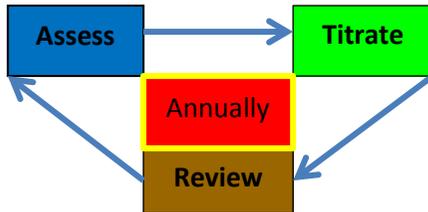


## Stepwise Management of Asthma in Patients Aged 5-12 Years



		<p><b>Step 2</b></p> <p><b>Add low dose ICS. The lowest steroid dose to achieve control is required.</b></p> <p>Clenil Modulite 50 (Beclometasone 50 micrograms MDI) <b>2P BD via Spacer Device</b></p> <p>Pulmicort Turbohaler (Budesonide 100 micrograms DPI) <b>1-2P BD</b></p>	<p><b>Step 3</b></p> <p><b>Low dose ICS+LABA</b></p> <p>Symbicort Turbohaler 100/6 (Budesonide and Formoterol DPI) <b>1P BD*</b></p> <p>Seretide 50 Evohaler (Fluticasone and Salmeterol MDI) <b>2P BD</b></p>	<p><b>Step 4</b></p> <p><b>REFER TO SPECIALIST CARE IMMEDIATELY, CONTINUING MAXIMUM STEP 3 DOSE.</b></p> <p>Specialist care only: Increase inhaled steroid up to 800 micrograms beclometasone equivalent per day (400 micrograms BD maximum), for short durations only. Add montelukast 4mg/5mg if required.</p>	<p><b>Step 5</b></p> <p><b>SPECIALIST CARE ONLY</b></p> <p>Use daily steroid tablet in lowest dose providing adequate control. Maintain high dose inhaled steroid at 800 mcg/day. Consider other treatments to minimise the use of steroid tablets.</p> <p>Prednisolone Tablets 5mg</p>
<b>Preventer</b>	<p><b>Step 1</b></p> <p><b>SABA as below.</b></p> <p><b>Consider a very low dose ICS.</b></p>	<p>Ensure that technique is perfect. If not, consider changing to a different TYPE of device.</p>		<p>Consider adding a leukotriene receptor antagonist.</p> <p>Montelukast 4mg Chewable Tablet <b>1 ON (Age 2-5 Years)</b></p> <p>Montelukast 5mg Chewable Tablet <b>1 ON (Age 6-15 Years)</b></p>	
<b>Add-on</b>	<p>Clenil Modulite 50 <b>1P BD</b> or Easyhaler Budesonide <b>1P OD*</b></p>	<p><b>Inhaled short-acting <math>\beta</math>2 agonist (SABA) as required.</b></p> <p>Salbutamol 100 micrograms CFC Free MDI (Ventolin Evohaler, Salamol MDI ) <b>1-2P PRN via Spacer Device</b></p>			
<b>Reliever</b>	<p><b>Inhaled short-acting <math>\beta</math>2 agonist (SABA) as required.</b></p> <p>Salbutamol 100 micrograms CFC Free MDI (Ventolin Evohaler, Salamol MDI ) <b>1-2P PRN via Spacer Device</b></p>				

Always use the lowest dose at the earliest step suitable to maintain control as defined by the BTS. Use the same device type (i.e. similar inhalation rates) where possible for preventer and reliever.

\* Symbicort and Easyhaler Budesonide devices are licenced for patients aged 6 years and above.

## Stepwise Management of Asthma in Patients Aged 5-12 Years

Consider Step 1 through to Step 5 in sequence. Always start at the lowest appropriate step. Once the patient is moved to the next step, schedule a review within 3 months to ascertain control and consider reverting to the previous step as appropriate providing control as defined below is achieved. The starting dose of inhaled steroid should be tailored to the severity of the condition. The emphasis must be on prescribing the lowest dose of therapy to maintain control. This will reduce side effects, increase patient compliance and lead to a reduced financial impact. Maintain the same type of device e.g. DPI or MDI, throughout therapy where possible.

The aim of asthma management is control of the disease. Complete control is defined as:

- No daytime symptoms
- No night time awakening due to asthma
- No need for rescue medication
- No exacerbations
- No limitations on activity including exercise
- Normal lung function (in practical terms FEV1 and/or PEF >80% predicted or best)
- Minimal side effects from medication

Always check inhaler technique. A recent study conducted in the Isle of Wight suggested that up to 80% of acute hospital admissions were due to poor medicine use, including poor inhaler technique, rather than incorrect prescribing. Where possible, if patients are on more than one inhaler, keep to the same type of device. The inhalation rate differs greatly between devices.

The MHRA states that all CFC free MDIs containing beclometasone should be prescribed by brand where appropriate. For this guideline, the same applies to all steroid inhalers.

The British Thoracic Society (BTS) Guidelines suggest no increased clinical efficacy with combination inhalers, but there is evidence of greater compliance and control. Therefore, combination products such as Seretide should be prescribed rather than single medicine inhalers, unless there is a specific reason otherwise. All combination inhalers should be prescribed by brand.

Always refer to the BTS guidelines, SPC and BNF guidance when making a clinical decision. This document is a guideline and professional judgement should always prevail. This guideline applies to patients aged 5 to 12 years. Qvar, Fostair and Flutiform are not licenced in this age group, but Seretide and Symbicort are (Symbicort licenced in patients aged 6 years and above).

The brand names suggested in the above pathway have been assessed as providing quality patient outcomes whilst optimising medicine prescribing. Other appropriate devices may exist. Company names, brand names, logos and trademarks used in this guidance document remain the property of their respective owners.

Reference: British Thoracic Society (2008, Revised 2012). *British Guideline on the Management of Asthma. A national clinical guideline*. 5th ed. Edinburgh and London: Scottish Intercollegiate Guidelines Network & British Thoracic Society. p37-56.