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

Perform spirometry in children with **more than one** of the following:
• wheeze (especially if heard by a healthcare professional)
• breathlessness
• chest tightness
• cough

If unable to perform spirometry, consider a Trial of Treatment:
• Re-attempt spirometry every 12 months

Perform bronchodilator reversibility

No reversibility

Monitor peak flow variability (over 2-4 weeks)

> 20% Peak Flow Variability

Asthma diagnosis highly likely

Treat as per PIER guidelines

No Peak Flow Variability

No reversibility

Consider alternative diagnoses and need for specialist assessment

FEV1 improved ≥ 12%

Suspect Asthma

Review diagnosis after a trial of treatment*

* 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 persist

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