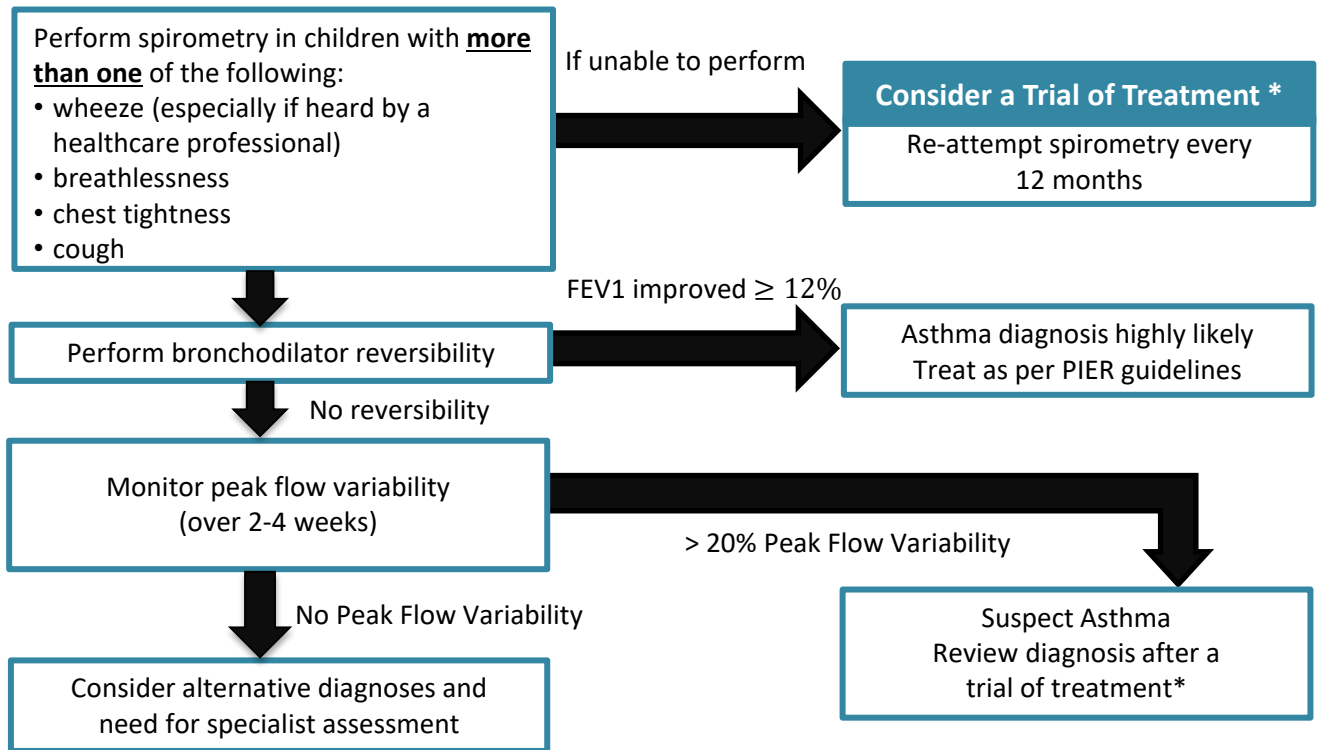


Diagnosing Asthma in Children aged 5-16 years (primary care)



* Trial of Treatment

Consider an 8-week trial of low dose Inhaled Corticosteroids (ICS)[#] if:

- typical symptoms but unable to perform spirometry (≥ 3 times/week or causing waking at night)
- severe symptoms suggesting the need for preventive treatment

After 8 weeks stop ICS and continue to monitor the child's symptoms

Symptoms persists

Consider alternative diagnoses/refer to general paediatrician

Alternative or Co-morbid diagnoses:

- breathing pattern disorder - hyperventilation
- inducible laryngeal obstruction (vocal cord dysfunction)
- anxiety and/or depression
- other respiratory pathology.

Symptoms resolve but reoccur *within* 4 weeks of stopping ICS

Suspect asthma and restart ICS at low dose[#]

Symptoms resolve but reoccur *after* 4 weeks of stopping ICS

Suspect asthma and restart ICS at very low dose[#]

Recommended doses of ICS

- **Low dose:** Beclomethasone 200mcg bd / Fluticasone 100mcg bd
- **Very low dose:** Beclomethasone 100mcg bd / Fluticasone 50mcg bd

See rightbreathe.com for spacer and inhaler options

Based on guidance from Wessex Paediatric Respiratory Network, Gary Connett, Kian Lee, Graham Roberts, V4 14 11 2020