



# Initial asthma treatment for adults and adolescents after diagnosis

## Before starting treatment



Confirm that the diagnosis was based on clinical evidence and documented variable expiratory airflow limitation



Assess current asthma symptom control and risk factors



Understand definition and classification of exacerbations



## Recommendation

# Start treatment with inhaled low-dose budesonide-formoterol, taken as needed when symptoms occur.

Advise patients to carry their reliever at all times and use it when they experience difficulty breathing, or before anticipated exposure to triggers (e.g. exercise or unavoidable allergen exposure).

## Sources & rationale

**Recommendation type: Evidence-based recommendation adopted from GINA**

### Recommended level 1 treatment: budesonide-formoterol taken as needed for symptom relief

For patients not using maintenance ICS-containing treatment, low-dose budesonide-formoterol taken as needed markedly reduces the risk of severe exacerbations requiring OCS, compared with SABA taken as needed.[O'Byrne 2018, Beasley 2019, Crossingham 2021]

Maintenance ICS treatment is generally not necessary for patients with infrequent symptoms and no specific indications for maintenance ICS treatment, because budesonide-formoterol taken as needed is equally or more effective than daily low-dose ICS for preventing severe exacerbations.[O'Byrne 2018, Bateman 2018, Beasley 2019, Hardy 2019]

Budesonide-formoterol taken as needed results in a lower average ICS dose than daily maintenance ICS.[Beasley 2019, Hardy 2019, O'Byrne 2018, Bateman 2018] Benefits in adolescents are similar to those in adults.[Reddel 2021]

Patients using as-needed low-dose budesonide-formoterol can use this inhaler before exercise, if needed to prevent exercise-induced symptoms.[Lazarinis 2014] They should not use a separate SABA inhaler.

### Alternative level 1 treatment option

Maintenance treatment with low-dose ICS (plus salbutamol as needed) is the alternative treatment option for patients with a new diagnosis of asthma.

However, poor adherence to maintenance daily ICS, which is common among patients with infrequent symptoms and minimal experience of severe exacerbations, would result in SABA-only treatment.[GINA 2025] As-needed SABA alone is not recommended for asthma treatment in adults or adolescents.

## References

Bateman ED, Reddel HK, O'Byrne PM, et al. As-needed budesonide-formoterol versus maintenance budesonide in mild asthma. *N Engl J Med* 2018; 378: 1877-1887.

Beasley R, Holliday M, Reddel HK, et al. Controlled trial of budesonide-formoterol as needed for mild asthma. *N Engl J Med* 2019; 380: 2020-2030.

Crossingham I, Turner S, Ramakrishnan S, et al. Combination fixed-dose beta agonist and steroid inhaler as required for adults or children with mild asthma. *Cochrane Database Syst Rev* 2021; 5: CD013518.

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: [www.ginasthma.org](http://www.ginasthma.org)

Hardy J, Baggott C, Fingleton J, et al. Budesonide-formoterol reliever therapy versus maintenance budesonide plus terbutaline reliever therapy in adults with mild to moderate asthma (PRACTICAL): a 52-week, open-label, multicentre, superiority, randomised controlled trial. *Lancet* 2019; 394: 919-928.

Lazarinis N, Jørgensen L, Ekström T, et al. Combination of budesonide/formoterol on demand improves asthma control by reducing exercise-induced bronchoconstriction. *Thorax* 2014; 69: 130-136.

O'Byrne PM, FitzGerald JM, Bateman ED, et al. Inhaled combined budesonide-formoterol as needed in mild asthma. *N Engl J Med* 2018; 378: 1865-1876.

Reddel HK, O'Byrne PM, FitzGerald JM, et al. Efficacy and safety of as-needed budesonide-formoterol in adolescents with mild asthma. *J Allergy Clin Immunol Pract* 2021; 9: 3069-3077.e3066.

## Resources

Table

### Low, medium and high ICS doses in adults and adolescents

Active ingredient	Total daily dose (microg)		
	Low	Medium	High
Beclometasone dipropionate (extra-fine particle)	100-200	250-400	>400
Budesonide	200-400	500-800	>800
Ciclesonide	80-160	240-320	>320
Fluticasone furoate	-	100	200
Fluticasone propionate	100-200	250-500	>500
Mometasone furoate in combination with indacaterol via capsule inhaler	62.5*	127.5*	260*
Mometasone furoate in combination with indacaterol and glycopyrronium via capsule inhaler	-	68*	136*

#### Additional information

ICS: inhaled corticosteroid

The table shows options for low, medium and high doses of each available inhaled corticosteroid (with or without LABA and LAMA) – it does not indicate dose equivalence.

