Managing Recurrent Wheeze/Asthma in Children aged < 5 years (primary care)

**INDICATIONS**
- Recurrent viral-induced wheeze episodes (>3 per year)
- Symptoms suggestive of asthma*
- Check no Red Flags for alternative diagnosis#

**STEP 1**
- 8 week trial of very low dose ICS#. Consider LTRA if difficulty administering inhalers
- Stop trial & re-assess symptoms 8 weeks later

**STEP 2**
- Improved on trial & symptoms recurred
- Re-start very low dose ICS/ LTRA
- No improvement
  - Consider alternative diagnoses**
  - If diagnostic uncertainty and no improvement, consider referral to general paediatrics

**STEP 3**
- Add LTRA (if not started initially) or increase ICS to low dose#

**STEP 4**
- If no improvement, refer to general paediatrics

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**# Recommended doses of ICS**
- **Low dose:** Beclomethasone 200mcg bd  Fluticasone 100mcg bd
- **Very low dose:** Beclomethasone 100mcg bd  Fluticasone 50mcg bd

See [rightbreathe.com](http://rightbreathe.com) for spacer/inhaler options

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**#Red Flags for alternative diagnoses**
- Failure to thrive, unexplained clinical findings (e.g. focal signs, abnormal voice or cry, dysphagia, inspiratory stridor), symptoms since birth, perinatal respiratory problems, excessive vomiting, severe URTIs, persistent wet or productive cough, nasal polyps, family history of unusual respiratory disease

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**ICS – Inhaled corticosteroid; LTRA – Leukotriene receptor antagonist; URTI – Upper respiratory tract infection**

Based on guidance from Wessex Paediatric Respiratory Network, Sebastian Gray, Graham Roberts, V4 14 11 2020