

Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full Report 2007

Decision Variables

0–4 Years of Age Rec_1: Cond_1: DV_1
four or more episodes of wheezing in the past year that lasted more than 1 day and affected sleep Rec_1: Cond_1: DV_2
parental history of asthma Rec_1: Cond_1: DV_3
a physician diagnosis of atopic dermatitis Rec_1: Cond_1: DV_4
evidence of sensitization to aeroallergen Rec_1: Cond_1: DV_5
evidence of sensitization to foods Rec_1: Cond_1: DV_6
4 percent peripheral blood eosinophilia Rec_1: Cond_1: DV_7
wheezing apart from colds Rec_1: Cond_1: DV_8
consistently require symptomatic treatment more than 2 days per week for a period of more than 4 weeks Rec_2: Cond_2: DV_9
0–4 Years of Age Rec_2: Cond_2: DV_10
a second asthma exacerbation requiring systemic corticosteroids within 6 months Rec_3: Cond_3: DV_11
0–4 Years of Age Rec_3: Cond_3: DV_12
periods of previously documented risk for a child Rec_4: Cond_4: DV_13
0–4 Years of Age Rec_4: Cond_4: DV_14

5–11 Years of Age Rec_5: Cond_5: DV_15
persistent asthma Rec_5: Cond_5: DV_16
already taking long-term control medication Rec_6: Cond_6: DV_17
if control of the impairment domain is not achieved and maintained Rec_7: Cond_7: DV_18
patient adherence Rec_7: Cond_8: DV_19
inhaler technique Rec_7: Cond_8: DV_20
environmental control measures Rec_7: Cond_8: DV_21
control of the risk of exacerbations is not achieved or maintained (a history of one or more exacerbations) Rec_8: Cond_9: DV_22
0–4 years of age Rec_8: Cond_9: DV_23
5–11 years of age Rec_9: Cond_10: DV_24
the history of exacerbations suggests poorer control than does the assessment of impairment Rec_9: Cond_10: DV_25
patient experiences troublesome or debilitating side effects Rec_10: Cond_11: DV_26
difficulties achieving or maintaining control of asthma Rec_11: Cond_12: DV_27
The patient has had an exacerbation requiring hospitalization. Rec_11: Cond_12: DV_28
Immunotherapy or other immunomodulators are considered, or additional tests are indicated, to determine the role of allergy Rec_11: Cond_12: DV_29
0–4 years of age

Rec_11: Cond_13: DV_30
requires step 3 care or higher to achieve and maintain control
Rec_11: Cond_13: DV_31
if additional education is indicated to improve the patients' management skills or adherence
Rec_11: Cond_13: DV_32
5–11 years of age
Rec_11: Cond_14: DV_33
requires step 4 care or higher
Rec_11: Cond_14: DV_34
additional education is indicated to improve the patients' management skills or adherence
Rec_11: Cond_14: DV_35
0–4 years of age
Rec_11: Cond_15: DV_36
requires step 2 care
Rec_11: Cond_15: DV_37
5–11 years of age
Rec_11: Cond_16: DV_38
requires step 3 care
Rec_11: Cond_16: DV_39
well-controlled asthma is achieve
Rec_13: Cond_17: DV_40
well-controlled asthma is maintained for at least 3 months,
Rec_13: Cond_17: DV_41
no clear response within 4–6 weeks
Rec_14: Cond_18: DV_42
a clear and positive response for at least 3 months
Rec_14: Cond_19: DV_43
intermittent asthma
Rec_15: Cond_20: DV_44
(URI) symptoms are mild
Rec_16: Cond_21: DV_45
this therapy (SABA every 4–6 hours for 24 hours, longer with a physician consult)

