

FIG. 1

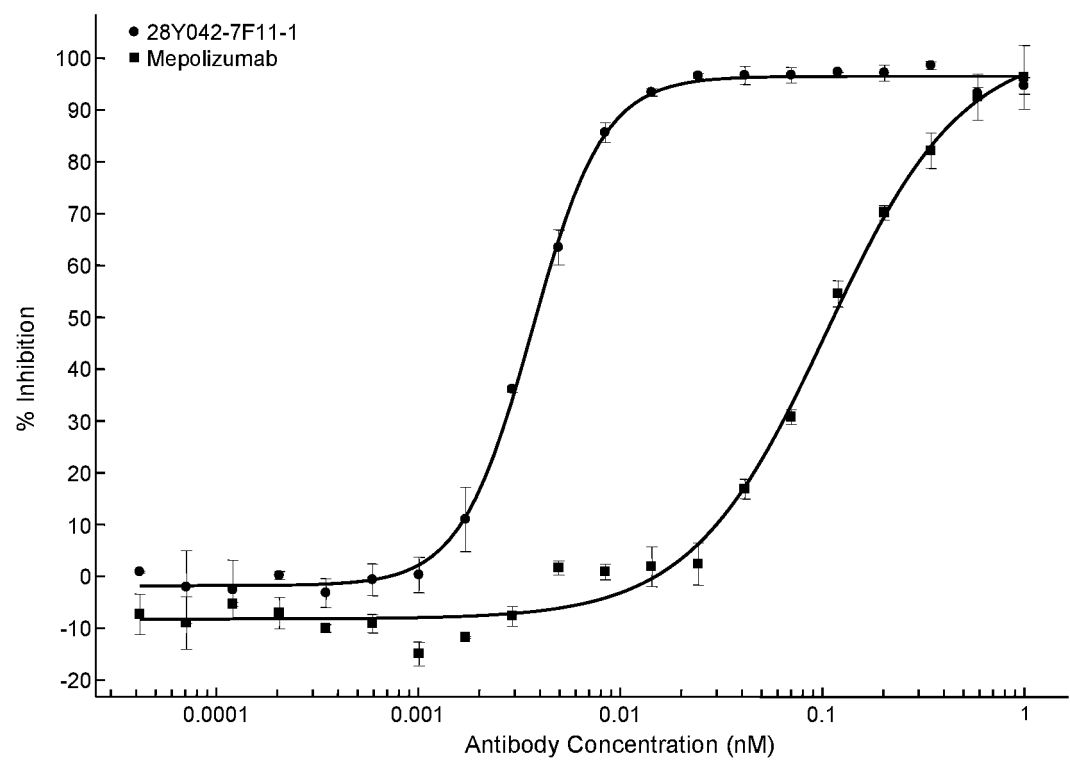


FIG. 2

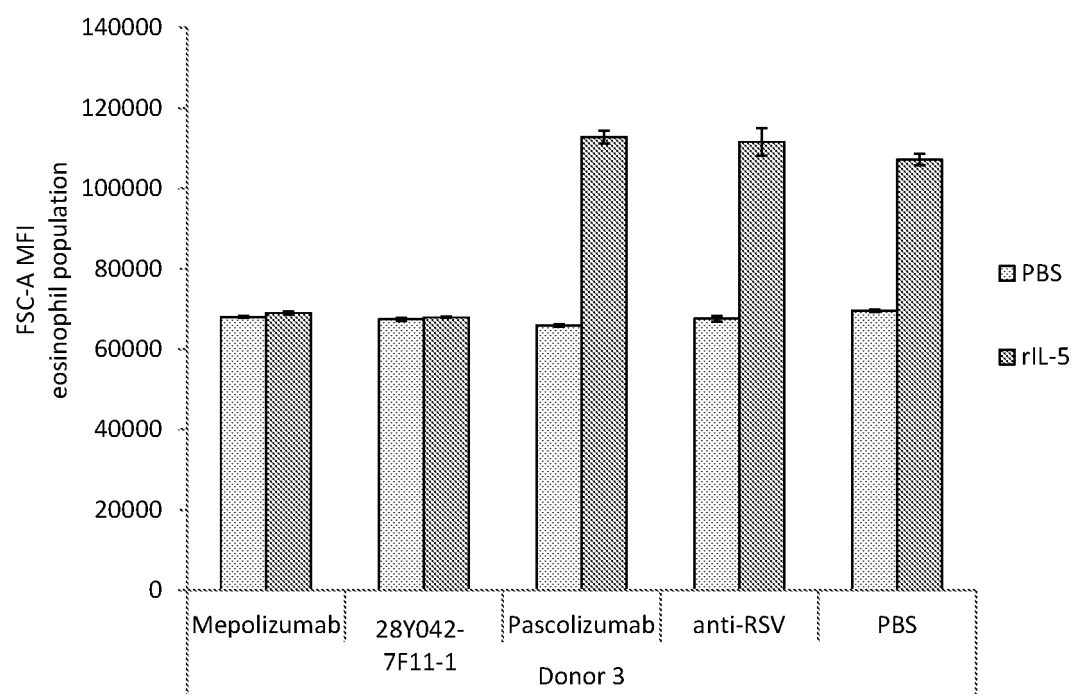


