3





Add-on specialised treatment

Refer to specialist



FEW PATIENTS

Regular daily ICS-LABA (medium-high dose)

Budesonide–formoterol maintenance-and-reliever therapy (medium dose as regular daily maintenance plus low dose as needed)

OR

Regular daily maintenance ICS-LABA combination (medium-high dose) + SABA reliever as needed

Consider referral

Consider add-on treatments (e.g. tiotropium)

Monitor and adjust to maintain good symptom control and minimise risks at lowest effective lowest effective ICS dose

What is good symptom control?

Consider starting at levels 3 or 4 for new patient with frequent or uncontrolled symptoms (check PBS criteria)

What are initial treatment options?



2

**SOME PATIENTS** 

Regular daily ICS-LABA (low dose)

Budesonide–formoterol maintenance-and-reliever therapy (low dose as regular daily maintenance plus low dose as needed)

OR

Regular daily maintenance ICS-LABA combination (low dose) + SABA reliever as needed

**1** 

Monitor and adjust to maintain good symptom control and minimise risks

What is good symptom control?

What is low dose ICS?

Suitable starting treatment for most new patients

What are initial treatment options?

MOST PATIENTS

Regular daily maintenance ICS (low dose) + SABA reliever as needed

OR

Budesonide-formoterol (low dose) as needed

1 FEW PATIENTS

As-needed SABA alone

Consider only if symptoms less than twice a month and no risk factors for flare-ups

What are risk factors for severe flare-ups?

Monitor SABA use. Continually reassess need for preventer

Which patients need ICS?

## **ALL PATIENTS**

Assess individual risk factors and comorbidity What are risk factors for severe flare-ups?

Advise/prescribe a reliever to be carried at all times

Provide education

Provide a personalised written asthma action plan

Provide information on non-pharmacological factors that influence asthma

Ask about patient's goals and concerns and involve patient in making treatment decisions

ICS LABA SABA inhaled corticosteroid long-acting beta<sub>2</sub> agonist short-acting beta<sub>2</sub> agonist



Before you consider stepping up, check that:

- symptoms are due to asthma
- inhaler technique is correct
- adherence is adequate.



Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.



When asthma is stable and well controlled for 2–3 months, consider stepping down

