

NAEPP EPR-3 Classification of Asthma Severity & Control in Children 5-11 Years of Age

Classifying Asthma Severity & Initiating Treatment					
Components of Severity		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤ 2 days/week	> 2 days/week but not daily	Daily	Throughout the day
	Nighttime Awakenings	≤ 2x/month	3-4x/month	> 1x/week but not nightly	Often 7x/week
	SABA Use (other than for EIB)	≤ 2 days/week	> 2 days/week but not daily	Daily	Several times/day
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function	<ul style="list-style-type: none"> Normal FEV₁ between exacerbations FEV₁ > 80% predicted FEV₁/FVC > 85% 	<ul style="list-style-type: none"> FEV₁ = > 80% predicted FEV₁/FVC > 80% 	<ul style="list-style-type: none"> FEV₁ = 60-80% predicted FEV₁/FVC = 75-80% 	<ul style="list-style-type: none"> FEV₁ < 60% predicted FEV₁/FVC < 75%
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		
		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time. Exacerbations of any severity may occur in patients in any severity category.			
		Relative annual risk of exacerbations may be related to FEV ₁			
Recommended Step for Initiating Therapy <i>The stepwise approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.</i>		Step 1	Step 2	Step 3 Medium-dose ICS option and Consider OSC	Step 3 Medium-dose ICS option, or Step 4 and Consider OSC
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		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
		Step 1	Step 2	Step 3 or 4	Step 5 or 6

KEY: SABA-short-acting beta₂-agonist; ICS-inhaled corticosteroids; OSC-oral systemic corticosteroids; EIB-exercise induced bronchospasm; 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. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate 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.

Classifying Asthma Control & Adjusting Treatment					
Components of Control		Classification of Control			
		Well Controlled	Not Well-Controlled	Very Poorly Controlled	
Impairment	Symptoms	≤ 2 days/week but not more than once on each day	> 2 days/week or multiple times on ≤ 2 days/week	Throughout the day	
	Nighttime Awakenings	≤ 1x/month	≥ 2x/month	≥ 2x week	
	Interference with Normal Activity	None	Some limitation	Extremely limited	
	SABA Use (other than for EIB)	≤ 2 days/week	> 2 days/week	Several times/day	
	Lung Function	FEV ₁ or peak flow > 80% predicted/personal best FEV ₁ /FVC > 80%	60-80% predicted/personal best 75-80%	< 60% predicted/personal best < 75%	
Risk	Exacerbation requiring OSC	0-1 year	> 2/year	> 2/year	
		Consider severity and interval since last exacerbation.			
	Reduction in lung growth	Evaluation requires long term follow-up care.			
	Treatment-related adverse side effects	Medication side effects vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.			
Recommended Action for Treatment <i>The stepwise approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.</i>		<ul style="list-style-type: none"> Maintain current step. Regular follow-up every 1-6 months. Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up at least 1 step AND Reevaluate in 2-6 weeks. For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> Consider short course of OSC. Step up (1-2 steps), AND Reevaluate in 2 weeks. For side effects, consider alternative treatment options. 	

KEY: SABA-short-acting beta₂-agonist; ICS-inhaled corticosteroids; OSC-oral systemic corticosteroids; EIB-exercise induced bronchospasm; FEV₁-forced expiratory volume in 1 second; FEV₁/FVC-forced expiratory volume in 1 second/forced vital capacity

NOTES:

- The level of control is based on the most severe risk category. Assess impairment domain by 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 are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.
- Before step up in therapy:
 - Review adherence to medication, inhaler technique, environmental control, and comorbid conditions.
 - If alternative treatment option was used in a step, discontinue it and use preferred treatment for that step.

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.

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