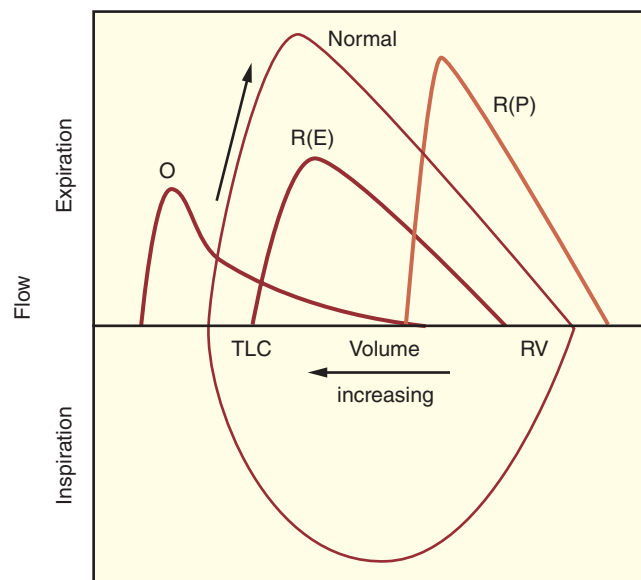
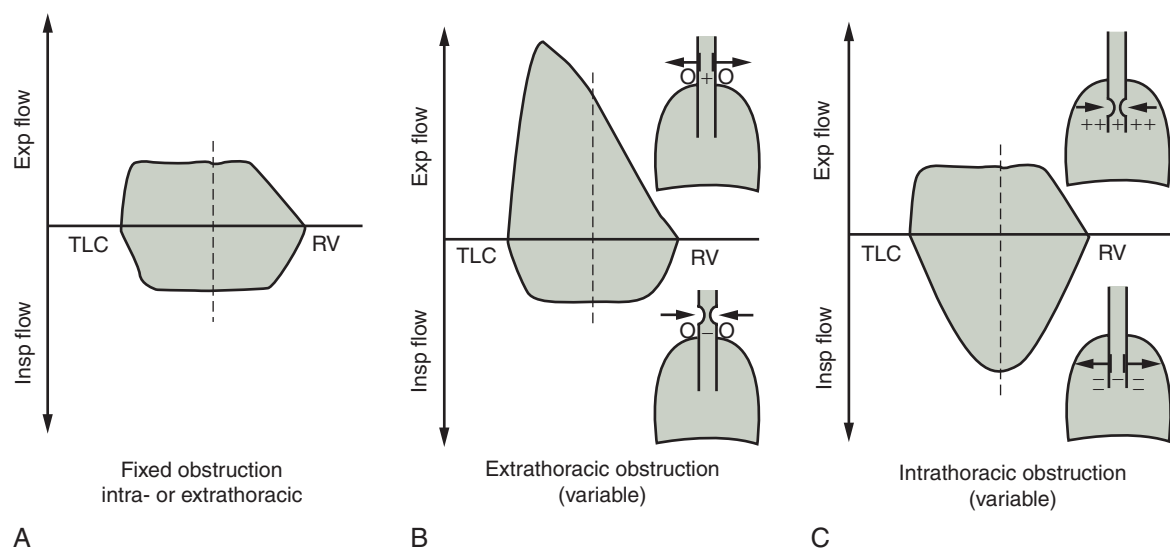


Job: Hines-TA Chapter: CH002 Batch: 1
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Job: Hines-TA **Chapter:** CH002 **Batch:** 1
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AGES 12+ YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

Intermittent Asthma		Management of Persistent Asthma in Individuals Ages 12+ Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6 [■]
Preferred	PRN SABA	Daily low-dose ICS and PRN SABA or PRN concomitant ICS and SABA ▲	Daily and PRN combination low-dose ICS-formoterol ▲	Daily and PRN combination medium-dose ICS-formoterol ▲	Daily medium-high dose ICS-LABA + LAMA and PRN SABA ▲	Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA
Alternative		Daily LTRA* and PRN SABA or Cromolyn,* or Nedocromil,* or Zileuton,* or Theophylline,* and PRN SABA	Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LAMA, ▲ or daily low-dose ICS + LTRA,* and PRN SABA or Daily low-dose ICS + Theophylline* or Zileuton,* and PRN SABA	Daily medium-dose ICS-LABA or daily medium-dose ICS + LAMA, and PRN SABA ▲ or Daily medium-dose ICS + LTRA,* or daily medium-dose ICS + Theophylline,* or daily medium-dose ICS + Zileuton,* and PRN SABA	Daily medium-high dose ICS-LABA or daily high-dose ICS + LTRA,* and PRN SABA	
		Steps 2–4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy ▲			Consider adding Asthma Biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/IL13)**	

Assess Control

- First check adherence, inhaler technique, environmental factors, ▲ and comorbid conditions.
- Step up** if needed; reassess in 2–6 weeks
- Step down** if possible (if asthma is well controlled for at least 3 consecutive months)

Consult with asthma specialist if Step 4 or higher is required. Consider consultation at Step 3.

