

PHARMACOLOGICAL TREATMENT PATHWAY FOR CHILDREN (AGED 5-16)

Note: Patient Compliance and Inhaler Technique should be checked at each visit, every step change in treatment and at least once a year.
Prescribe by brand to ensure device continuity.
 Whenever a change in medication / dose is made, consider 'diagnosis'
 In younger children a pMDI and spacer with mouthpiece are the preferred method of delivery of β 2 agonists or inhaled corticosteroids

Short Acting Beta 2 Agonist (SABA) Reliever Therapy
 (To be continued throughout pathway, but **only** to be used on MART regimen when advised by clinician / following review)

Inhaled Corticosteroid (ICS)
Very Low Dose
 1ST line Maintenance Therapy

If still uncontrolled after 8 weeks, as per childhood ACT definition
 (An ACT score of ≤ 19 indicates uncontrolled asthma.)

ICS (**Very Low Dose**) + Long Acting Beta 2 agonist (LABA) in fixed dose regimen.
Note: If still uncontrolled, as per ACT definition, on fixed dose regimen, or compliance issues are suspected **consider changing to MART regimen with a paediatric low ICS dose**

ICS (**Very Low Dose**) + LABA in MART regimen

Note: Not all inhalers are licensed for MART in children. Consider patient preference and ability to understand and adhere to regime – inform patient of maximum dose

If **NO** response to LABA

STOP LABA and consider increasing dose of ICS to **Low** dose

If benefit from LABA, but control still inadequate

ICS (**Low Dose**) + Long Acting Beta 2 agonist (LABA)

OR

ICS (**Very Low Dose**) + Long Acting Beta 2 agonist (LABA) and consider addition of LTRA (review in 2-4 weeks)

Note: LTRA (Montelukast) different doses for different ages

If still uncontrolled after 8 weeks, as per childhood ACT definition
 (An ACT score of ≤ 19 indicates uncontrolled asthma.)
OR if any concerns

REFER TO SECONDARY CARE
 And consider trial of:
 Increasing ICS to **Medium** dose

Note:

If a patient's asthma has been controlled for 3-6 months then consider decreasing current maintenance therapy. When reducing maintenance therapy, reduce dose of medicines in an order that takes into account the clinical effectiveness when introduced, side effects and the patient's preference e.g. consider stepping down by halving ICS dose i.e. reverse pathway. **However, if control deteriorates then increase back to higher, previous maintenance dose. Minimum maintenance therapy is very low dose ICS**