Managing Asthma Long Term

TARGET POPULATION
Eligibility
Inclusion Criterion
Exclusion Criterion

RECOMMENDATIONS

Recommendation
F I G U R E 4 – 2 a . CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATME N T IN CHILDREN 0–4 YEARS OF AGE (Assessing severity and initiating therapy in children who are not currently taking long-term control medication)

Conditional: Classification of Asthma Severity (0–4 years of age) {Rec_1: Cond_1 }

IF	**Decidable**	**Vocab**
Impairment: Symptoms		

    Value: 2 days/week
    Value: >2 days/week but not daily
    Value: Daily
    Value: Throughout the day

Impairment: Nighttime awakenings		

    Value: 0
    Value: 1–2x/month
    Value: 3–4x/month
    Value: >1x/week

Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		

    Value: 2 days/week
    Value: >2 days/week but not daily
    Value: Daily
    Value: Several times per day

Interference with normal activity		

    Value: None
    Value: Minor limitation
    Value: Some limitation
    Value: Extremely limited

Risk: Exacerbations requiring oral systemic corticosteroids		

    Value: 0–1/year
    Value: 2 exacerbations in 6 months requiring oral systemic corticosteroids, or 4 wheezing episodes/1 year lasting >1 day AND risk factors for persistent

asthma

THEN	**Executable**	**Vocab**
Recommended Step for Initiating Therapy: Step 1		
Recommended Step for Initiating Therapy: Step 2		
Recommended Step for Initiating Therapy: Step 3		
Conclude: Intermittent		
Conclude: Mild persistent		
Conclude: Moderate persistent		
Conclude: Severe persistent		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic:

Recommendation
F I G U R E 4 – 3 a . ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY I N
CHILDREN 0 – 4 YEARS OF A G E

Conditional: Classification of Asthma Control (0–4 years of age) {Rec_2: Cond_2 }

IF	**Decidable**	**Vocab**
Impairment: Symptoms		
Value: 2 days/week		
Value: >2 days/week		
Value: Throughout the day		
Imapirment: Nighttime awakenings		
Value: 1x/month		
Value: >1x/month		
Value: >1x/week		
Impairment: Interference with normal activity		
Value: None		
Value: Some limitation		
Value: Extremely limited		
Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		
Value: 2 days/week		
Value: >2 days/week		
Value: Several times per day		
Risk: Exacerbations requiring oral systemic corticosteroids		

> **Value:** 0–1/year
> **Value:** 2–3/year
> **Value:** >3/year

Risk: Treatment-related adverse effects

> **Value:** Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.

	Executable	**Vocab**
THEN		
Conclude: Well Controlled		
Maintain current treatment. • Regular followup every 1–6 months. • Consider step down if well controlled for at least 3 months.		
Conclude: Not well-controlled		
• Step up (1 step) and • Reevaluate in 2–6 weeks. • If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy. • For side effects, consider alternative treatment options.		
Conclude: Very poorly controlled		
• Consider short course of oral systemic corticosteroids, • Step up (1–2 steps), and • Reevaluate in 2 weeks. • If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy. • For side effects, consider alternative treatment		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic:

Recommendation
F I G U R E 4 – 2 b . CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATME N T IN CHILDREN 5–11 Y EARS OF AGE (Assessing severity and initiating therapy in children who are not currently taking long-term control medication)

Conditional: Classification of Asthma Severity (5–11 years of age)
{Rec_3: Cond_3 }

	Decidable	**Vocab**
IF		
Impairment: Symptoms		

> **Value:** 2 days/week
> **Value:** >2 days/week but not daily

	Executable	Vocab
Value: Daily		
Value: Throughout the day		
Impairment: Nighttime awakenings		
Value: 2x/month		
Value: 3–4x/month		
Value: >1x/week but not nightly		
Value: Often 7x/week		
Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		
Value: 2 days/week		
Value: >2 days/week but not daily		
Value: Daily		
Value: Several times per day		
Impairment: Interference with normal activity		
Value: None		
Value: Minor limitation		
Value: Some limitation		
Value: Extremely limited		
Impairment: Lung function		
Value: • Normal FEV1 between exacerbations • FEV1 >80% predicted • FEV1 /FVC >85%		
Value: • FEV1 = >80% predicted • FEV1 /FVC >80%		
Value: • FEV1 = 60–80% predicted • FEV1 /FVC = 75–80%		
Value: • FEV1 <60% predicted • FEV1 /FVC <75%		
Risk: Exacerbations requiring oral systemic corticosteroids		
Value: 0–1/year (see note)		
Value: 2/year (see note)		
Intermittent		
Mild Persistent		
Moderate Persistent		
Severe Persistent		
THEN	**Executable**	**Vocab**
Recommended Step for Initiating Therapy		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic:

Recommendation

FIGURE 4–3b. ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY IN CHILDREN 5–11 YEARS OF AGE

Conditional: Classification of Asthma Control (5–11 years of age)
{Rec_4: Cond_4 }