Control assessment is a key element of asthma care. This involves both impairment and risk. Use of objective measures, self-reported control, and health care utilization are complementary and should be employed on an ongoing basis, depending on the individual's clinical situation.

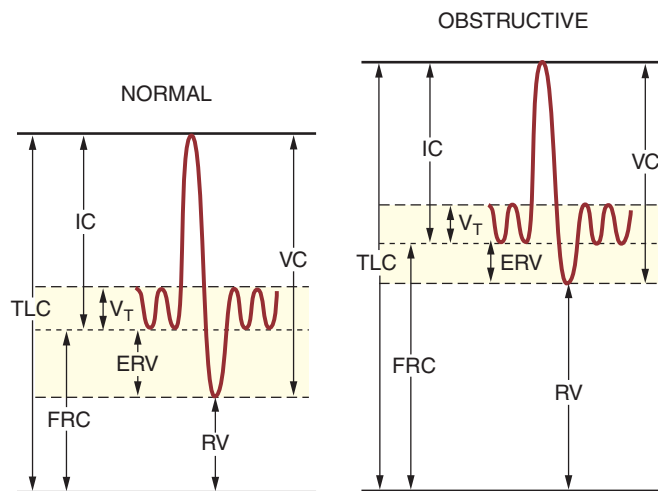
Abbreviations: ICS, inhaled corticosteroid; LABA, long-acting beta₂-agonist; LAMA, long-acting muscarinic antagonist; LTRA, leukotriene receptor antagonist; SABA, inhaled short-acting beta₂-agonist

[▲] Updated based on the 2020 guidelines.

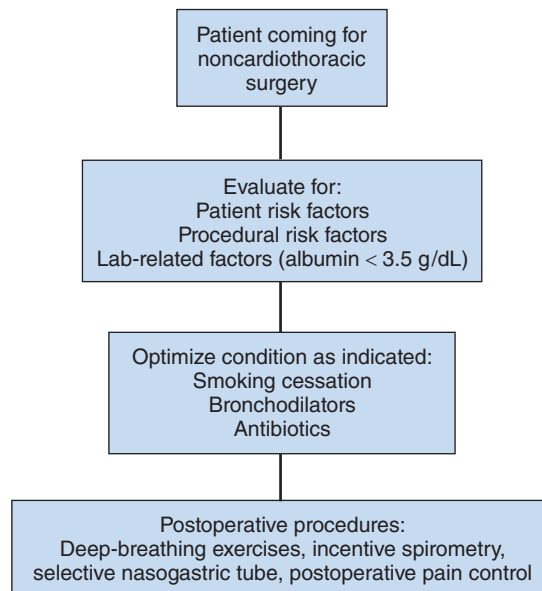
* Cromolyn, Nedocromil, LTRAs including Zileuton and montelukast, and Theophylline were not considered for this update, and/or have limited availability for use in the United States, and/or have an increased risk of adverse consequences and need for monitoring that make their use less desirable. The FDA issued a Boxed Warning for montelukast in March 2020.

** The AHRQ systematic reviews that informed this report did not include studies that examined the role of asthma biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/IL13). Thus, this report does not contain specific recommendations for the use of biologics in asthma in Steps 5 and 6.

■ Data on the use of LAMA therapy in individuals with severe persistent asthma (Step 6) were not included in the AHRQ systematic review and thus no recommendation is made.



Job: Hines-TA **Chapter:** CH002 **Batch:** 1
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Job: Hines-TA **Chapter:** CH002 **Batch:** 1
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Image Modified Date: 24/1/2025 **Desktop Code:** MPS

Components of Severity		Classification of Asthma Severity (Youths ≥ 12 years of age and adults)			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment Normal FEV ₁ :FVC: 8–19 yr 85% 20–39 yr 80% 40–59 yr 75% 60–80 yr 70%	Symptoms	≤ 2 days/week	> 2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤ 2x/month	3–4x/month	> 1x/week but not nightly	Often 7x/week
	Short-acting β ₂ -agonist use for symptom control (not prevention of EIB)	≤ 2 days/week	>2 days/week but not daily	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	<ul style="list-style-type: none"> • Normal FEV₁ between exacerbations • FEV₁ > 80% predicted • FEV₁:FVC normal 	<ul style="list-style-type: none"> • FEV₁ < 80% predicted • FEV₁:FVC normal 	<ul style="list-style-type: none"> • FEV₁ > 60% but < 80% predicted • FEV₁:FVC reduced 5% 	<ul style="list-style-type: none"> • FEV₁ < 60% predicted • FEV₁:FVC reduced > 5%
Risk	Exacerbations (consider frequency and severity)	0–2/year >2/year → ← Frequency and severity may fluctuate over time for patients in any severity category → Relative annual risk of exacerbations may be related to FEV ₁ .			

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