Rec_16: Cond_22: DV_46
viral respiratory infection provokes a moderate-to-severe exacerbation,
Rec_16: Cond_23: DV_47
history of severe exacerbations with viral respiratory infections,
Rec_16: Cond_24: DV_48
intermittent asthma
Rec_17: Cond_25: DV_49
history of severe exacerbations
Rec_17: Cond_25: DV_50
children who had four or more wheezing episodes in 1 year
Rec_18: Cond_26: DV_51
risk factors for persistent asthma
Rec_18: Cond_26: DV_52
children who have a second exacerbation requiring oral systemic corticosteroids in 6 months
Rec_18: Cond_27: DV_53
children who consistently require symptomatic treatment andgt;2 days a week for andgt; 4 weeks
Rec_18: Cond_27: DV_54
patient has an exacerbation at the time long-term control therapy is started
Rec_18: Cond_28: DV_55
moderate or severe asthma with frequent interference with sleep or normal activity
Rec_18: Cond_28: DV_56
no clear response occurs within 4–6 weeks
Rec_18: Cond_29: DV_57
medication technique and adherence are satisfactory
Rec_18: Cond_29: DV_58
a clear and positive response for at least 3 months
Rec_18: Cond_30: DV_59
alternative treatment is selected
Rec_19: Cond_31: DV_60
adequate asthma control is not achieved and maintained in 4–6 weeks
Rec_19: Cond_31: DV_61
infants and young children who have never before been treated with long-term control therapy

Rec_19: Cond_32: DV_62
2 years of age or older
Rec_19: Cond_33: DV_63
inhaled medication delivery is suboptimal due to poor technique or adherence
Rec_19: Cond_33: DV_64
children 0–4 years of age
Rec_20: Cond_34: DV_65
asthma is not well controlled on low doses of ICS
Rec_20: Cond_34: DV_66
when initiating daily long-term control therapy for mild or moderate persistent asthma,
Rec_24: Cond_35: DV_67
moderate or severe exacerbations due to viral respiratory infections
Rec_25: Cond_36: DV_68
history of severe exacerbations with viral respiratory infections
Rec_25: Cond_37: DV_69
patients who have intermittent asthma and a history of severe exacerbations
Rec_25: Cond_38: DV_70
has an exacerbation at the time long-term control therapy is started
Rec_26: Cond_39: DV_71
patients who have moderate asthma with frequent interference with sleep or normal activity
Rec_26: Cond_39: DV_72
patients who have .severe asthma with frequent interference with sleep or normal activity
Rec_26: Cond_39: DV_73
two or more exacerbations requiring oral systemic corticosteroids in the past year t
Rec_26: Cond_40: DV_74
add-on therapy initially administered does not lead to improvement in asthma control
Rec_29: Cond_41: DV_75
well-controlled asthma is achieved
Rec_31: Cond_42: DV_76
patients in whom the diagnosis of asthma is being considered
Rec_32: Cond_43: DV_77
children 5 years of age

Rec_32: Cond_43: DV_78
office-based physicians who care for asthma patients
Rec_32: Cond_44: DV_79
office spirometry shows severe abnormalities
Rec_32: Cond_45: DV_80
questions arise regarding test accuracy or interpretation
Rec_32: Cond_45: DV_81
peak flow monitoring is performed,
Rec_35: Cond_46: DV_82
Patient has had a life-threatening asthma exacerbation
Rec_36: Cond_47: DV_83
Patient is not meeting the goals of asthma therapy after 3–6 months of treatment. An earlier referral or consultation is appropriate if the physician concludes that the patient is unresponsive to therapy.
Rec_36: Cond_47: DV_84
igns and symptoms are atypical, or there are problems in differential diagnosis.
Rec_36: Cond_47: DV_85
Other conditions complicate asthma or its diagnosis (e.g., sinusitis, nasal polyps, aspergillosis, severe rhinitis, VCD, GERD, COPD)
Rec_36: Cond_47: DV_86
Additional diagnostic testing is indicated (e.g., allergy skin testing, rhinoscopy, complete pulmonary function studies, provocative challenge, bronchoscopy)
Rec_36: Cond_47: DV_87
Patient requires additional education and guidance on complications of therapy, problems with adherence, or allergen avoidance.
Rec_36: Cond_47: DV_88
Patient is being considered for immunotherapy.
Rec_36: Cond_47: DV_89
Patient requires step 4 care or higher (step 3 for children 0–4 years of age).
Rec_36: Cond_47: DV_90
Consider referral if patient requires step 3 care (step 2 for children 0–4 years of age)
Rec_36: Cond_47: DV_91
Patient has required more than two bursts of oral corticosteroids in 1 year or has an exacerbation requiring hospitalization.
Rec_36: Cond_47: DV_92

Patient requires confirmation of a history that suggests that an occupational or environmental inhalant or ingested substance is provoking or contributing to asthma.

Rec_36: Cond_47: DV_93

patients who have significant psychiatric, psychosocial, or family problems that interfere with their asthma therapy

Rec_36: Cond_47: DV_94