\*Doses of mometasone furoate are shown as delivered dose (not metered dose) in line with inhaler labels. For all other products in this table, the inhaler label and table show the metered dose.

## Notes

Budesonide-formoterol taken as needed for symptom relief, without maintenance ICS treatment, is sometimes called anti-inflammatory reliever (AIR)-only therapy. Only certain inhalers containing budesonide and formoterol are approved by TGA for this use.

An anti-inflammatory reliever is an ICS-formoterol combination approved by TGA for as-needed use, either alone (certain inhalers containing budesonide-formoterol) or in addition to maintenance treatment with the same inhaler (certain inhalers containing budesonide-formoterol and certain inhalers containing beclometasone-formoterol).

Table

### ICS-formoterol combinations approved for maintenance-and-reliever therapy in adults and adolescents

Active ingredients	Brand names (Type)	Strength (microg)*	Dose (inhalations)			Age restriction	PBS codes	Authority code	Maximum quantity (5 repeats for all)
			Maintenance	Reliever	Maximum <sup>‡</sup>				

Beclometasone dipropionate-formoterol	<i>Fostair</i> (pMDI)	100/6	1 twice daily	1	6 per occasion 8 per day	18 years	12183F 14376P <sup>†</sup>	15469 15599	1 2
Budesonide-formoterol	<i>Rilast Rapihaler Symbicort Rapihaler</i> (pMDI)	100/3	2 twice daily (may increase to 4 twice daily)	2	12 per occasion 16 per day 24 in one day temporarily	12 years	10015D 14467K <sup>†</sup>	4397 15702	2 4
	<i>Symbicort Turbuhaler</i> (DPI)	100/6	2 per day in 1 dose or 2 divided doses	1	6 per occasion 8 per day 12 in one day temporarily	12 years	8796Y 14440B <sup>†</sup>	4380 15755	1 2
	<i>Rilast Turbuhaler Symbicort Turbuhaler</i> (DPI)	200/6	2 per day in 1 dose or 2 divided doses (may increase to 2 twice daily)	1	6 per occasion 8 per day 12 in one day temporarily	12 years	8625Y 14439Y <sup>†</sup>	7970 15680	1 2
	<i>DuoResp Spiromax</i> (DPI)	200/6	2 per day in 1 dose or 2 divided doses (may increase to 2 twice daily)	1	6 per occasion 8 per day 12 in one day temporarily	18 years	11273H 14434Q <sup>†</sup>	7970 15680	1 2
	<i>Bufomix Easyhaler</i> (DPI)	200/6	2 per day in 1 dose or 2 divided doses (may increase to 2 twice daily)	1	6 per occasion 8 per day 12 in one day temporarily	12 years	14151T	7970	2

### Additional information

DPI: dry powder inhaler; ICS: inhaled corticosteroid; pMDI: pressurised metered-dose inhaler;

\* Inhaled corticosteroid dose-formoterol dose; † Condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient (60-day prescribing); ‡ Maximum doses as stated in TGA-approved product information (daily maximum rarely needed in practice)

Products approved by the Therapeutic Goods Administration for use in maintenance-and-reliever therapy. The patient uses the same inhaler as their regular daily maintenance treatment, and also takes extra doses as anti-inflammatory reliever as needed to manage symptoms. Other combinations of an inhaled corticosteroid and a long-acting beta<sub>2</sub> agonist cannot be used this way.



## Recommendation

# Do not prescribe or advise treatment with as-needed SABA alone to manage asthma – ICS is indicated for all adults and adolescents with asthma.

