 or more years: ≤ 2 in 6 months requiring oral steroids

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### Patient Education and Environmental Control at Each Step

- **Step 1**: Preferred: SABA pm, Alternative: Inhaled LTRA or Cromolyn

### Youth ≥12 Years and Adults

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### Components of Severity

- **Intermittent**: Symptoms ≤ 2 days/week, Not daily
- **Persistent**: Symptoms > 2 days/week, Not daily
- **Severe**: Symptoms Daily Throughout day
- **Exacerbations requiring oral steroids**: 0–1 year: ≤ 2 in 6 months requiring oral steroids, OR 2 or more in 1 year requiring oral steroids for persistent asthma
- **Interference with Normal Activity**: None, Some Limitation, Extremely Limited

### Components of Control

- **Well Controlled**: Symptoms ≤ 2 days/week but not > 1 day, Not daily
- **Not Well Controlled**: Symptoms > 2 days/week or many times on ≤ 1x/month, ≥ 1x/month
- **Very Poorly Controlled**: Symptoms > 1x/day

### Risk

- **Exacerbations requiring oral steroids**: 0–1 year: ≤ 2 in 6 months requiring oral steroids, OR 2 or more in 1 year requiring oral steroids for persistent asthma

### Recommended Action For Treatment

- **Step 1**: Evaluate requirements for long-term follow-up care.
- **Step 2**: Stepwise Approach for Managing Asthma
- **Step 3**: Consider step down if well controlled after 3 months.

### Stepwise Approach for Managing Asthma

- **Quick Relief Medication for All Patients**: SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms: up to 3 treatments at 20-minute intervals as needed. Short course of systemic oral corticosteroids may be needed. Use of SABA > 2 days a week for symptom control (not prevention of EIB) indicates inadequate control and the need to step up treatment.

- **Persistent Asthma**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 2.

### Patient Education and Environmental Control at Each Step

- **Step 1**: Preferred: SABA pm, Alternative: Inhaled LTRA or Cromolyn

### Intermittent Asthma

- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 2.

### Persistent Asthma

- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 3.

### Severe Asthma

- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 4.

### Components of Control

- **Well Controlled**: Symptoms ≤ 2 days/week, Not daily
- **Not Well Controlled**: Symptoms > 2 days/week or many times on ≤ 1x/month, ≥ 1x/month
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### Risk

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- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 2.

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- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 3.

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- **Intervention**: Daily Medication Consult with asthma specialist if step 3 or higher. Consider consultation at step 4.