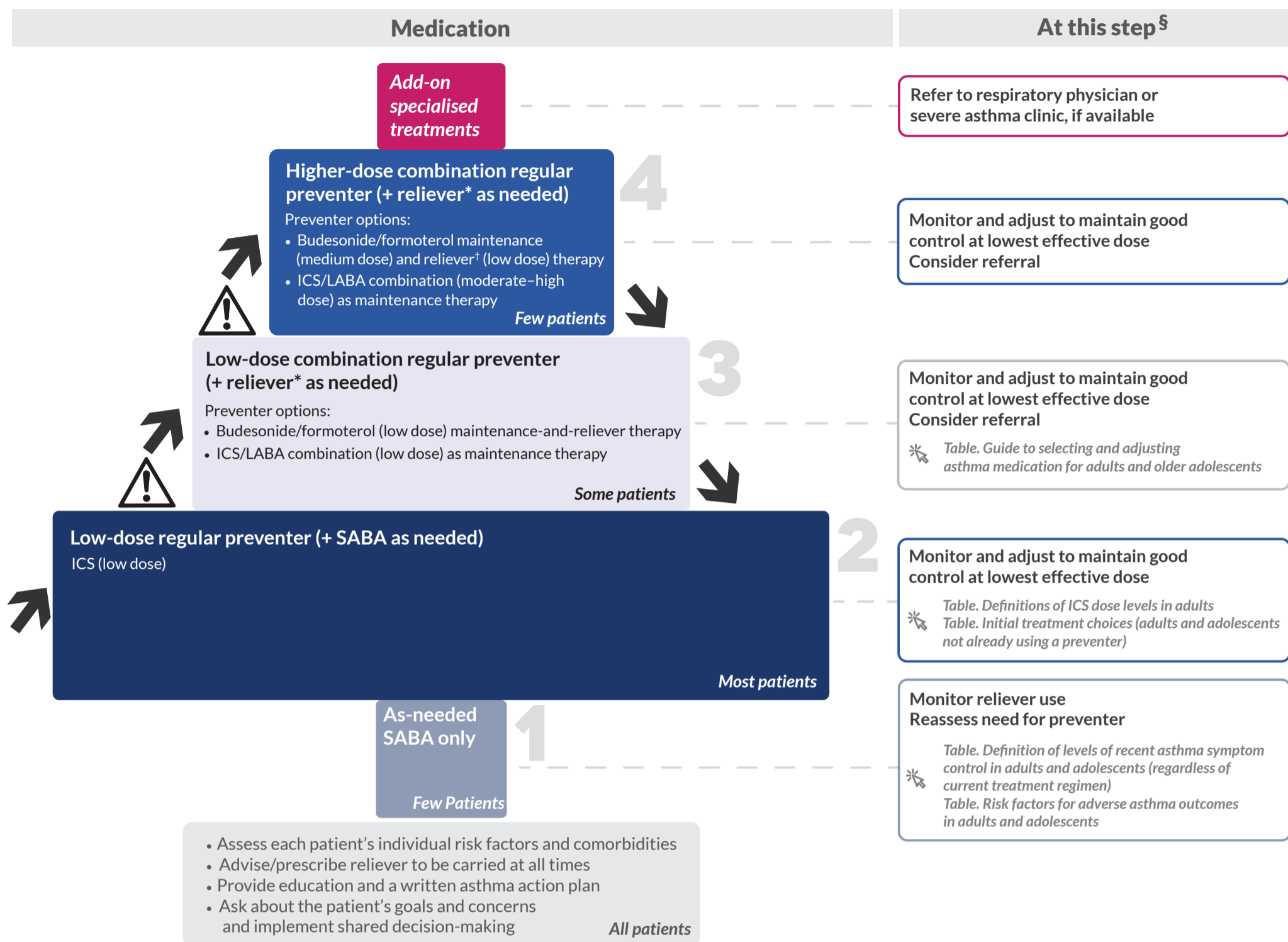


# Figure. Stepped approach to adjusting asthma medication in adults



	Before considering stepping up, check symptoms are due to asthma, inhaler technique is correct, and adherence is adequate
	Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.
	When asthma is stable and well controlled for 2–3 months, consider stepping down (e.g. reducing inhaled corticosteroid dose, or stopping long-acting beta <sub>2</sub> agonist if inhaled corticosteroid dose is already low).

ICS: inhaled corticosteroid; SABA: short-acting beta<sub>2</sub> agonist; LABA: long-acting beta<sub>2</sub> agonist

\* Reliever means rapid-onset beta<sub>2</sub> agonist and includes:

- short-acting beta<sub>2</sub> agonists
- low-dose budesonide/formoterol combination – only applies to patients using this combination in a maintenance-and-reliever regimen (steps 3 and above).

This combination is not classed as a reliever when used in a maintenance-only regimen.

§ At all steps: review recent symptom control and risk regularly. Manage comorbidities and individual risk factors. Manage flare-ups with extra treatment when they occur. Manage exercise-related asthma symptoms as indicated.

† Medium dose as maintenance, low dose as reliever.