### Medical Management of Asthma

#### 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

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

- **Infrequent, short-lived wheeze**
  - Consider monitored initiation of treatment with very low- to low-dose ICS

- **Regular preventer**
  - Very low (paediatric) dose ICS
  - (or LTRA <5 years)

#### Asthma - diagnosed

- **High-dose therapies**
  - Continuous or frequent use of oral steroids
  - Use daily steroid tablet in the lowest dose providing adequate control
  - Maintain medium-dose ICS
  - Consider other treatments to minimize use of steroid tablets

- **Additional add-on therapies**
  - No response to LABA - stop LABA and increase dose of ICS to low dose
  - If benefit from LABA but control still inadequate - continue LABA and increase ICS to low dose
  - If benefit from LABA but control still inadequate - continue LABA and ICS and consider trial of other therapy - LTRA

- **Initial add-on preventer**
  - Very low (paediatric) dose ICS
  - Plus
  - Children ≥5 years - add inhaled LABA
  - Children <5 years - add LTRA

- **Refer patient for specialist care**

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