## Sources & rationale

### **Recommendation type: Evidence-based recommendation adopted from GINA**

Early initiation of ICS treatment after diagnosis of asthma improves lung function, compared with no ICS for 2–4 years. [Selroos 1995, Busse 2008]

The use of SABA as needed, without ICS treatment, increases the risk of exacerbations compared with budesonide-formoterol taken as needed, even in patients with infrequent symptoms. [Beasley 2019] Self-adjustment of the budesonide-formoterol dose by taking extra doses immediately in response to recurring symptoms appears to reduce the short-term risk of a severe exacerbation, compared with using SABA. [O'Byrne 2021]

SABA-only treatment is associated with a higher risk of severe asthma exacerbations, compared with maintenance ICS treatment. [Suissa 2002]

Over-use of SABA (dispensing of 3 or more 200-dose canisters in one year) is associated with increased risk of severe exacerbations. [Stanford 2012, Nwaru 2020] Dispensing of 12 or more canisters in one year is associated with increased risk of asthma death. [Nwaru 2020, Suissa 1994]

## References

- Beasley R, Holliday M, Reddel HK, et al. Controlled trial of budesonide-formoterol as needed for mild asthma. *N Engl J Med* 2019; 380: 2020-2030.
- Busse WW, Pedersen S, Pauwels RA, et al. The Inhaled Steroid Treatment As Regular Therapy in Early Asthma (START) study 5-year follow-up: effectiveness of early intervention with budesonide in mild persistent asthma. *J Allergy Clin Immunol* 2008; 121: 1167-1174.
- Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: [www.ginasthma.org](http://www.ginasthma.org)
- Nwaru BI, Ekstrom M, Hasvold P, et al. Overuse of short-acting beta2-agonists in asthma is associated with increased risk of exacerbation and mortality: a nationwide cohort study of the global SABINA programme. *Eur Respir J* 2020; 55: 1901872.
- O'Byrne PM, FitzGerald JM, Bateman ED, et al. Effect of a single day of increased as-needed budesonide-formoterol use on short-term risk of severe exacerbations in patients with mild asthma: a post-hoc analysis of the SYGMA 1 study. *Lancet Respir Med* 2021; 9: 149-158.
- Selroos O, Pietinalho A, Lofroos AB, et al. Effect of early vs late intervention with inhaled corticosteroids in asthma. *Chest* 1995; 108: 1228-1234.
- Suissa S, Ernst P, Boivin JF, et al. A cohort analysis of excess mortality in asthma and the use of inhaled beta-agonists. *Am J Respir Crit Care Med* 1994; 149: 604-610.
- Suissa S, Ernst P, Kezough A. Regular use of inhaled corticosteroids and the long term prevention of hospitalisation for asthma. *Thorax* 2002; 57: 880-884.
- Stanford RH, Shah MB, D'Souza AO, et al. Short-acting  $\beta$ -agonist use and its ability to predict future asthma-related outcomes. *Ann Allergy Asthma Immunol* 2012; 109: 403-407.



## Recommendation

# Prescribe asthma medicines delivered by inhalers, not nebulisers.

## Sources & rationale

---

### **Recommendation type: adapted from GINA**

The use of a pMDI with spacer delivers inhaled asthma medicines to the lungs more quickly and at least as effectively as a nebuliser. [Newman 2002]

The association between SABA use and increased risk of exacerbations is stronger for nebulized salbutamol than salbutamol delivered by pMDI. [Paris 2008]

The use of nebulisers is unnecessary except in some cases of severe acute asthma. In adults, the use of nebulisers for SABA is associated with a higher risk of exacerbations than the use of inhalers. [Paris 2008]

The use of nebulisers may increase the risk of viral transmission. [Hui 2009, Biney 2024, Goldstein 2021] Healthcare workers should follow infection control procedures including use of personal protective equipment such as face masks.

## References

---

Biney IN, Ari A, Barjaktarevic IZ, et al. Guidance on mitigating the risk of transmitting respiratory infections during nebulization by the COPD Foundation Nebulizer Consortium. *Chest* 2024; 165: 653-668.

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: [www.ginasthma.org](http://www.ginasthma.org)

Goldstein KM, Ghadimi K, Mystakelis H, et al. Risk of transmitting coronavirus disease 2019 during nebulizer treatment: a systematic review. *J Aerosol Med Pulm Drug Deliv* 2021; 34: 155-170.

Hui DS, Chow BK, Chu LC, et al. Exhaled air and aerosolized droplet dispersion during application of a jet nebulizer. *Chest* 2009; 135: 648-654.

