

**FIGURE 12. ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY IN CHILDREN**

Components of Control		Assessing Asthma Control and Adjusting Therapy in Children					
		Well Controlled		Not Well Controlled		Very Poorly Controlled	
		Ages 0–4	Ages 5–11	Ages 0–4	Ages 5–11	Ages 0–4	Ages 5–11
Impairment	Symptoms	≤2 days/week but not more than once on each day		>2 days/week or multiple times on ≤2 days/week		Throughout the day	
	Nighttime awakenings	≤1x/month		>1x/month		≥2x/month	
	Interference with normal activity	None		Some limitation		Extremely limited	
	Short-acting beta <sub>2</sub> -agonist use for symptom control (not prevention of EIB)	≤2 days/week		>2 days/week		Several times per day	
	Lung function <ul style="list-style-type: none"><li>FEV<sub>1</sub> (predicted) or peak flow personal best</li><li>FEV<sub>1</sub>/FVC</li></ul>	N/A	>80% >80%	N/A	60–80% 75–80%	N/A	<60% <75%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1x/year		2–3x/year		≥2x/year	
	Reduction in lung growth	N/A	Requires long-term followup	N/A		N/A	
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.					
Recommended Action for Treatment		<ul style="list-style-type: none"><li>Maintain current step.</li><li>Regular followup every 1–6 months.</li><li>Consider step down if well controlled for at least 3 months.</li></ul>		Step up 1 step	Step up at least 1 step	<ul style="list-style-type: none"><li>Consider short course of oral systemic corticosteroids.</li><li>Step up 1–2 steps</li></ul>	
(See “Stepwise Approach for Managing Asthma” for treatment steps.)  The stepwise approach is meant to assist, not replace, clinical decisionmaking required to meet individual patient needs.		<ul style="list-style-type: none"><li><b>Before step up:</b> Review adherence to medication, inhaler technique, and environmental control. If alternative treatment was used, discontinue it and use preferred treatment for that step.</li><li>Reevaluate the level of asthma control in 2–6 weeks to achieve control; every 1–6 months to maintain control. Children 0–4 years old: If no clear benefit is observed in 4–6 weeks, consider alternative diagnoses or adjusting therapy. Children 5–11 years old: Adjust therapy accordingly.</li><li>For side effects, consider alternative treatment options.</li></ul>					

Key: EIB, exercise-induced bronchospasm; FEV<sub>1</sub>, forced expiratory volume in 1 second; FVC, forced vital capacity; ICU, intensive care unit; N/A, not applicable

**Notes:**

- The level of control is based on the most severe impairment or risk category. Assess impairment domain by patient's or caregiver's recall of previous 2–4 weeks. Symptom assessment for longer periods should reflect a global assessment, such as whether the patient's asthma is better or worse since the last visit.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma control. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control.