

Managing Asthma in Children aged 5-12 years (primary care)



See [guideline for Diagnosing Asthma](#)

Signs of poorly controlled asthma:

- Continued symptoms restricting activity
- Unscheduled healthcare visits
- Using reliever inhaler or symptomatic 3 or more times a week

- Review against A and if required move up treatment ladder
- Check for features of high risk patients in B and Red Flags for alternative diagnoses in C – **if present refer to general paediatrics**

A. Components of asthma review

Assess symptom control

- Validated symptom score e.g. ACT*
- Exercise tolerance
- Bronchodilator use – both self reported **and** prescription check
- Time off school / activities?

Future attack risk review

- Past history of attacks
- Rescue oral steroid use?
- Tobacco exposure
- Air quality - indoor & external
- Obesity

Investigations

- Weight/ height centile
- Check PEFr
- Consider spirometry (with reversibility if not documented)

Clinic management to include

- Inhaler technique review
- Adherence - self report & prescriptions
- Consider stepping up or down treatment ladder
- Non-pharmacological management, e.g. lifestyle & trigger avoidance
- Optimise treatment of comorbid conditions (e.g. allergic rhinitis)

Supported self management

- Explanation and provision of personalised [asthma action plan](#)

B. High Risk Patients

- History of severe attacks
- Poor health seeking behaviour amongst carers
- Failure to recognise symptom severity
- Poor adherence to treatment
- Overuse of beta-agonists - Identify and review patients prescribed >1 reliever device a month
- Peanut allergy

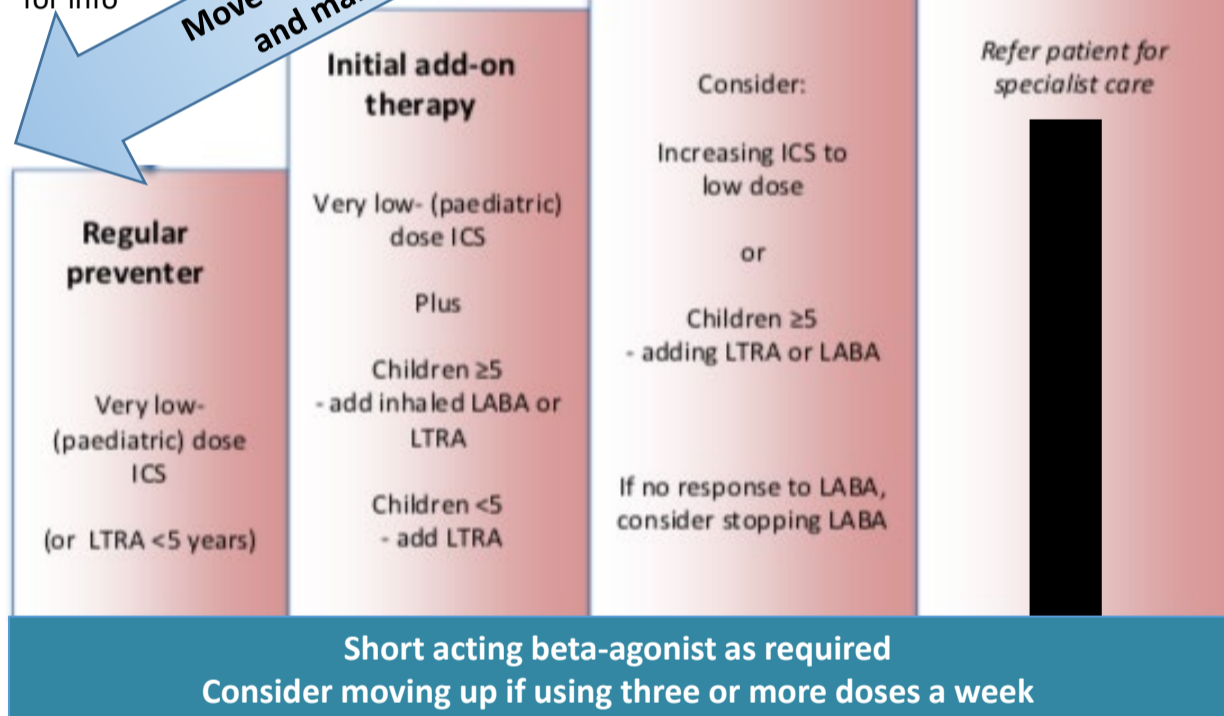
C. Red Flag indicators for alternative diagnoses

- Failure to thrive
- Abnormal voice or cry
- Stridor
- Dysphagia
- Persistent wet or productive cough
- Nasal polyps

Treatment ladder

Use MDI and spacer in younger age groups and switch to a low carbon footprint, dry powder inhaler when able to use an appropriate device
Click [here](#) for info

Move up to control as needed and down to find and maintain lowest controlling therapy



Refer patient to general paediatrics (consider alternate diagnoses)

| Inhaled corticosteroid | Dose# | |
|--|----------------------------------|--|
| | Very Low dose | Low dose |
| Metered dose inhalers plus spacer | | |
| Beclomethasone dipropionate | | |
| Non-proprietary Clenil modulate Soprobec | 50 mcg 2 puffs twice daily | 100 mcg 2 puffs twice daily |
| Qvar (extra fine) | 50 mcg 1 puff twice daily | 50mcg 2 puffs twice daily |
| Fluticasone propionate | | |
| Flixotide evohaler | 50 mcg 1 puff twice daily | 50 mcg 2 puffs twice daily |
| Breathe activated metered dose inhaler | | |
| Beclomethasone dipropionate | | |
| Qvar autohaler Qvar easi-breathe | 50 mcg 1 puff twice daily | 50 mcg 2 puffs twice daily |
| Dry Powder inhalers (DPI) | | |
| Budesonide | | |
| Pulmicort turbohaler | 100 mcg 1 inhalation twice daily | 100 mcg 2 twice a day (or 200 mcg 1 twice a day) |
| Fluticasone Propionate | | |
| Flixotide accuhaler | 50 mcg 1 inhalation twice a day | 100 mcg 1 inhalation twice a day |
| Mometasone | | |
| Asmanex Twisthaler | | 200 mcg 1 puff twice a day |

*Link for Asthma Control Test (ACT) and Children's Asthma Control Test (cACT)

<https://www.asthmacontroltest.com/en-gb/welcome/>
Score of <20 indicates poorly controlled asthma.

| ICS + LABA combination | Dose | |
|--|-------------------------|--|
| | Very Low dose | Low dose |
| ICS + LABA (long acting B-agonist) combination Inhalers | | |
| Budesonide with formoterol | | |
| Symbicort turbohaler | 100/6 mcg 1 twice daily | 100/6 mcg 2 twice daily or 200/6 mcg 1 twice daily |
| Fluticasone propionate with salmeterol | | |
| Combisal MDI + Spacer | n/a | 50/25 mcg 2 puffs twice daily |
| Seretide Evohaler + Spacer | n/a | 50/25 mcg 2 puffs twice a daily |
| Seretide Accuhaler | n/a | 100/50 mcg 1 twice daily |

Different products and doses are licensed for different age groups. Some are not licensed for use in children. Check the relevant summary of product characteristics before prescribing (www.medicines.org.uk/emc) and see rightbreathe.com for spacer and inhaler options

Adolescents: Doses may differ. Consider use of **maintenance and reliever therapy (MART)**. Please see British National Formulary or relevant summary of product characteristics