Newman KB, Milne S, Hamilton C, Hall K. A comparison of albuterol administered by metered-dose inhaler and spacer with albuterol by nebulizer in adults presenting to an urban emergency department with acute asthma. *Chest* 2002; 121: 1036-1041.

Paris J, Peterson EL, Wells K, Pladevall M, Burchard EG, Choudhry S, Lanfear DE, Williams LK. Relationship between recent short-acting beta-agonist use and subsequent asthma exacerbations. *Ann Allergy Asthma Immunol* 2008; 101: 482-487.

## Notes

---

More information on [selecting inhalers for adults & adolescents](#)

More information on inhalers in the [Medicines guide](#)



## Consideration

# Start treatment with a regimen that includes maintenance ICS treatment if the patient has frequent symptoms, a previous severe asthma exacerbation, or other known risk factors for severe exacerbations.

For these patients, consider starting with MART (low or medium dose, according to risk assessment), or maintenance ICS-LABA (low or medium dose) plus SABA as needed.

This recommendation applies to patients with frequent or severe symptoms at the time of diagnosis, a known asthma exacerbation (or an episode of acute respiratory signs and symptoms) that required treatment with systemic corticosteroids any time in the previous 12 months, or a lifetime history of a life-threatening asthma exacerbation or acute respiratory episode.

## Sources & rationale

### ***Recommendation type: adapted from GINA***

MART is recommended as initial treatment for patients with frequent symptoms or a history of a severe asthma exacerbation because it effectively manages the risk of exacerbations and ensures the patient receives an ICS dose proportional to the frequency of symptoms. Alternative options include maintenance treatment with a low or medium dose of ICS-LABA, plus SABA as needed for symptom relief.

MART reduces the rate of exacerbations compared with fixed-dose maintenance ICS-LABA regimens (with SABA as needed) at the same or a higher ICS dose.[Sobieraj 2018]

Low-dose MART is associated with a reduction in severe exacerbations and a similar level of control, at relatively low ICS doses, compared with maintenance ICS-LABA plus as-needed SABA or a higher dose of ICS plus as-needed SABA.[Cates 2013, Kew 2013, Papi 2013, Patel 2013, Bateman 2011, Jorup 2018]

The benefit of the MART regimen in reducing the risk of severe exacerbations requiring OCS appears to be due to the increase in doses of both the ICS and the formoterol at a very early stage of worsening asthma.[GINA 2025]

## References

Bateman ED, Harrison TW, Quirce S, et al. Overall asthma control achieved with budesonide/formoterol maintenance and reliever therapy for patients on different treatment steps. *Respiratory res* 2011; 12: 38.

Cates CJ, Karner C. Combination formoterol and budesonide as maintenance and reliever therapy versus current best practice (including inhaled steroid maintenance), for chronic asthma in adults and children. *Cochrane Database Syst Rev* 2013; 4: CD007313.

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: [www.ginasthma.org](http://www.ginasthma.org)

Jorup C, Lythgoe D, Bisgaard H. Budesonide/formoterol maintenance and reliever therapy in adolescent patients with asthma. *Eur Respir J* 2018; 51: 1701688.

Kew KM, Karner C, Mindus SM, et al. Combination formoterol and budesonide as maintenance and reliever therapy versus combination inhaler maintenance for chronic asthma in adults and children. *Cochrane Database Syst Rev* 2013; 12: CD009019.

Patel M, Pilcher J, Pritchard A, et al. Efficacy and safety of maintenance and reliever combination budesonide/formoterol inhaler in patients with asthma at risk of severe exacerbations: a randomised controlled trial. *Lancet Respir Med* 2013; 1: 32-42.

Papi A, Corradi M, Pigeon-Francisco C, et al. Beclometasone–formoterol as maintenance and reliever treatment in patients with asthma: a double-blind, randomised controlled trial. *Lancet Respir Med* 2013; 1: 23-31.

Sobieraj DM, Weeda ER, Nguyen E, et al. Association of inhaled corticosteroids and long-acting beta-agonists as controller and quick relief therapy with exacerbations and symptom control in persistent asthma: A systematic review and meta-analysis. *JAMA* 2018; 319: 1485-1496.

## Notes

---

Previous asthma exacerbations might include suspicious episodes of acute respiratory disease occurring prior to the diagnosis of asthma (e.g. episodes recorded as bronchitis, acute respiratory infection or nonspecific events).



