Asthma - suspected

Diagnosis and assessment

Evaluation:
- assess symptoms, measure lung function, check inhaler technique and adherence
- adjust dose
- update self-management plan
- move up and down as appropriate

Asthma - diagnosed

Continuous or frequent use of oral steroids

Refer patient for specialist care

Use daily steroid tablet in the lowest dose providing adequate control
Maintain high-dose ICS
Consider other treatments to minimize use of steroid tablets

High-dose therapies

Consider trials of:
- Increasing ICS up to high dose
- Addition of a fourth drug, e.g. LTRA, SR theophylline, beta agonist tablet, LAMA

Refer patient for specialist care

Additional add-on therapies

No response to LABA – stop LABA and consider increased dose of ICS
If benefit from LABA but control still inadequate – continue LABA and increase ICS to medium dose
If benefit from LABA but control still inadequate - continue LABA and ICS and consider trial of other therapy - LTRA, SR theophylline, LAMA

Refer patient for specialist care

Initial add-on therapy

Add inhaled LABA to low-dose ICS (normally as a combination inhaler)

Low-dose ICS

Consider monitored initiation of treatment with low-dose ICS

Regular preventer

Low-dose ICS

Consider monitored initiation of treatment with low-dose ICS

Infrequent, short-lived wheeze

Short acting β₂ agonists as required – consider moving up if using three doses a week or more