

NEL Primary care management of asthma in children aged 5 to 11 years (Adapted from BTS, NICE and SIGN guideline on asthma)

Consider and try to address the possible reasons for uncontrolled asthma before starting or adjusting medicines for asthma.
For example: alternative diagnoses or comorbidities; suboptimal adherence; suboptimal inhaler technique; active or passive smoking (including e-cigarettes); psychosocial factors; seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief

MART

Maintenance therapy

Newly diagnosed asthma in children aged 5 to 11 years

Offer twice-daily
paediatric low-dose ICS

MDI Soprobec® 50mcg OR Glenil® 50mcg
Two Puffs twice daily

With a
SABA

If Asthma is uncontrolled

Consider MART regimen

YES

NO

Prescribe a spacer (without mask) annually with all MDIs.
Reinforce inhaler technique at every review

*MART is not licensed for children aged 5–11, and use should only be considered by healthcare professionals trained to Tier 3 level or above per the National Capabilities Framework. Any patients on a MART regime should have corresponding personalised asthma action plan (PAAP). This plan should outline the number of doses they can have, the maximum dose they can have at any one time and the maximum total dose they can have in a 24-hour period. Advise to seek an urgent medical review if they are regularly using close to their maximum doses

MDI Symbicort® 100mcg/3mcg
One puff twice daily (maintenance)

+ **Two puffs for relief (maximum 8 puff in total/24hrs, max 4 at any one time)**

Consider
paediatric low-dose MART*

If Asthma is uncontrolled

MDI Symbicort® 100mcg/3mcg
Two puff twice daily (maintenance)

+ **Two puffs for relief (maximum 8 puff in total/24hrs, max 4 at any one time)**

Consider
increasing to
paediatric moderate-dose MART*

If Asthma is uncontrolled

Refer the child to a specialist in asthma care

There is no role for the use of SABA in a MART PAAP. The one exception to this is if the child/young person is in a situation where their MART inhaler is not available (e.g. in school) treatment should be with SABA in the conventional way

Management of Asthma - A stepwise approach aims to stop symptoms quickly and to improve peak flow. Treatment should be started at the level most appropriate to initial severity of asthma. The aim is to achieve early control and to maintain it by stepping up treatment as necessary and decreasing treatment when control is good. Possible reasons for uncontrolled asthma (such as alternative diagnoses or co-morbidities, suboptimal adherence or inhaler technique, active or passive smoking, and psychosocial, seasonal, or environmental factors) should be taken into account or addressed before starting or adjusting treatment. The response should be reviewed 8 to 12 weeks after starting or adjusting asthma treatment.

Consider adding an LTRA to twice daily paediatric low-dose ICS for a trial period of 8 to 12 weeks. Stop if ineffective or side effects

With a
SABA

LTRA 5yrs Montelukast 4mg
Once in the evening, 6-11yrs
Montelukast 5mg Once in the evening

If Asthma is uncontrolled

Offer twice daily paediatric low-dose ICS/LABA combination (with or without an LTRA)

MDI Combisal® 50mcg/25mcg
or Flutiform® 50mcg/5mcg
One puff twice daily

With a
SABA

If Asthma is uncontrolled

Offer twice daily paediatric moderate-dose ICS/LABA combination (with or without an LTRA)

MDI Combisal® 50mcg/25mcg or
Flutiform® 50mcg/5mcg
Two puffs twice daily

With a
SABA

If Asthma is uncontrolled

Dry Powder Inhaler (DPI) Suitability in Children

DPI devices should not be considered for younger children due to the requirement for a deep and fast inspiratory effort, which they are often unable to achieve.

In older children, DPI devices may be considered only after:

- A formal assessment confirms the child can generate sufficient inspiratory flow (e.g. using an In-Check™ device).
- The child demonstrates correct inhaler technique with the specific DPI device.
- A shared decision-making consultation is held with the child and their parent/carer to ensure understanding and agreement.



Uncontrolled asthma: Any exacerbation requiring oral corticosteroids or frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

MDI, metered dose inhaler; **DPI**, dry powdered inhaler; **ICS**, inhaled corticosteroid; **LABA**, long-acting beta₂ agonist; **LTRA**, leukotriene receptor antagonist; **MART**, maintenance and reliever therapy (using ICS/formoterol combination inhalers); **SABA**, short-acting beta₂ agonist.