**ALL PATIENTS**
Assess individual risk factors and comorbidity
Advise/prescribe a reliever to be carried at all times
Provide education
Provide a personalised written asthma action plan
Provide information on non-pharmacological factors that influence asthma
Ask about patient’s goals and concerns and involve patient in making treatment decisions

**WHAT ARE INITIAL TREATMENT OPTIONS?**

**FEW PATIENTS**
As-needed SABA alone

**SOME PATIENTS**
Regular daily ICS–LABA (low dose)
ICS–formoterol maintenance-and-reliever therapy (low dose as regular daily maintenance plus low dose as needed)
OR
Regular daily maintenance ICS–LABA combination (low dose) + SABA reliever as needed

**MOST PATIENTS**
Regular daily maintenance ICS (low dose) + SABA reliever as needed
OR
Budesonide–formoterol (low dose) as needed

**FEW PATIENTS**
Regular daily ICS–LABA (medium–high dose)
ICS–formoterol maintenance-and-reliever therapy (medium dose as regular daily maintenance plus low dose as needed)
OR
Regular daily maintenance ICS–LABA combination (medium–high dose) + SABA reliever as needed

**WHAT ARE RISK FACTORS FOR SEVERE FLARE-UPS?**

**CONSIDER ADD-ON TREATMENTS (E.G. TIOTRPIUM)**
Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose

**WHAT IS GOOD SYMPTOM CONTROL?**

**WHAT IS LOW DOSE ICS?**

**CONSIDER ONLY IF SYMPTOMS LESS THAN TWICE A MONTH AND NO RISK FACTORS FOR FLARE-UPS**

**STEP UP IF GOOD CONTROL IS NOT ACHIEVED DESPITE GOOD ADHERENCE AND CORRECT INHALER TECHNIQUE.**

**Step up treatment in adults**

**When asthma is stable and well controlled for 2–3 months, consider stepping down**

**WHAT ARE RISK FACTORS FOR SEVERE FLARE-UPS?**

**Which patients need ICS?**

**Refer to specialist**

**Consider referral**

**Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose**

**Monitor and adjust to maintain good symptom control and minimise risks**

**Monitor SABA use. Continually reassess need for preventer**

**Consider starting at levels 3 or 4 for new patient with frequent or uncontrolled symptoms (check PBS criteria)**

**Suitable starting treatment for most new patients**

**Before you consider stepping up, check that:**
- symptoms are due to asthma
- inhaler technique is correct
- adherence is adequate.

**ICS**
inhaled corticosteroid

**LABA**
long-acting beta₂ agonist

**SABA**
short-acting beta₂ agonist

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