Summary of stepwise management of asthma in < 5 year olds

British Thoracic Society and SIGN asthma guideline 2014

Patients should start treatment at the step most appropriate to the initial severity of their asthma. Check adherence and reconsider diagnosis if response to treatment is unexpectedly poor.

MOVE UP TO IMPROVE CONTROL AS NEEDED

MOVE DOWNTO FIND AND MAINTAIN LOWEST CONTROLLING STEP

Inhaled short-acting β, agonist as required

Add inhaled corticosteroid 200-400 micrograms/day*1 or leukotriene receptor antagonist if inhaled corticosteroid cannot be used.

Start at dose of inhaled corticosteroid appropriate to severity of disease.

In those children taking inhaled corticosteroid 200-400 micrograms/day consider addition of leukotriene receptor antagonist.

In those children taking a leukotriene receptor antagonist alone reconsider addition of an inhaled corticosteroid 200-400 micrograms/day.

In children under 2 years consider proceeding to step 4. Refer to respiratory paediatrician.

STEP 4

Persistent poor control

STEP 2

Regular preventer therapy

VS

STEP 3 Initial add-on therapy

STEP 1

Mild intermittent asthma

* BDP or equivalent

† Higher nominal doses may be required if drug delivery is difficult

SYMPTOMS

TREATMENT