

INITIAL VISIT: CLASSIFYING ASTHMA SEVERITY AND INITIATING THERAPY

(in patients who are not currently taking long-term control medications)

Level of severity (Columns 2-5) is determined by events listed in Column 1 for both impairment (frequency and intensity of symptoms and functional limitations) and risk (of exacerbations). Assess impairment by patient's or caregiver's recall of events during the previous 2-4 weeks; assess risk over the last year. Recommendations for initiating therapy based on level of severity are presented in the last row.

Components of Severity	Intermittent			Persistent									
				Mild			Moderate			Severe			
	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	Ages 0-4 years	Ages 5-11 years	Ages ≥12 years	
Impairment	Symptoms	≤2 days/week			>2 days/week but not daily			Daily			Throughout the day		
	Nighttime awakenings	0	≤2x/month		1-2x/month	3-4x/month		3-4x/month	>1x/week but not nightly		>1x/week	Often 7x/week	
	SABA* use for symptom control (not to prevent EIB*)	≤2 days/week			>2 days/week but not daily	>2 days/week but not daily and not more than once on any day		Daily			Several times per day		
	Interference with normal activity	None			Minor limitation			Some limitation			Extremely limited		
	Lung function		Normal FEV ₁ between exacerbations	Normal FEV ₁ between exacerbations									
	→ FEV ₁ * (% predicted)	Not applicable	>80%	>80%	Not applicable	>80%	>80%	Not applicable	60-80%	60-80%	Not applicable	<60%	<60%
→ FEV ₁ /FVC*		>85%	Normal [†]		>80%	Normal [†]		75-80%	Reduced 5% [†]		<75%	Reduced >5% [†]	
Risk	Asthma exacerbations requiring oral systemic corticosteroids [‡]	0-1/year			≥2 exacerb. in 6 months, or wheezing ≥4x per year lasting >1 day AND risk factors for persistent asthma			≥2/year					
		<p>Generally, more frequent and intense events indicate greater severity.</p> <p>Generally, more frequent and intense events indicate greater severity.</p>											
<p>Consider severity and interval since last asthma exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV₁.*</p>													
Recommended Step for Initiating Therapy		Step 1			Step 2			Step 3	Step 3 medium-dose ICS* option	Step 3	Step 3	Step 3 medium-dose ICS* option or Step 4	Step 4 or 5
<p>(See "Stepwise Approach for Managing Asthma Long Term," page 7)</p> <p>The stepwise approach is meant to help, not replace, the clinical decisionmaking needed to meet individual patient needs.</p>		<p>Consider short course of oral systemic corticosteroids.</p>											
<p>In 2-6 weeks, depending on severity, assess level of asthma control achieved and adjust therapy as needed. For children 0-4 years old, if no clear benefit is observed in 4-6 weeks, consider adjusting therapy or alternate diagnoses.</p>													

* Abbreviations: EIB, exercise-induced bronchospasm; FEV₁, forced expiratory volume in 1 second; FVC, forced vital capacity; ICS, inhaled corticosteroid; SABA, short-acting beta₂-agonist.

† Normal FEV₁/FVC by age: 8-19 years, 85%; 20-39 years, 80%; 40-59 years, 75%; 60-80 years, 70%.

‡ Data are insufficient to link frequencies of exacerbations with different levels of asthma severity. Generally, more frequent and intense exacerbations (e.g., requiring urgent care, hospital or intensive care admission, and/or oral corticosteroids) indicate greater underlying disease severity. For treatment purposes, patients with ≥2 exacerbations may be considered to have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.