



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [General Principles for the Diagnosis and Management of Asthma](#)

Released: July 2018

This alert provides a summary of **only** the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Diagnosis and management goals

Detailed medical history and physical exam to determine precipitating factors and that symptoms of recurrent episodes of airflow obstruction are present and reversed by bronchodilator.

Goals of therapy are to achieve control by:

- Reducing impairment: chronic symptoms, need for rescue therapy and maintain near-normal lung function and activity level.
- Reducing risk: exacerbations, need for emergency care or hospitalization, loss of lung function or reduced lung growth in children, or adverse effects of therapy.

Education

- Develop written [asthma action plan](#) in partnership with patient/family/caregiver. Update annually, more frequently if needed.
- Provide self-management education. Teach and reinforce: self-monitoring to assess control and signs of worsening asthma (either symptoms or peak flow monitoring); using written asthma action plan; taking medication correctly (inhaler technique and use of devices); recognizing, reporting and avoiding environmental and occupational factors that worsen asthma (outdoor activity, reflux; see *Eligible Population column on guideline*)

Control environmental factors and comorbid conditions

- Treat relevant conditions (e.g., gastroesophageal reflux/laryngotracheal reflux, allergic bronchopulmonary aspergillosis, obesity, obstructive sleep apnea, rhinitis and sinusitis, chronic stress or depression).

Medications

- Initial treatment should be based on the [severity of asthma](#), both impairment and risk.
- Inhaled short-acting beta agonist, for intermittent asthma.
- For persistent asthma, Inhaled corticosteroids (ICS) alone or in combination with Long-Acting Beta Agonist (LABA) appears to be the most effective long-term control strategy.
- Re-evaluate in 2-6 weeks for control. Modify treatment based on level of control. See asthma yardstick: [Children](#) [Adults](#)

Referral

- Consider referral to an asthma specialist for consultation or co-management if there are difficulties achieving or maintaining control, if immunotherapy or omalizumab is considered, if additional testing is indicated, if the patient required 2 bursts of oral corticosteroids in the past year or a hospitalization, or if the diagnosis is in doubt.