Figure. Stepped approach to adjusting asthma medication in children aged 1-5 years

**Medication**

1. **As-needed reliever only**
   - SABA

2. **Regular preventer (+ reliever as needed)**
   - Preventer options:
     - ICS (low dose)
     - Montelukast
   - Very few children

3. **Stepped-up regular preventer (+ reliever as needed)**
   - Preventer options:
     - ICS (low dose) + montelukast
     - ICS (high paediatric dose) #
   - Some children

**At this step**

- **Add-on specialised treatments**
- **Monitor and adjust to maintain control at lowest effective dose**
- **Consider referral**
- **Refer to paediatric respiratory physician or paediatrician**

**Step 1**

- **Monitor reliever use**
- **Consider need for preventer**
- **Table. Definition of levels of recent asthma symptom control in children (regardless of current treatment regimen)**
- **Table. Risk factors for life-threatening asthma flare-ups**

**Step 2**

- **Table. Definitions of ICS dose levels in children**
- **Table. Reviewing and adjusting preventer treatment for children aged 1 - 5 years**

**Step 3**

- **Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.**
- **Consider stepping down when asthma is stable and well controlled for more than 6 months.**

**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.**

**Consider stepping down when asthma is stable and well controlled for more than 6 months.**

ICS: inhaled corticosteroid; SABA: short-acting beta₂ agonist; LABA: long-acting beta₂ agonist

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

# Consultation with a specialist is recommended before prescribing high-dose inhaled corticosteroids in children aged 5 and under.