**Alert** MART is not PBS-reimbursed as initial treatment of asthma.



## Consideration

**If the diagnosis of asthma was made during an episode of severe acute asthma, start treatment with maintenance ICS (e.g. low-dose MART or medium-dose MART), even if the person has been prescribed a short course of systemic corticosteroids.**

### Sources & rationale

*Recommendation type: Evidence-based recommendation adopted from GINA*

MART is recommended as initial treatment for patients with frequent symptoms or a recent severe asthma exacerbation as a strategy to gain rapid control over symptoms and reduce the risk of exacerbations, while adjusting the dose to the patient's symptoms.

Alternative options include maintenance treatment with a low or medium dose of ICS-LABA, plus SABA as needed for symptom relief.

### References

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: [www.ginasthma.org](http://www.ginasthma.org)

### Notes

Scenarios in which an adult or adolescent without known asthma might present to general practice or an emergency department with acute respiratory symptoms include a first episode of thunderstorm asthma, or acute bronchoconstriction triggered by medicines (including NSAID ingestion in a person with undiagnosed aspirin-exacerbated respiratory disease).

More information on [thunderstorm asthma](#)

More information on [triggers](#)



#### Alert

All treatment levels include ICS. Treatment solely with as-needed SABA is not recommended for adults or adolescents with asthma, even if symptoms are infrequent.



#### Alert

LABAs should not be used as monotherapy for asthma – only in combination with an inhaled corticosteroid.



## Practice point

**Treatment for all adults and adolescents with a diagnosis of asthma is based on anti-inflammatory treatment with ICS.**



## Practice point

**Choose a type of inhaler that the individual can use correctly. Train the patient how to use their inhaler and check technique regularly.**



### Alert

Nebulisers should not be used unless unavoidable (e.g. in severe acute asthma).

## Resources



### How to use inhalers (video demonstrations)

<https://www.nationalasthma.org.au/living-with-asthma/how-to-videos>



**When prescribing budesonide–formoterol to be taken as needed only (without maintenance doses), choose an inhaler device with an adequate in-use shelf-life to avoid wastage of unused medicine.**

## Resources

Table

### In-use shelf life of asthma inhalers

Class	Active ingredient	Brand names	Expiry after opening
SABA	Salbutamol (pMDI)	<i>Ventolin</i> <i>Asmol</i> <i>Zempreon</i>	
	Salbutamol (breath-actuated MDI)	<i>Airomir Autohaler</i>	
	Terbutaline (DPI)	<i>Bricanyl Turbuhaler</i>	
SAMA	Ipratropium (pMDI)	<i>Atrovent</i>	
LAMA	Tiotropium (SMI)	<i>Spiriva Respimat</i>	1 year (reusable inhaler)
ICS	Beclometasone (pMDI)	<i>Qvar</i>	
	Beclometasone (breath-actuated MDI)	<i>Qvar Autohaler</i>	
	Budesonide (DPI)	<i>Pulmicort Turbuhaler</i>	
	Ciclesonide (pMDI)	<i>Alvesco</i>	
	Fluticasone propionate (pMDI)	<i>Flixotide</i> <i>Axotide</i> <i>Fluticasone Cipla</i>	
	Fluticasone propionate (DPI)	<i>Flixotide Accuhaler</i> <i>Axotide Accuhaler</i>	
	Fluticasone furoate (DPI)	<i>Arnuity Ellipta</i>	1 month
ICS-LABA	Beclometasone dipropionate-formoterol (pMDI)	<i>Fostair</i>	2 months unrefrigerated
	Budesonide-formoterol (pMDI)	<i>Symbicort Rapihaler</i> <i>Rilast Rapihaler</i>	3 months
	Budesonide-formoterol (DPI)	<i>Symbicort Turbuhaler</i> <i>Rilast Turbuhaler</i>	
	Budesonide-formoterol (DPI)	<i>DuoResp Spiromax</i>	6 months
	Budesonide-formoterol (DPI)	<i>Bufomix Easyhaler</i>	1 month
	Fluticasone propionate-salmeterol (pMDI)	<i>Seretide</i> <i>Pavtide</i> <i>SalplusF</i> <i>Fluticasone+ Salmeterol Cipla</i> <i>Evocair</i>	
	Fluticasone propionate-salmeterol (DPI)	<i>Seretide Accuhaler</i> <i>Pavtide Accuhaler</i>	
	Fluticasone propionate-salmeterol (DPI)	<i>Fluticasone Salmeterol</i> <i>Ciphaler</i>	
	Fluticasone propionate-salmeterol (DPI)	<i>Salflumix Easyhaler 250/50</i>	1 month
	Fluticasone propionate-salmeterol (DPI)	<i>Salflumix Easyhaler 500/50</i>	2 months
	Fluticasone propionate–formoterol (pMDI)	<i>Flutiform</i>	3 months

