

FOLLOW-UP VISITS: ASSESSING ASTHMA CONTROL AND ADJUSTING THERAPY

Level of control (Columns 2–4) is based on the most severe component of impairment (symptoms and functional limitations) or risk (exacerbations). Assess impairment by patient’s or caregiver’s recall of events listed in Column 1 during the previous 2–4 weeks and by spirometry and/or peak flow measures. Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient’s asthma is better or worse since the last visit. Assess risk by recall of exacerbations during the previous year and since the last visit. Recommendations for adjusting therapy based on level of control are presented in the last row.

Components of Control		Well Controlled			Not Well Controlled			Very Poorly Controlled		
		Ages 0–4 years	Ages 5–11 years	Ages ≥12 years	Ages 0–4 years	Ages 5–11 years	Ages ≥12 years	Ages 0–4 years	Ages 5–11 years	Ages ≥12 years
Impairment	Symptoms	≤2 days/week	≤2 days/week but not more than once on each day	≤2 days/week	>2 days/week	>2 days/week or multiple times on ≤2 days/week	>2 days/week	Throughout the day		
	Nighttime awakenings	≤1x/month		≤2x/month	>1x/month	≥2x/month	1–3x/week	>1x/week	≥2x/week	≥4x/week
	Interference with normal activity	None			Some limitation			Extremely limited		
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week			>2 days/week			Several times per day		
	Lung function									
	➔ FEV ₁ * (% predicted) or peak flow (% personal best)	Not applicable	>80%	>80%	Not applicable	60–80%	60–80%	Not applicable	<60%	<60%
➔ FEV ₁ /FVC*		>80%	Not applicable		75–80%	Not applicable		<75%	Not applicable	
Risk	Validated questionnaires†									
	➔ ATAQ*	Not applicable	Not applicable	0	Not applicable	Not applicable	1–2	Not applicable	Not applicable	3–4
	➔ ACQ*			≤0.75‡			≥1.5			Not applicable
	➔ ACT*			≥20			16–19			≤15
	Asthma exacerbations requiring oral systemic corticosteroids§	0–1/year			2–3/year	≥2/year		>3/year	≥2/year	
		<i>Consider severity and interval since last asthma exacerbation.</i>								
	Reduction in lung growth/Progressive loss of lung function	Not applicable	Evaluation requires long-term follow-up care.		Not applicable	Evaluation requires long-term follow-up care.		Not applicable	Evaluation requires long-term follow-up care.	
	Treatment-related adverse effects	<i>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.</i>								
Recommended Action for Treatment <i>(See “Stepwise Approach for Managing Asthma Long Term,” page 7)</i> <i>The stepwise approach is meant to help, not replace, the clinical decisionmaking needed to meet individual patient needs.</i>		<i>Maintain current step.</i> <i>Regular follow-up every 1–6 months.</i> <i>Consider step down if well controlled for at least 3 months.</i>			Step up 1 step	Step up at least 1 step	Step up 1 step	<i>Consider short course of oral systemic corticosteroids.</i> <i>Step up 1–2 steps.</i> <i>Reevaluate in 2 weeks to achieve control.</i>		
					<i>Reevaluate in 2–6 weeks to achieve control.</i>					
					<i>For children 0–4 years, if no clear benefit observed in 4–6 weeks, consider adjusting therapy or alternative diagnoses.</i>					
		<i>Before step up in treatment: Review adherence to medication, inhaler technique, and environmental control. If alternative treatment was used, discontinue and use preferred treatment for that step. For side effects, consider alternative treatment options.</i>								

* **Abbreviations:** ACQ, Asthma Control Questionnaire[®]; ACT, Asthma Control Test[™]; ATAQ, Asthma Therapy Assessment Questionnaire[®]; EIB, exercise-induced bronchospasm; FVC, forced vital capacity; FEV₁, forced expiratory volume in 1 second; SABA, short-acting beta₂-agonist.

† Minimal important difference: 1.0 for the ATAQ; 0.5 for the ACQ; not determined for the ACT.

‡ ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

§ Data are insufficient to link frequencies of exacerbations with different levels of asthma control. Generally, more frequent and intense exacerbations (e.g., requiring urgent care, hospital or intensive care admission, and/or oral corticosteroids) indicate poorer asthma control.