IF	**Decidable**	**Vocab**
Impairment: Symptoms		

> **Value:** 2 days/week but not more than once on each day
> **Value:** >2 days/week or multiple times on 2 days/week
> **Value:** Throughout the day

Impairment: Nighttime awakenings		

> **Value:** 1x/month
> **Value:** 2x/month
> **Value:** 2x/week

Impairment: Interference with normal activity		

> **Value:** None
> **Value:** Some limitation
> **Value:** Extremely limited

Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		

> **Value:** 2 days/week
> **Value:** >2 days/week
> **Value:** Several times per day

Impairment: Lung function • FEV1 or peak flow • FEV1/FVC		

> **Value:** >80% predicted/ personal best >80%
> **Value:** 60–80% predicted/ personal best 75–80%
> **Value:** <60% predicted/ personal best <75%

Risk: Exacerbations requiring oral systemic corticosteroids		

> **Value:** 0–1/year
> **Value:** 2/year (see note)

Risk: Reduction in lung growth		
Risk: Treatment-related adverse effects		

THEN	**Executable**	**Vocab**
Recommended Action for Treatment		
Conclude: Well controlled		
Conclude: Not well controlled		
Conclude: Very poorly controlled		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic:

Recommendation

F I G U R E 4 – 6 . CLASSIFYING ASTHMA SEVERITY AND I N I T I A T I N G TREATMENT IN YOUTHS 12 YEARS OF AGE AND ADULT S — Assessing severity and initiating treatment for patients who are not currently taking long-term control medications

> **Conditional:** Classification of Asthma Severity 12 years of age {Rec_5: Cond_5 }

IF	**Decidable**	**Vocab**
Impairment: Symptoms		

> **Value:** 2 days/week
> **Value:** >2 days/week but not daily
> **Value:** Daily
> **Value:** Throughout the day

	Decidable	**Vocab**
Impairment: Nighttime awakenings		

> **Value:** 2x/month
> **Value:** 3–4x/month
> **Value:** >1x/week but not nightly
> **Value:** Often 7x/week

	Decidable	**Vocab**
Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		

> **Value:** 2 days/week
> **Value:** >2 days/week but not daily, and not more than 1x on any day
> **Value:** Daily
> **Value:** Several times per day

	Decidable	**Vocab**
Impairment: Interference with normal activity		

> **Value:** None
> **Value:** Minor limitation
> **Value:** Some limitation
> **Value:** Extremely limited

	Decidable	**Vocab**
Impairment: Lung function		

> **Value:** • Normal FEV1 between exacerbations • FEV1 >80% predicted • FEV1 /FVC normal
> **Value:** • FEV1 >80% predicted • FEV1 /FVC normal
> **Value:** • FEV1 >60% but <80% predicted • FEV1 /FVC reduced 5%
> **Value:** • FEV1 <60% predicted • FEV1 /FVC reduced >5%

	Decidable	**Vocab**
Risk: Exacerbations requiring oral systemic corticosteroids		

> **Value:** 0–1/year (see note)
> **Value:** 2/year (see note)

THEN	**Executable**	**Vocab**
Recommended Step for Initiating Treatment		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic:

Recommendation

F I G U R E 4 – 6 . CLASSIFYING ASTHMA SEVERITY AND I N I T I A T I N G TREATMENT IN YOUTHS 12 YEARS OF AGE AND ADULT S — Assessing severity and initiating treatment for patients who are not currently taking long-term control medications

Conditional: Classification of Asthma Control (12 years of age) {Rec_6: Cond_6 }

IF	**Decidable**	**Vocab**
Impairment: Symptoms		

　　　　Value: 2 days/week
　　　　Value: >2 days/week
　　　　Value: Throughout the day

Impairment: Nighttime awakenings		

　　　　Value: 2x/month
　　　　Value: 1–3x/week
　　　　Value: 4x/week

Impairment: Interference with normal activity		

　　　　Value: None
　　　　Value: Some limitation
　　　　Value: Extremely limited

Impairment: Short-acting beta2-agonist use for symptom control (not prevention of EIB)		

　　　　Value: 2 days/week
　　　　Value: >2 days/week
　　　　Value: Several times per day

Impairment: FEV1 or peak flow		

　　　　Value: >80% predicted/ personal best
　　　　Value: 60–80% predicted/ personal best
　　　　Value: <60% predicted/ personal best

Impairment: Validated questionnaires: ATAQ ACQ ACT		

　　　　Value: 0 0.75* 20
　　　　Value: 1–2 1.5 16–19
　　　　Value: 3–4 N/A 15

Risk: Exacerbations requiring oral systemic corticosteroids

    Value: 0–1/year

    Value: 2/year (see note)

Risk : Progressive loss of lung function

    Value: Evaluation requires long-term followup care

Risk: Treatment-related adverse effects

    Value: Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.

THEN	**Executable**	**Vocab**
Recommended Action for Treatment		
Conclude: Well Controlled		
Conclude: Not Well Controlled		
Conclude: Very Poorly Controlled		

Evidence Quality:

Strength of Recommendation:

Reason:

Logic: