



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [General Principles for the Diagnosis and Management of Asthma](#)

Released: July 2014

Updated recommendations:

Diagnosis and management goals

- Use spirometry (FEV₁, FEV₆, FVC, FEV₁/FVC) in all patients ≥ 5 years of age to determine that airway obstruction is at least partially reversible.
- **Goals of therapy are to achieve control by**
 - Reducing impairment: chronic symptoms, need for rescue therapy and maintain near-normal lung function and activity level.
 - Reducing risk: exacerbations, need for emergency care or hospitalization, loss of lung function or reduced lung growth in children, or adverse effects of therapy.

Assessment and monitoring

- Assess asthma severity to initiate therapy using [severity classification chart](#) for impairment and risk.
- Assess asthma control to monitor and adjust therapy. (Use [asthma control chart](#), for impairment and risk. Step up if necessary; step down if possible.)
- Obtain spirometry (FEV₁, FEV₆, FVC, FEV₁/FVC) to confirm control, and at least every 1-2 years, more frequently for not well-controlled asthma.
- Schedule follow-up care: within 1 week, or sooner, if acute exacerbation; at 2- to 6-week intervals while gaining control; monitor control at 1- to 6-month intervals, at 3-month interval if a step-down in therapy is anticipated.

Education

- Develop written action plan in partnership with patient. Update annually, more frequently if needed.
- Provide self-management education. Teach and reinforce: self-monitoring to assess control and signs of worsening asthma (either symptoms or peak flow monitoring); using written asthma action plan; taking medication correctly (inhaler technique and use of devices); avoiding environmental and occupational factors that worsen asthma.
- Tailor education to literacy level of patient; appreciate potential role of patient's cultural beliefs and practices in asthma management.

This alert provides a brief summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Control environmental factors and comorbid conditions

- Inactivated influenza vaccine for all patients over 6 months of age unless contraindicated. Intranasal influenza vaccine not for use in persons with asthma.

Medications (see link to national age-specific guidelines¹ for treatment recommendations)

Warning for use of long-acting beta-agonists (LABA). See Black Box Warning:

- Do not use LABA as monotherapy. Use only with an asthma controller such as inhaled corticosteroids.
- Use for the shortest duration possible.
- Only use if not controlled on medium-dose ICS.
- Pediatric and adolescent patients who require the addition of a LABA to an inhaled corticosteroid should use a combination product containing both.

¹[NHLBI 2007 EPR3: Guidelines for the Diagnosis and Management of Asthma. Stepwise Approach for Managing Asthma Long Term. Figures 13 and 16.](#)