



Overview of asthma management in adults and adolescents

Goals of asthma management

Overall goals for the Australian population:

- to minimise asthma deaths
- to minimise ED visits for asthma
- to minimise the burden of disease due to asthma.

Overall goals for individual patients:

- to minimise symptoms and disruption to exercise, sleep, and daily activities
- to minimise exacerbations requiring urgent care and systemic corticosteroids
- to achieve and maintain healthy lung function
- to minimise adverse effects of asthma treatment
- to achieve the patient's goals for their health.

Principles of asthma management

Asthma management in adults is based on:

- confirming the **diagnosis**
- **assessing symptom control and risk factors** repeatedly over time
- identifying management goals in collaboration with the patient
- **choosing treatment** according to symptom control, risk factors and patient preference
- providing information, skills and tools for **self-management**, including:
 - training in correct inhaler technique
 - information and support to maximise adherence to prescribed medicines
 - an individualised written asthma action plan
 - information about avoiding triggers, where appropriate
- reviewing and **adjusting treatment** periodically
- managing **exacerbations** when they occur
- managing **comorbid conditions** that affect asthma or contribute to respiratory symptoms
- providing advice about **smoking, healthy eating, physical activity, healthy weight and immunisation**.

Inhaled medicines: anti-inflammatories and bronchodilators

Asthma treatment in adults and adolescents is based on inhaled medication:

1. ICS to reduce airway inflammation and prevent exacerbations (with other inhaled medicines, as indicated)
2. rapid-acting bronchodilators to manage symptoms.

Both these functions can be performed by a single inhaler, or the patient can have a separate inhaler for each function.

ICSs can be administered in either of two ways:

- (recommended approach) via an inhaler containing a combination of ICS and formoterol, taken as needed to relieve symptoms, with or without daily maintenance doses.
- (alternative approach) via an inhaler containing ICS alone, or ICS in combination with a LABA, taken as daily maintenance treatment (with a separate as-needed SABA inhaler for symptom relief).

Rapid-acting bronchodilators for relief of symptoms can be administered in either of two ways:

- (standard approach) using an inhaler containing a combination of ICS and formoterol
- (alternative approach) using an inhaler containing a SABA.