Personalized Asthma Management

REVIEW

- Symptoms Exacerbations
- Side-effects
- Patient (and parent) satisfaction

Confirmation of diagnosis if necessary, symptom control, modifiable risk factors, comorbidities, inhaler technique, adherence, and patient (and parent) preferences and goals

Treat modifiable risk factors and comorbidities, nonpharmacological strategies, asthma medicines, education and skills

ADJUST

ASSESS

Children Below 5 Years

Preferred Controller Choice

Daily low-dose inhaled corticosteroid (ICS)

Double 'low-dose' ICS

Continue controller and refer for specialist assessment

Other Controller Options

Daily leukotriene receptor antagonist (LTRA), or intermittent short courses of ICS at onset of respiratory illness

Low-dose ICS + LTRA (consider specialist referral)

Add LTRA or increase ICS frequency or add intermittent ICS

RELIEVER: As-needed short-acting β2-agonist

Consider this step for children with infrequent viral wheezing and no or few interval symptoms

Symptom pattern not consistent with asthma but wheezing episodes requiring short-acting \$2-agonist (SABA) occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. (Consider specialist referral). Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year

Asthma diagnosis, and asthma not well-controlled on low-dose ICS

Asthma not wellcontrolled on double ICS

Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures

Children 6–11 Years

Low-dose ICS taken whenever SABA taken

PREFERRED CONTROLLER to prevent exacerbations and

control symptoms

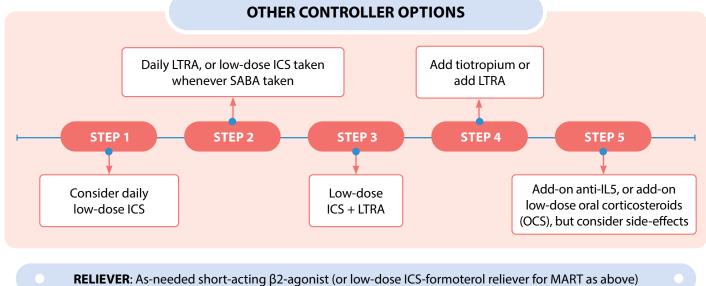
Low-dose ICS-LABA (Long-acting β2-agonist) OR medium dose ICS, OR very low dose* ICSformoterol maintenance and reliever (MART)

Daily low-dose ICS

Medium-dose ICS-LABA, OR low dose[†] ICS-formoterol MART (Refer for expert advice)

Refer for phenotypic assessment \pm higher dose ICS-LABA or add-on therapy, e.g., anti-IgE

*Very low dose: BUD-FORM 100/6 mcg. BUD-FORM: Budesonide-formoterol



Adults and Adolescents (12+ Years)

CONTROLLER and PREFERRED RELIEVER (Track 1). Using ICS-formoterol as reliever reduces the risk of exacerbations compared with using a SABA reliever

low-dose **ICS-formoterol STEP**

As-needed

ICS-formoterol STEP

Low-dose

maintenance

Medium-dose maintenance **ICS-formoterol STEP**

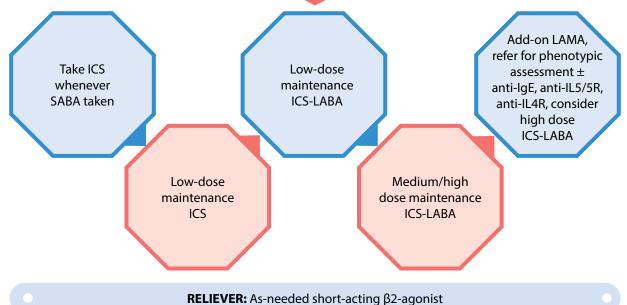
phenotypic assessment ± anti-lgE, anti-IL5/5R, anti-IL4R, consider high-dose ICS-formoterol **STEP**

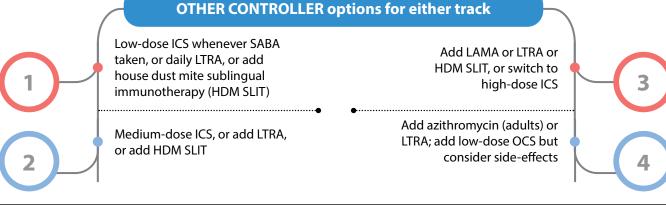
Add-on LAMA, refer for

RELIEVER: As-needed low-dose ICS-formoterol

CONTROLLER and ALTERNATIVE RELIEVER (Track 2). Before considering a regimen with SABA reliever, check if the patient is

likely to be adherent with daily controller





Abbreviations: ICS: Inhaled corticosteroid; LTRA: Leukotriene receptor antagonist; SABA: Short-acting β2-agonist; LABA: Long-acting β2-agonist; MART: Maintenance and reliever; OCS: Oral corticosteroids; LAMA: Long-acting muscarinic antagonist; IgE: Immunoglobulin E; IL: Interleukin; HDM SLIT: House dust mite sublingual

Source: GINA Global Strategy for Asthma. 2021 Update

kindly refer to the latest prescribing information approved by the local authorities. No part of this content may be used, reproduced, transmitted or stored in any form without the written permission of Dr. Reddy's.