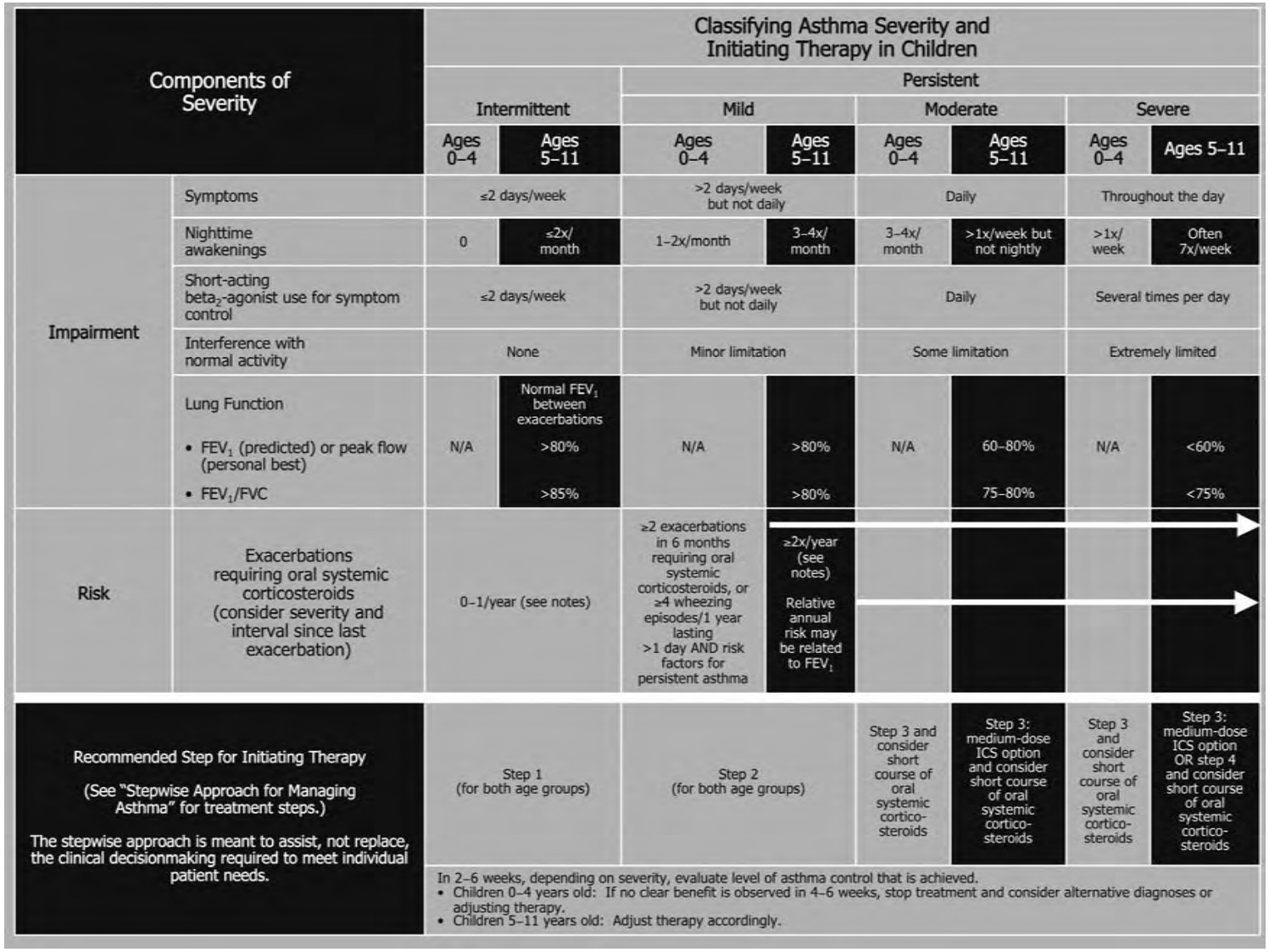
FIGURE 11. CLASSIFYING ASTHMA SEVERITY AND INITIATING THERAPY IN CHILDREN



Components of Severity		Classifying Asthma Severity and Initiating Therapy in Children							
		Intermittent		Persistent					
				Mild		Moderate		Severe	
		Ages 0–4	Ages 5–11	Ages 0–4	Ages 5–11	Ages 0–4	Ages 5–11	Ages 0–4	Ages 5–11
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
	Short-acting beta$_2$-agonist use for symptom control	≤2 days/week		>2 days/week but not daily		Daily		Several times per day	
	Interference with normal activity	None		Minor limitation		Some limitation		Extremely limited	
	Lung Function • FEV$_1$ (predicted) or peak flow (personal best) • FEV$_1$/FVC	N/A	Normal FEV$_1$ between exacerbations >80% >85%	N/A	>80% >80%	N/A	60–80% 75–80%	N/A	<60% <75%
Risk	Exacerbations requiring oral systemic corticosteroids (consider severity and interval since last exacerbation)	0–1/year (see notes)		≥2 exacerbations in 6 months requiring oral systemic corticosteroids, or ≥4 wheezing episodes/1 year lasting >1 day AND risk factors for persistent asthma	≥2x/year (see notes) Relative annual risk may be related to FEV$_1$				
Recommended Step for Initiating Therapy (See "Stepwise Approach for Managing Asthma" for treatment steps.) The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.		Step 1 (for both age groups)		Step 2 (for both age groups)		Step 3 and consider short course of oral systemic cortico-steroids	Step 3: medium-dose ICS option and consider short course of oral systemic cortico-steroids	Step 3 and consider short course of oral systemic cortico-steroids	Step 3: medium-dose ICS option OR step 4 and consider short course of oral systemic cortico-steroids
In 2–6 weeks, depending on severity, evaluate level of asthma control that is achieved. • Children 0–4 years old: If no clear benefit is observed in 4–6 weeks, stop treatment and consider alternative diagnoses or adjusting therapy. • Children 5–11 years old: Adjust therapy accordingly.									

Key: FEV$_1$, forced expiratory volume in 1 second; FVC, forced vital capacity; ICS, inhaled corticosteroids; ICU, intensive care unit; N/A, not applicable

