Asthma Management in Ages 12+ Years



Based on the 2024 Global Initiative for Asthma (GINA) Report

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Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess

- Confirmation/evaluation of diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust

- Treat comorbidities & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- · Add/adjust asthma medications
- Educate and train skills and proper use

Review

- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effectsPatient satisfaction, quality of life

Repeat

- AssessAdjust
- Review

TRACK 1 Preferred Approach

• Controller: Follow steps

• Reliever: As-needed low dose ICS-formoterol

START HERE IF:

Symptoms <3-5 days/week



Steps 1 and 2

<u>As-needed only</u> low-dose ICS-formoterol

START HERE IF:

Symptoms most days, or waking with asthma ≥1 time/week, or low lung function



Step 3

Low-dose maintenance ICS-formoterol (MART)

START HERE IF:

Daily symptoms, waking with asthma ≥1 time/week, and low lung function, or recent exacerbation

← A short course of OCS may be needed if initial asthma presentation is during an exacerbation



Step 4

Medium-dose maintenance
ICS-formoterol
(MART)



Add-on LAMA

Refer for phenotypic assessment with or without biologic therapy

Consider high-dose <u>maintenance</u> ICS-formoterol (MART)

Reliever →

Controller →

Reliever: As-needed low-dose ICS-formoterol



The alternate approach (Track 2) is reasonable when: preferred approach (Track 1) is not possible, patient is stable on their current therapy (e.g., no exacerbation within the past year), or alternate approach is preferred by the patient

TRACK 2 Alternative Approach

• Controller: Follow steps

• Reliever: As-needed SABA or as-needed ICS-SABA

START HERE IF: Infrequent symptoms (e.g., ≤1-2 days/week)

Step 1

.ow-dose ICS whenever

SABA is taken

START HERE IF:

Step 2

Low-dose

maintenance ICS

Symptoms <3-5 days/week



START HERE IF:

Symptoms most days, or waking with asthma ≥1 time/week, or low lung function

Step 3

Low-dose

maintenance

ICS-LABA



START HERE IF:

Daily symptoms, waking with asthma ≥1 time/week and low lung function, or recent exacerbation

 A short course of OCS may be needed if initial asthma presentation is during an exacerbation



Step 4

Medium-/high-dose

ICS-LABA

Step 5

Add-on LAMA
Refer for phenotypic

assessment with or without biologic therapy

Consider high-dose maintenance ICS-LABA

Reliever \rightarrow

Controller →

Reliever: As-needed SABA* or as-needed ICS-SABA

*If considering SABA reliever, confirm that the patient is likely to be adherent to daily controller treatment

Other Controller Options for use in <u>either</u> approach (limited indications, less evidence for safety or efficacy)

Other Controller → Options

Low-dose ICS whenever SABA is taken, or daily LTRA^, or add HDM SLIT

Step 1 or 2

Step 3

Medium-dose ICS, or add LTRA^,

or add HDM SLIT

Add LAMA or LTRA[^] or add HDM SLIT, or switch to high-dose ICS-only

Step 4

Step 5
Add azithromycin

Add azithromycin (for adults) or LTRA[^]; add low-dose OCS as <u>last resort</u>

^When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

HDM SLIT: house dust mite sublingual immunotherapy; ICS: inhaled corticosteroid; LABA: long-acting beta-2 agonist; LAMA: long-acting muscarinic antagonist; LTRA: leukotriene receptor antagonist; MART: maintenance and reliever therapy; OCS: oral corticosteroids; SABA: short-acting beta-2 agonist

Asthma Management in Ages 11 Years and Under Dyr



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Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess

- · Confirmation/evaluation of diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

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- Treat comorbidities & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review

- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects • Patient satisfaction, quality of life

Repeat

- Assess Adjust
- Review

Children ages 6 to 11 years • Controller: Follow steps • Reliever: As-needed SABA or low-dose ICS-formoterol for MART (Steps 3-4)

START HERE IF: Symptoms <2 days/week

Step 1

Low-dose ICS whenever SABA is taken

Preferred Controller →

Other Controller → **Options**

Reliever →

START HERE IF:

Symptoms

2-5 days/week

Step 2

Daily low-dose ICS

(use child dose ranges)

Daily LTRA*, or low-dose ICS

whenever SABA is taken

START HERE IF:

Symptoms most days,

or waking with asthma

≥ 1 time/week

Step 3

Low-dose ICS-LABA, or

medium-dose ICS, or

very low-dose ICS-

formoterol (MART)

Low-dose ICS + LTRA*

START HERE IF:

Symptoms most days, waking with asthma ≥ 1 time/week, and low lung function

← A short course of OCS may be needed if initial asthma presentation is during an exacerbation



Step 4

Refer for expert advice

Medium-dose ICS-LABA, or low-dose ICS-formoterol as maintenance & reliever therapy (MART)

Add tiotropium or add LTRA*

Step 5

Refer for phenotypic

Consider higher-dose ICS-LABA or add-on therapy (e.g., biologics)

Consider add-on

low-dose OCS (<u>last resort</u>)

Reliever: As-needed SABA or ICS-formoterol for MART as above in Steps 3 & 4

*When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

Children ages 5 years and younger

• Controller: Follow steps Reliever: As-needed SABA

CONSIDER THIS STEP IF:

Infrequent viral wheezing & no or few interval symptoms

CONSIDER THIS STEP IF:

Symptoms are not consistent with asthma, but wheezing episodes that require SABA occur frequently (e.g., ≥3/year). Give a 3-month diagnostic trial and consider expert referral.

Symptoms are consistent with asthma and are not well controlled or ≥3 exacerbations per year.

Before stepping up, check for alternate diagnosis, confirm proper inhaler use, review adherence & exposures

CONSIDER THIS STEP IF:

Confirmed asthma & not well controlled on low-dose ICS

Asthma not well controlled on doubled dose of initial low-dose ICS





Step 1

Preferred Controller →

Other Controller → **Options**

Not enough evidence for daily controller

Consider intermittent short ICS course at onset of viral illness

Daily low-dose ICS

Step 2

(use ages 5 years and under low ICS dose range approximations)

Daily LTRA*, or intermittent short courses of ICS at onset of respiratory illness

Double low-dose ICS

Step 3

Low-dose ICS + LTRA*; Consider specialist referral **Continue controller**

Refer for specialist

assessment

Add LTRA*, or add intermittent ICS, or increase ICS frequency

Reliever →



*When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

ICS: inhaled corticosteroid; LABA: long-acting beta-2 agonist; LAMA: long-acting muscarinic antagonist; LTRA: leukotriene receptor antagonist; MART: maintenance and reliever therapy; OCS: oral corticosteroids; SABA: short-acting beta-2 agonist