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

North East London

Take into account 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; passive smoking (including e-cigarettes); seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief

Maintenance therapy

Children under 5 with suspected asthma and symptoms indicating need for maintenance therapy or severe acute episodes of difficulty breathing and wheeze

Consider 8-to-12-week trial of twice daily paediatric low-dose ICS + SABA → ***MDI** Soprobec® 50mcg OR Clenil® 50mcg Two puffs twice a day — With a SABA

***All MDIs should be prescribed with an age-appropriate spacer device with mask.**

If symptoms do not resolve during the trial

Check inhaler technique and adherence, whether there is an environmental source of their symptoms and review if an alternative diagnosis is likely

Refer the child to a specialist in asthma care if none of these explain treatment failure

If symptoms resolve during the trial

Consider stopping ICS and SABA treatment after 8 to 12 weeks and review symptoms after a further 3 months

If symptoms recur after review or acute episode requires systemic corticosteroids or hospitalisation

If Asthma is uncontrolled

Restart regular ICS. Begin at a paediatric low dose and titrate up to a paediatric moderate dose if needed

1. Paediatric low-dose ICS - ***MDI** Soprobec® 50mcg OR Clenil® 50mcg Two puffs twice a day
2. Paediatric moderate-dose ICS - ***MDI** Soprobec® 100mcg OR Clenil® 100mcg Two puffs twice a day

With a SABA

If Asthma is uncontrolled

Consider a further trial without treatment after reviewing the child within 12 months

Consider an LTRA in addition to the ICS for a trial of 8 to 12 weeks, then stop if ineffective or side effects → ***MDI** Soprobec® 100mcg OR Clenil® 100mcg Two puffs twice a day **+ LTRA** – Montelukast 4mg once daily, in the evening — With a SABA

Stop the LTRA and refer the child to a specialist in asthma care for further investigation and management

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.

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; **ICS**, inhaled corticosteroid; **LTRA**, leukotriene receptor antagonist; **SABA**, short-acting beta$_2$ agonist.