Notes:

- Level of severity is determined by both impairment and risk. Assess impairment domain by caregiver's recall of previous 2–4 weeks. Assign severity to the most severe category in which any feature occurs.
- Frequency and severity of exacerbations may fluctuate over time for patients in any severity category. At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and severe exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients with ≥2 exacerbations described above may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

FIGURE 14. CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT IN YOUTHS 12 YEARS OF AGE AND ADULTS

Assessing severity and initiating treatment for patients who are not currently taking long-term control medications

Components of Severity		Classification of Asthma Severity ≥12 years of age			
			Persistent		
		Intermittent	Mild	Moderate	Severe
Impairment Normal FEV_1/FVC: 8–19 yr 85% 20 –39 yr 80% 40 –59 yr 75% 60 –80 yr 70%	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3–4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not daily, and not more than 1x 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 • FEV_1 >80% predicted • FEV_1/FVC normal	• FEV_1 >80% predicted • FEV_1/FVC normal	• FEV_1 >60% but <80% predicted • FEV_1/FVC reduced 5%	• FEV_1 <60% predicted • FEV_1/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year (see note)	≥2/year (see note) →		
		← Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV_1.			
Recommended Step for Initiating Treatment (See "Stepwise Approach for Managing Asthma" for treatment steps.)		Step 1	Step 2	Step 3	Step 4 or 5
				and consider short course of oral systemic corticosteroids	
		In 2–6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly.			

Key: EIB, exercise-induced bronchospasm, FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; ICU, intensive care unit

Notes:

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- Level of severity is determined by assessment of both impairment and risk. Assess impairment domain by patient's/caregiver's recall of previous 2–4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.