

Asthma Management Tips

- Consider patient goals and preferences when designing treatment plan
- Negotiate approach to minimize symptoms, maximize likelihood of medication adherence
 - Is taking daily controller a hassle? Why?
 - How does patient view ER visits, hospitalization?
 - How does patient view balance between loss of activity and medication adherence?
- Potential trade-off to improve adherence
Consider program of intermittent peak flow measures and limited course of controller if PF falls.
- Step-down therapy
Review medications every 1–6 months; consider gradual reduction if asthma is well controlled.

Short-acting beta₂-agonists

- Use only as needed for symptoms (2–4 puffs)
- Consider starting controller medications if used > 2 times a week

Office Visit Checklist:

Did you remember to:

- Ask and counsel your patient about triggers: allergens, URIs, air pollutants, and exercise
- Ask about smoking and discuss smoking cessation
- Review use of peak flows and observe patient technique
- Update his/her symptom response plan
- Review rationale for and use of controller medications
- Ask about use of short-acting beta₂-agonists
- Consider the insurance plan's list of preferred drugs when prescribing
- Identify and manage comorbidities

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Controllers

Asthma Management



Connections™
HEALTH MANAGEMENT PROGRAM



Independence
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Asthma Severity Classification*

Treat Using:

Stepwise Approach to Asthma Management

Intermittent Symptoms \leq 2 days/week Symptoms \leq 2 nights/month FEV1 > 80% FEV1/FVC normal PEF or FEV1 > 80% FEV1/FVC > 85% SABA \leq 2 days/week	Step 1
Mild Persistent Symptoms > 2x/week, < 1x/day Symptoms > 3-4x/month FEV1 > 80% FEV1/FVC normal PEF or FEV1 > 80% FEV1/FVC > 80% SABA > 2 days/week, < 7 days/week	Step 2
Moderate Persistent Symptoms daily Symptoms > 1 night/week, < 7 nights/week FEV1 \geq 60% \leq 80% FEV1/FVC reduced 5% PEF or FEV1 \geq 60% \leq 80% FEV1/FVC 75-80% SABA daily	Step 3 And consider short course of OCS
Severe Persistent Continual symptoms daily Symptoms often nightly FEV1 < 60% FEV1/FVC reduced > 5% PEF or FEV1 < 60% FEV1/FVC < 75% SABA several times/day	Step 4 or 5 And consider short course of OCS
If symptom indications exceed "Severe Persistent" range, escalate to Step 6	Step 6

Step 1 SABA as needed
Step 2[†] <i>Preferred:</i> <ul style="list-style-type: none"> ■ Low dose ICS <i>Alternative:</i> <ul style="list-style-type: none"> ■ Cromolyn, LTRA, Nedocromil, Theo
Step 3[†] <i>Preferred:</i> <ul style="list-style-type: none"> ■ Low-dose ICS + LABA <i>or</i> Medium-dose ICS ■ Low-dose ICS + LABA, LTRA, <i>or</i> Theo <i>or</i> Medium-dose ICS <i>Alternative:</i> <ul style="list-style-type: none"> ■ Low-dose ICS + either LTRA, Theo, <i>or</i> Zileuton
Step 4[†] <i>Preferred:</i> <ul style="list-style-type: none"> ■ Medium-dose ICS + LABA <i>Alternative:</i> <ul style="list-style-type: none"> ■ Medium-dose ICS + LTRA, Theo, <i>or</i> Zileuton ■ Medium-dose ICS + LTRA <i>or</i> Theo
Step 5 <i>Preferred:</i> <ul style="list-style-type: none"> ■ High-dose ICS + LABA <i>plus</i> consider Omalizumab for allergic patients ■ High-dose ICS + LABA <i>Alternative:</i> <ul style="list-style-type: none"> ■ High-dose ICS + LTRA <i>or</i> Theo
Step 6 <i>Preferred:</i> <ul style="list-style-type: none"> ■ High-dose ICS + LABA + OCS <i>plus</i> consider Omalizumab for allergic patients ■ High-dose ICS + LABA + OCS <i>Alternative:</i> <ul style="list-style-type: none"> ■ High-dose ICS + LTRA <i>or</i> Theo + OCS

* Assess based on previous 2-4 weeks. Classify according to most severe indication. Evaluate control at 2-6 weeks. Adjust treatment as needed. Age 0-4 years old see reference**

** National Heart, Lung, and Blood Institute. NAEPP Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma—Full Report, 2007

KEY: All patients \geq 5 years — in black
 5-11 years old — in red
 \geq 12 years old — in blue

FEV=forced expiratory flow; FVC=forced vital capacity; PEF=peak expiratory flow; SABA=short-acting beta₂-agonist; LABA=long-acting beta₂-agonist; ICS=inhaled corticosteroids; OCS=oral corticosteroids; LTRA=leukotriene receptor antagonist; Theo=theophylline
[†] Consider subcutaneous allergen immunotherapy if persistent, allergic asthma