Class	Active ingredient	Brand names	Expiry after opening
	Fluticasone furoate-vilanterol (DPI)	<i>Breo Ellipta</i>	1 month
	Mometasone-indacaterol (DPI)	<i>Ateectura Breezhaler</i>	Remove capsules from foil strip immediately before use
ICS-LABA-LAMA	Beclometasone-formoterol-glycopyrronium (pMDI)	<i>Trimbow</i>	2 months unrefrigerated
	Mometasone-indacaterol-glycopyrronium (DPI)	<i>Energair Breezhaler</i>	Remove capsules from foil strip immediately before use
	Fluticasone furoate-vilanterol-umeclidinium (DPI)	<i>Trelegy Ellipta</i>	1 month

#### Additional information

DPI: dry powder inhaler; ICS: inhaled corticosteroid; LABA: long-acting beta<sub>2</sub> agonist; LAMA: long-acting muscarinic antagonist; MDI: metered dose inhaler; pMDI: pressurised metered-dose inhaler; SABA: short-acting beta<sub>2</sub> agonist; SAMA: short-acting muscarinic antagonist; SMI: soft mist inhaler



### Practice point

**Consider the environmental impact of inhalers when prescribing and when discussing treatment options with patients.**

### Resources



National Asthma Council Australia information paper: Reducing the environmental impact of asthma treatment. Information for health professionals (2024)

[https://files.nationalasthma.org.au/resources/NAC036-Environmental-Impact-of-Inhalers-Factsheet-2024\\_FINAL.pdf](https://files.nationalasthma.org.au/resources/NAC036-Environmental-Impact-of-Inhalers-Factsheet-2024_FINAL.pdf)



### Additional information

DPI: dry powder inhaler; ICS: inhaled corticosteroid; pMDI: pressurised metered-dose inhaler;

\* Inhaled corticosteroid dose-formoterol dose; † Condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient (60-day prescribing); ‡ Maximum doses as stated in TGA-approved product information (daily maximum rarely needed in practice)

Products approved by the Therapeutic Goods Administration for use in maintenance-and-reliever therapy. The patient uses the same inhaler as their regular daily maintenance treatment, and also takes extra doses as anti-inflammatory reliever as needed to manage symptoms. Other combinations of an inhaled corticosteroid and a long-acting beta<sub>2</sub> agonist cannot be used this way.



### Practice point

**For patients with predictable exercise-induced asthma symptoms, advise them to take a dose of their usual reliever (ICS-formoterol or SABA) 15 minutes before exercise.**



### Practice point

**For competing athletes, consider medicines permitted in sport.**

### Resources



Sports Integrity Australia's guidance on asthma medicines in sport

<https://www.sportintegrity.gov.au/what-we-do/therapeutic-use-exemption/status-of-asthma-medication-sport>



### Practice point

**Provide a personal asthma action plan customised to the patient's treatment regimen.**

### Resources



Library of asthma action plan templates

<https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/asthma-action-plans>



Educating adults and adolescents to manage their asthma

<https://www.astmahandbook.org.au/management/adults-and-adolescents/principles-of-management/educating-adults-and-adolescents-to-self-manage-asthma>



### Practice point

**Arrange follow-up within 2–3 months of starting asthma treatment to reassess asthma control, adherence and inhaler technique.**



### Practice point

**Before prescribing any asthma treatment for a patient with multimorbidity, consider potential drug–drug interactions with the person's other medicines and potential effects on other conditions.**



### Practice point

**Older patients may have reduced response to bronchodilators and inhaled corticosteroids due to age-related changes such as stiffening of the chest wall, reduced respiratory muscle function, and an increase in residual volume from loss of elastic recoil in the lung.**