### Classifying Asthma Severity & Initiating Treatment

#### Components of Severity

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Symptoms</th>
<th>Nighttime Awakenings</th>
<th>SABA Use (other than for EIB)</th>
<th>Interference with Normal Activity</th>
<th>Lung Function</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≤ 2 days/week</td>
<td>≤ 2x/month</td>
<td>≤ 2 days/week</td>
<td>None</td>
<td>Normal FEV1, between exacerbations</td>
<td>Exacerbation requiring OSC</td>
</tr>
</tbody>
</table>

#### Classification of Asthma Severity

<table>
<thead>
<tr>
<th>Intermittent</th>
<th>Persistent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 2 days/week but not more than once on each day</td>
<td>&gt; 2 days/week but not daily</td>
<td>&gt; 2 days/week but not nightly</td>
<td>Daily</td>
<td>Throughout the day</td>
</tr>
<tr>
<td>&gt; 3-4x/month</td>
<td>&gt; 1x/week but not nightly</td>
<td>Often 7x/week</td>
<td>Daily</td>
<td>Several times/day</td>
</tr>
</tbody>
</table>

#### Recommended Step for Initiating Therapy

- **Step 1**: In 2-6 weeks, depending on severity, evaluate level of asthma control that is achieved. If no clear benefit is observed in 4-6 weeks, consider adjusting therapy or alternative diagnoses.

### Classifying Severity After Asthma Becomes Well-Controlled by Lowest Level of Treatment Required to Maintain Control

#### Lowest level of treatment required to maintain control

<table>
<thead>
<tr>
<th>Components of Control</th>
<th>Well Controlled</th>
<th>Classification of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic</td>
<td>≤ 2 days/week but not more than one on each day</td>
<td>&gt; 2 days/week or multiple times on ≤ 2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤ 1x/month</td>
<td>&gt; 2x/month</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Some limitation</td>
</tr>
<tr>
<td>SABA Use (other than for EIB)</td>
<td>≤ 2 days/week</td>
<td>&gt; 2 days/week</td>
</tr>
<tr>
<td>Lung function</td>
<td>FEV1, or peak flow</td>
<td>&gt; 80% predicted/personal best</td>
</tr>
<tr>
<td></td>
<td>FEV1/FVC</td>
<td>&gt; 80%</td>
</tr>
</tbody>
</table>

#### Risk

- **Exacerbation requiring OSC**
  - 0-1 year
  - ≥ 2 exacerbations in 6 months requiring OSC, or ≥ 4 wheezing episodes/1 year lasting > 1 day
  - AND risk factors for persistent asthma

### Classifying Asthma Control & Adjusting Treatment

#### Components of Control

- **Symptoms**: ≤ 2 days/week but not more than once on each day
- **Nighttime awakening**: ≤ 1x/month
- **Interference with normal activity**: None
- **SABA Use (other than for EIB)**: ≤ 2 days/week
- **Lung function**: FEV1, or peak flow FEV1/FVC

#### Classification of Control

- **Well controlled**: > 80% predicted/personal best
- **Not well-controlled**: 60-80% predicted/personal best
- **Very poorly controlled**: < 60% predicted/personal best

#### Risk

- **Exacerbation requiring OSC**: 0-1 year
- **Reduction in lung growth**: Consider severity and interval since last exacerbation.
- **Treatment-related adverse side effects**: Medication side effects vary in intensity from none to very troublesome and worrisome.

### Recommended Action for Treatment

- **Maintain current step**
- **Regular follow-up every 1-6 months.**
- **Consider short course of OSC.**
- **Step up at least 1 step AND**
- **Step up (1-2 steps), AND**

**KEY**: SABA-short-acting beta-agonist; ICS-inhaled corticosteroid; OSC-oral systemic corticosteroid; EIB-exercise induced bronchoconstriction; FEV1-forced expiratory volume in 1 second; FEV1/FVC-forced expiratory volume in 1 second/forced vital capacity

**NOTES**:

- Level of severity is determined by both impairment and risk. Assess impairment domain by patient’s/caregiver’s recall of previous 2-4 weeks. Symptom assessment for longer periods should reflect a global assessment such as inquiring whether the patient’s asthma is better or worse since the last visit.
- At present, there is adequate data to correspond frequencies of exacerbations with different levels of asthma severity. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past 6 months, or ≥ 4 wheezing episodes in the past year, and who have risk factors for persistent asthma may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

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**Produced by the California Asthma Public Health Initiative (CAPHI). Based on NAEPP EPR-3 recommendations for classification of asthma severity and control for children 5-11 years of age.**

This table was designed to assist the clinician and is not intended to replace the clinician’s judgment or establish a protocol for all patients with a particular condition. Revised 02/16/2010