

Summary of Recommended Key Clinical Activities for the Diagnosis and Management of Asthma

Clinical Issue	Key Clinical Activities	Action Steps
Diagnosis		
Establish Asthma Diagnosis		<ol style="list-style-type: none"> Use medical history and physical examination to determine that symptoms of recurrent episodes of airflow obstruction are present: <ul style="list-style-type: none"> History of cough, recurrent wheezing, recurrent difficulty breathing, recurrent chest tightness Symptoms occur or worsen at night or with exercise, viral infection, exposure to allergens and irritants, changes in weather, hard laughing or crying, stress, or other factors Use spirometry in all patients >5 years of age to determine that airway obstruction is at least partially reversible. Consider alternative causes of airway obstruction.
Managing Asthma Long Term	Goal of asthma therapy is asthma control: <ul style="list-style-type: none"> Reduce impairment (prevent chronic symptoms, require infrequent use of short_acting beta2_agonist (SABA), maintain (near) normal lung function and normal activity levels). Reduce risk (prevent exacerbations, minimize need for emergency care or hospitalization, prevent loss of lung function, or for children, prevent reduced lung growth, and have minimal adverse effects of therapy). 	
Four Components of Care		
Assessment and Monitoring	<p>Assess asthma severity to initiate therapy.</p> <p>Assess asthma control to monitor and adjust therapy.</p>	<p>Use severity classification chart, assessing both domains of impairment and risk, to determine initial treatment.</p> <p>Assess at each visit: asthma control, proper medication technique, written asthma plan, patient adherences and patient concerns.</p> <p>Use asthma control chart, assessing both domains of impairment and risk, to determine if therapy should be maintained or adjusted (step up if necessary, step down if possible).</p> <p>Use multiple measures of impairment and risk: different measures assess different manifestations of asthma. They may not correlate with each other and they may respond differently to therapy. Obtain lung function measures by spirometry at least every 1-2 years, or more frequently for not-well-controlled asthma.</p>

This is a guideline only and is not meant to substitute for clinical judgment.

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		<ul style="list-style-type: none"> • Involve all members of the healthcare team in providing/reinforcing education, including physicians, nurses, pharmacists, respiratory therapists, and asthma educators. • Encourage education at all points of care: clinics (offering separate self-management education programs as well as incorporating education into every patient visit), emergency departments and hospitals, pharmacies, schools and other community settings, and patients' homes. Use a variety of educational strategies and methods.
Control Environmental Factors and Comorbid Conditions	<p>Recommend measures to <u>control exposures to allergens and pollutants or irritants</u> that make asthma worse.</p> <p>Treat <u>comorbid conditions</u>.</p>	<p>Determine exposures, history of symptoms in presence of exposures, and sensitivities. (In patients who have persistent asthma, use skin or in vitro testing to assess sensitivity to perennial indoor allergens.)</p> <p>Advise patients on ways to reduce exposure to those allergens, pollutants, or irritants to which the patient is sensitive. Multifaceted approaches are beneficial; single steps alone are generally ineffective. Advise all patients and pregnant women should avoid exposure to tobacco smoke.</p> <p>Consider allergen immunotherapy, by specifically trained personnel, for patients who have persistent asthma and when there is clear evidence of a relationship between symptoms and exposure to an allergen to which the patient is sensitive.</p> <p>Consider especially: allergic bronchopulmonary aspergillosis, gastroesophageal reflux, obesity, obstructive sleep apnea, rhinitis and sinusitis, and stress or depression. Recognition and treatment of these conditions may improve asthma control.</p> <p>Consider inactivated <u>influenza vaccine for all patients over 6 months of age</u>.</p>
Medications	Select medication and delivery devices to meet patient's needs and circumstances.	<p>Use stepwise approach (See http://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf, page 7) to identify appropriate treatment options.</p> <p><u>Inhaled corticosteroids (ICSs) are the most effective long-term control therapy.</u> When choosing among treatment options, consider domain of relevance to the patient (impairment, risk, or both), patient's history of response to the medication, and patient's willingness and ability to use the medication.</p> <p>Review medications, technique, and adherence at each follow-up visit.</p>

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References: National Asthma Education and Prevention Program. Expert Panel Report 3. Retrieved from: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf> 2007 and http://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf on 06/01/2015.