### Assessing severity and initiating treatment for patients who are not currently taking long-term control medications

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity (≥12 Years of Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
</tr>
<tr>
<td>Symptom</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤2×/month</td>
</tr>
</tbody>
</table>

**Impairment**

<table>
<thead>
<tr>
<th>Normal FEV/FVC</th>
<th>8–19yr 85%</th>
<th>20–39yr 80%</th>
<th>40–59yr 75%</th>
<th>60–80yr 70%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting β₂-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily and not more than 1× on any day</td>
<td>Daily</td>
<td>Several times per day</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
</tbody>
</table>

**Lung function**

- Normal FEV₁ between exacerbations
- FEV₁ >80% predicted
- FEV₁/FVC normal
- FEV₁ >60% but <80% predicted
- FEV₁/FVC reduced 5%
- FEV₁ <60% predicted
- FEV₁/FVC reduced >5%

### Risk

Exacerbations requiring oral systemic corticosteroids

- 0–1/year
- ≥2/year

- Consider severity and interval since last exacerbation
- Frequency and severity may fluctuate over time for patients in any severity category
- Relative annual risk of exacerbations may be related to FEV₁

### Recommended Step for Initiating Treatment

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4 or 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred: SABA PRN</td>
<td>Preferred: Low-dose ICS + LABA</td>
<td>Preferred: Medium-dose ICS + LABA</td>
<td><em>Preferred:</em> High-dose ICS + LABA + oral corticosteroid</td>
</tr>
<tr>
<td>Alternative: Cromolyn, LTRA, or Theophylline</td>
<td>Alternative: Medium-dose ICS + either LTRA, Theophylline, or Zileuton</td>
<td>Alternative: Consider Omalizumab for patients who have allergies</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**

- **Key:** EIB = exercise-induced bronchospasm; FEV₁ = forced expiratory volume in 1 second; FVC = forced vital capacity; ICS = inhaled corticosteroid; LABA = inhaled long-acting β₂-agonist; LTRA = leukotriene receptor antagonist; SABA = inhaled short-acting β₂-agonist.
- *Preferred therapy is based on Expert Panel Report 2 from 1997.*
- (continued)
# ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY

## Components of Control

<table>
<thead>
<tr>
<th>Classification of Asthma Control (≥12 Years of Age)</th>
<th>Well Controlled</th>
<th>Not Well Controlled</th>
<th>Very Poorly Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impairment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week</td>
<td>Throughout the day</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>None</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td>Short-acting $\beta_2$-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/month</td>
<td>&gt;2 days/week</td>
<td>Several times per day</td>
</tr>
<tr>
<td>FEV\textsubscript{1} or peak flow</td>
<td>&gt;80% predicted/personal best</td>
<td>60%–80% predicted/personal best</td>
<td>&lt;60% predicted/personal best</td>
</tr>
<tr>
<td>Validated questionnaires*</td>
<td>0 ≤0.75† ≤20</td>
<td>1–2 ≥1.5 16–19</td>
<td>3–4 N/A ≤15</td>
</tr>
</tbody>
</table>

### Impairment

- **Impairment**:
  - FEV\textsubscript{1} or peak flow:
    - >80% predicted/personal best
    - 60%–80% predicted/personal best
    - <60% predicted/personal best
  - Validation questionnaires:
    - ATAQ
    - ACQ
    - ACT
    - 0 ≤0.75† ≤20

### Impairment

- **Exacerbations requiring oral systemic corticosteroids**
  - 0–1/year Consider severity and interval since last exacerbation ≥2/year

### Risk

- **Exacerbations requiring oral systemic corticosteroids**
  - 0–1/year Consider severity and interval since last exacerbation ≥2/year
- **Progressive loss of lung function**
- **Treatment-related adverse effects**

**Recommended Action for Treatment**

- **Well Controlled**
  - Maintain current step
  - Regular follow-ups every 1–6 months to maintain control
  - Consider step down if well controlled for at least 3 months

- **Not Well Controlled**
  - Step up 1 step and
  - Reevaluate in 2–6 weeks
  - For side effects, consider alternative treatment options

- **Very Poorly Controlled**
  - Consider short course of oral systemic corticosteroids
  - Step up 1 to 2 steps and
  - Reevaluate in 2 weeks
  - For side effects, consider alternative treatment options

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**NOTES**

- **Key**: ACQ = Asthma Control Questionnaire™; ACT = Asthma Control Test™; ATAQ = Asthma Therapy Assessment Questionnaire©; EIB = exercise-induced bronchospasm; FEV\textsubscript{1} = forced expiratory volume in 1 second.
- Questionnaires do not assess lung function or the risk domain. †ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

**REFERENCES**