



# Clinical Practice Guideline for the Management of Asthma in Children and Adults

## Asthma Control (All Ages)

Components of Control		Assessing Asthma Control and Adjusting Therapy All Ages	
		Controlled	Not Controlled
<b>Impairment</b>  <b>Normal</b> <b>FEV1/FVC:</b> ≤19 yr – 85% 20-39 yr – 80% 40-59 yr – 75%	<b>Daytime Symptoms</b>	≤ 2 brief symptomatic episodes per week	> 2 symptomatic episodes per week
	<b>Nighttime awakening</b>	≤ 2 nights/month	> 2 nights/month
	<b>Interference with normal activities</b>	None	Some Limitation
	<b>SABA use for symptom control (not for prevention of EIB)</b>	≤ 2 treatments/week	> 2 treatments/week
	<b>Spirometry (if obtained)</b> * predicted/personal best	FEV1 ≥ 80% AND FEV1/FVC normal	FEV1 ≤ 80% OR abnormal FEV1/FVC
	<b>Asthma Control Test (ACT) Score</b> ages ≥4 years	≥ 20	≤ 19
<b>Risk</b>	<b>Exacerbation requiring oral systemic steroids</b>	0-1 x/year	≥ 2/year
	<b>Progressive loss of lung function</b>	Evaluation requires long-term follow-up and is best assessed by spirometry conducted at regular intervals (at least every 1-2 years)	
	<b>Treatment-related adverse effects</b>	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	
<b>Action for Treatment</b>		Maintain current therapy step Follow up every 1-6 months Consider step down	Step up therapy; Reevaluate in 2-6 weeks - Consider a 5 to 10-day course of oral steroids if acute exacerbation and reevaluate in 1-2 weeks - If persistently uncontrolled or worsening, consider referral to specialist

Modified from the NHLBI (2007) and GINA (2007) guidelines