CLASSIFY SEVERITY AT PRESENTATION

<table>
<thead>
<tr>
<th>Category</th>
<th>Intermittent</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Daytime symptoms</td>
<td>≤ 2/week</td>
<td>2 – 4/week</td>
<td>&gt; 4/week</td>
<td>Continuous</td>
</tr>
<tr>
<td>Night-time symptoms</td>
<td>≤ 1/month</td>
<td>2 – 4/month</td>
<td>&gt; 4/month</td>
<td>Frequent</td>
</tr>
<tr>
<td>PEF (predicted)</td>
<td>≥ 80%</td>
<td>≥ 80%</td>
<td>60 – 80%</td>
<td>&lt; 60%</td>
</tr>
</tbody>
</table>

Start treatment at any step depending on the level of severity.

**ALL CATEGORIES**
- Short-acting β₂ agonist as needed (reliever)
- Environmental control
- Education / self management

**Step 1: Intermittent**
- No daily preventer or controller medication needed

**Step 2: Mild persistent**
- **Daily medication**
  - Low-dose* inhaled corticosteroid
  - Secondary options:
    - Cromoglycate/nedocromil
    - Sustained release theophylline
    - Leukotriene receptor antagonist

**Step 3: Moderate persistent**
- **Daily medication**
  - Medium-dose* inhaled corticosteroid
  - And if needed
    - Long-acting inhaled β₂ agonist or sustained release theophylline
    - Consider adding leukotriene receptor antagonist

**Step 4: Severe persistent**
- **Daily medication**
  - High-dose* inhaled corticosteroid
  - And if needed
    - Long-acting inhaled β₂ agonist or sustained release theophylline
    - Consider adding leukotriene receptor antagonist
  - If still not controlled
    - Add
      - Prednisone long-term (preferably alternate days) – reduce to lowest dose that controls symptoms

**Increase treatment**
- If control is not achieved, consider step up. First review medication technique, adherence, environmental control.
- A short course of oral steroids may be required to achieve control (prednisone 1 – 2 mg/kg/day for 7 – 14 days).

**Reduce treatment**
- Review treatment every 3 – 6 months. If control is sustained, reduce treatment.
- Reduce or stop controllers before reducing dosage of inhaled steroids

Choice of spacer devices
- < 3 yrs: MDI + spacer with mask
- > 3 yrs: MDI + spacer with mouthpiece or DPI

*Recommended daily dosages of inhaled corticosteroids

<table>
<thead>
<tr>
<th>STEROID</th>
<th>LOW DOSE</th>
<th>MEDIUM DOSE</th>
<th>HIGH DOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFC beclomethasone*</td>
<td>100 – 200 µg</td>
<td>200 – 400 µg</td>
<td>&gt; 400 µg</td>
</tr>
<tr>
<td>Budesonide MDI</td>
<td>100 – 200 µg</td>
<td>200 – 400 µg</td>
<td>&gt; 400 µg</td>
</tr>
<tr>
<td>Budesonide turbuhaler</td>
<td>100 µg</td>
<td>100 – 200 µg</td>
<td>&gt; 200 µg</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>50 – 100 µg</td>
<td>100 – 200 µg</td>
<td>&gt; 200 µg</td>
</tr>
<tr>
<td>Triamcinolone</td>
<td>100 – 200 µg</td>
<td>200 – 400 µg</td>
<td>&gt; 400 µg</td>
</tr>
</tbody>
</table>

*SABA beclomethasone dosages recommended by the manufacturer are 50% of those for CFC beclomethasone.

SACA WG 2000