

ASTHMA

Diagnosis

Made on symptoms and signs
Objective measurement:
FEV1 improvement possible $\geq 15\%$
[& 200ml increase after short acting β_2 agonist (400 μg MDI and spacer)]

Aims of Management:
Control symptoms and prevent exacerbations
Achieve best possible peak flow
Minimise adverse effects

Stepwise Approach:

Start treatment at step most appropriate to initial severity
Achieve early control
Maintain stepping up or stepping down therapy

CLASSIFICATION OF SEVERITY

Management of Chronic Asthma in Adults

Classify Severity at Presentation

	Intermittent	Persistent		
		Mild	Moderate	Severe
Category	I	II	III	IV
Daytime symptoms	$\leq 2/\text{week}$	2-4/week	$> 4/\text{week}$	Continuous
Night-time symptoms	$\leq 1/\text{month}$	2-4/month	$> 4/\text{week}$	Frequent
PEF (predicted)	$\geq 80\%$	$\geq 80\%$	60-80%	$< 60\%$

START TREATMENT AT MOST APPROPRIATE STEP

Step 1: Mild Intermittent Asthma

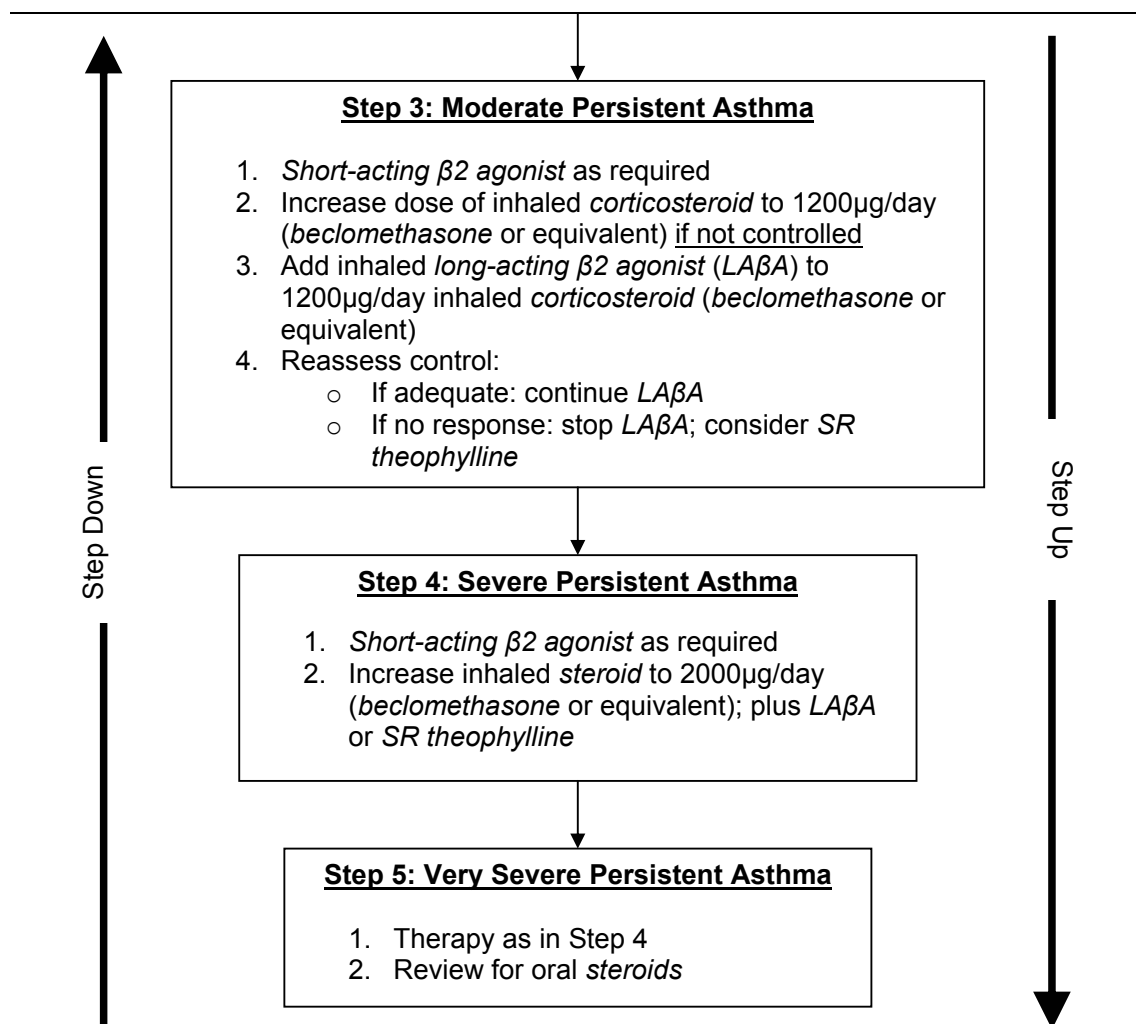
Inhaled *short acting* β_2 agonist as required

Step 2: Mild Persistent Asthma

Reliever: β_2 agonist as required;
Preventer: Add inhaled *corticosteroid*
400-800 $\mu\text{g}/\text{day}$
(Equivalent to *beclomethasone* MDI & spacer)

Step Down

Step Up



Glossary:

- FEV1 – Forced expiratory volume in 1 second
- β 2 – Beta-2 receptor
- MDI – Metered dosage inhaler
- PEF – Peak expiratory flow
- *LA β A* – Long acting beta-2 receptor agonist
- SR – Slow release

Applicable ICD 10 Coding:

- J45 Asthma
 - J45.0 Predominantly allergic asthma
 - J45.1 Nonallergic asthma
 - J45.8 Mixed asthma
 - J45.9 Asthma, unspecified
- J46 Status asthmaticus

Note:

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.**
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –**
 - a. not be inconsistent with this algorithm;**
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and**
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998**
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.**