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
- 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, 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

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:
National Heart, Lung, and Blood Institute. *Guidelines for the Diagnosis and Management of Asthma: Expert Panel Report 3.* National Institutes of Health Publication Number 08-4051. August 2007.
www.nhlbi.nih.gov/guidelines/asthma

AIM Asthma Initiative of Michigan
FOR HEALTHY LUNGS

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.

Essential Information from the

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

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

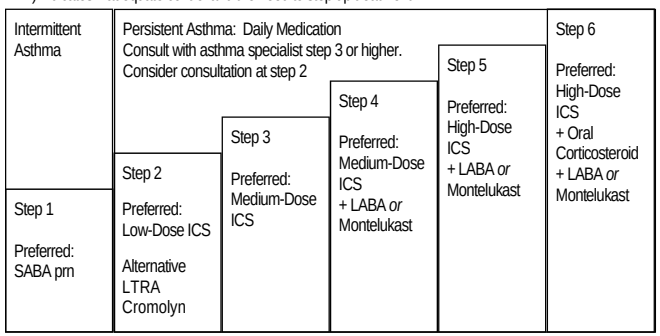
Children 0 to 4 Years

COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/wk	>2 days/wk not daily	Daily	Throughout day
	Nighttime Awakenings	0	1-2x /month	3-4x /month	>1x /wk
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk not daily	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
Risk	Exacerbations requiring oral steroids	0-1/year	≥2 in 6 months requiring oral steroids, OR ≥4 in 1 year lasting >1 day AND risk factors for persistent asthma		
		Consider severity & interval since last exacerbation. Frequency & severity may fluctuate over time for patient of any severity class.			
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3	
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly.			

COMPONENTS OF CONTROL		Classification of Asthma Control		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/wk but not >1 /day	>2 days/wk or many times on ≤2 days/wk	Throughout day
	Nighttime Awakenings	≤1x /month	>1x /month	>1x /wk
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk	Several times /day
	Interference with Normal Activity	None	Some limitation	Extremely limited
Risk	Exacerbations requiring oral steroids	0-1x /year	2-3x /year	>3x /year
	Treatment-related adverse effects	Intensity of medication-related side effects does not correlate to specific levels of control, but should be considered in the overall assessment of risk.		
Recommended Action For Treatment		• Maintain current step. • Regular follow-up every 1-6 months. • Consider step down if well controlled ≥3 months.	• Step up 1 step. • Re-evaluate in 2-6 wks • If no clear benefit in 4-6 wks, consider alternative diagnosis or adjust therapy.	• Consider oral steroids • Step up 1-2 steps

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.



Children 5 to 11 Years

COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/wk	>2 days/wk not daily	Daily	Throughout day
	Nighttime Awakenings	≤2x / month	3-4x /month	>1x /wk not nightly	Often 7x /wk
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk not daily	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function FEV_1 or Peak Flow FEV_1/FVC	Normal FEV_1 btwn exacerbations >80% >85%	>80% >80%	60-80% 75-80%	<60% <75%
Risk	Exacerbations requiring oral steroids	0-1 /year	≥2 /year		
		Consider severity & interval since last exacerbation. Frequency & severity may fluctuate over time for patient of any severity class.			
		Relative annual risk of exacerbations maybe related to FEV_1			
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3	
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly.			

COMPONENTS OF CONTROL		Classification of Asthma Control		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/wk but not >1 /day	>2 days/wk or many times on ≤2 days/wk	Throughout day
	Nighttime Awakenings	≤1x /month	≥2x /month	≥2x /week
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk	Several times /day
	Interference with Normal Activity	None	Some Limitation	Extremely Limited
	FEV_1 or Peak Flow FEV_1/FVC	>80% >80%	60-80% 75-80%	<60% <75%
Risk	Exacerbations requiring oral steroids	0-1x /year	≥2x /year	
	↓ Lung Growth	Evaluation requires long-term follow-up care.		
	Treatment-related adverse effects	Intensity of medication-related side effects does not correlate to specific levels of control, but should be considered in the overall assessment of risk.		
Recommended Action For Treatment		• Maintain current step. • Regular follow-up every 1-6 months. • Consider step down if well controlled ≥3 months.	• Step up 1 step. • Re-evaluate in 2-6 wks • Adjust therapy accordingly	• Consider oral steroids • Step up 1-2 steps

Stepwise Approach for Managing Asthma

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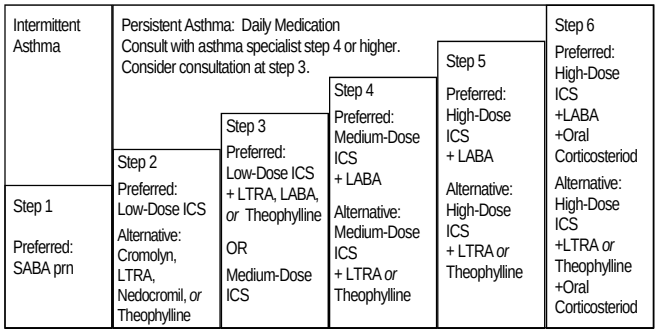

Youth ≥12 Years and Adults

COMPONENTS OF SEVERITY		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment Normal FEV_1/FVC: 8-19 yr 85% 20-39 yr 80% 40-59 yr 75% 60-80 yr 70%	Symptoms	≤2 days/wk	>2 days/wk not daily	Daily	Throughout day
	Nighttime Awakenings	≤2x / month	3-4x /month	>1x /wk not nightly	Often, 7x /wk
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk not daily and not >1 /day	Daily	Several times daily
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function FEV_1 FEV_1/FVC	Normal FEV_1 btwn exacerbations >80% Normal	>80% Normal	60-80% Reduced 5%	<60% Reduced >5%
Risk	Exacerbations requiring oral steroids	0-1 /year	≥2 /year		
		Consider severity & interval since last exacerbation. Frequency & severity may fluctuate over time for patient of any severity class.			
		Relative annual risk of exacerbations maybe related to FEV_1			
Recommended Step for Initiating Treatment		Step 1	Step 2	Step 3	Step 4 or 5
		Re-evaluate control in 2-6 weeks and adjust therapy accordingly.			

COMPONENTS OF CONTROL		Classification of Asthma Control		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/wk	>2 days/wk	Throughout day
	Nighttime Awakenings	≤2x /month	1-3x /wk	≥4x /week
	SABA Use for Symptoms	≤2 days/wk	>2 days/wk	Several times daily
	Interference with Normal Activity	None	Some limitation	Extremely limited
	FEV_1 or Peak Flow	>80%	60-80%	<60%
	Validated Questionnaires ATAQ ACQ ACT	0 ≤0.75 ≥20	1-2 ≥1.5 16-19	3-4 N/A ≤15
Risk	Exacerbations requiring oral steroids	0-1 /year	≥2 /year	
	Progressive ↓ Lung Function	Evaluation requires long-term follow-up care.		
	Treatment-related adverse effects	Intensity of medication-related side effects does not correlate to specific levels of control, but should be considered in the overall assessment of risk.		
Recommended Action For Treatment		• Maintain current step. • Regular follow-up every 1-6 months. • Consider step down if well controlled ≥3 months.	• Step up 1 step. • Re-evaluate in 2-6 wks.	• Consider oral steroids • Step up 1-2 steps • Re-evaluate in 2 wks.

Stepwise Approach for Managing Asthma

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