FIG. 3

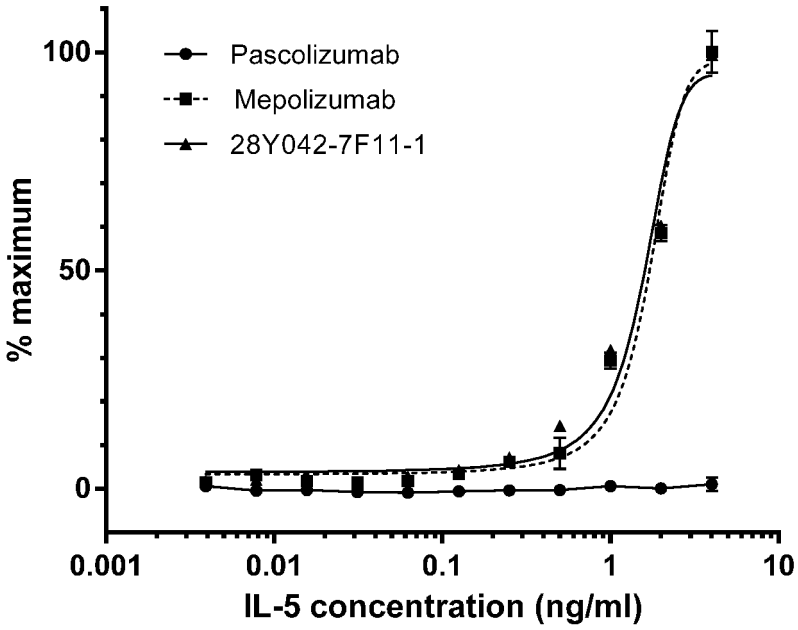


FIG. 4

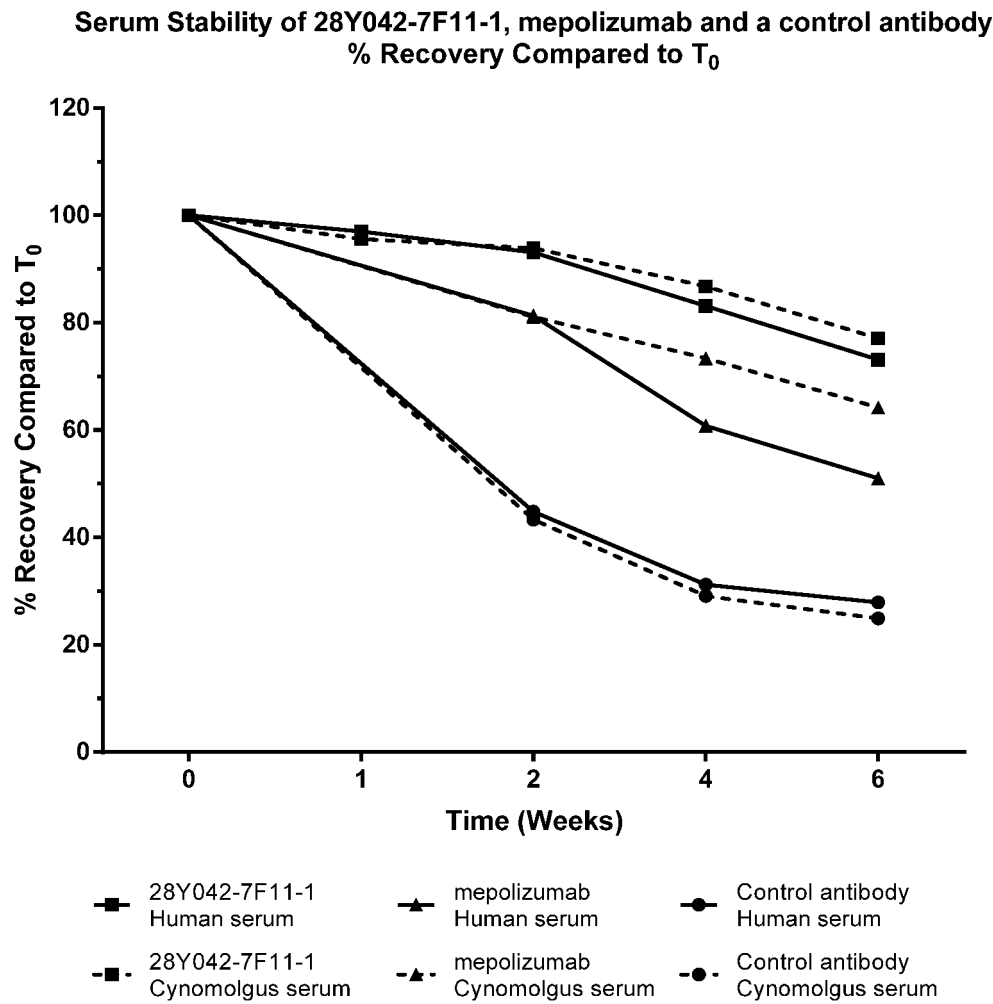


FIG. 5

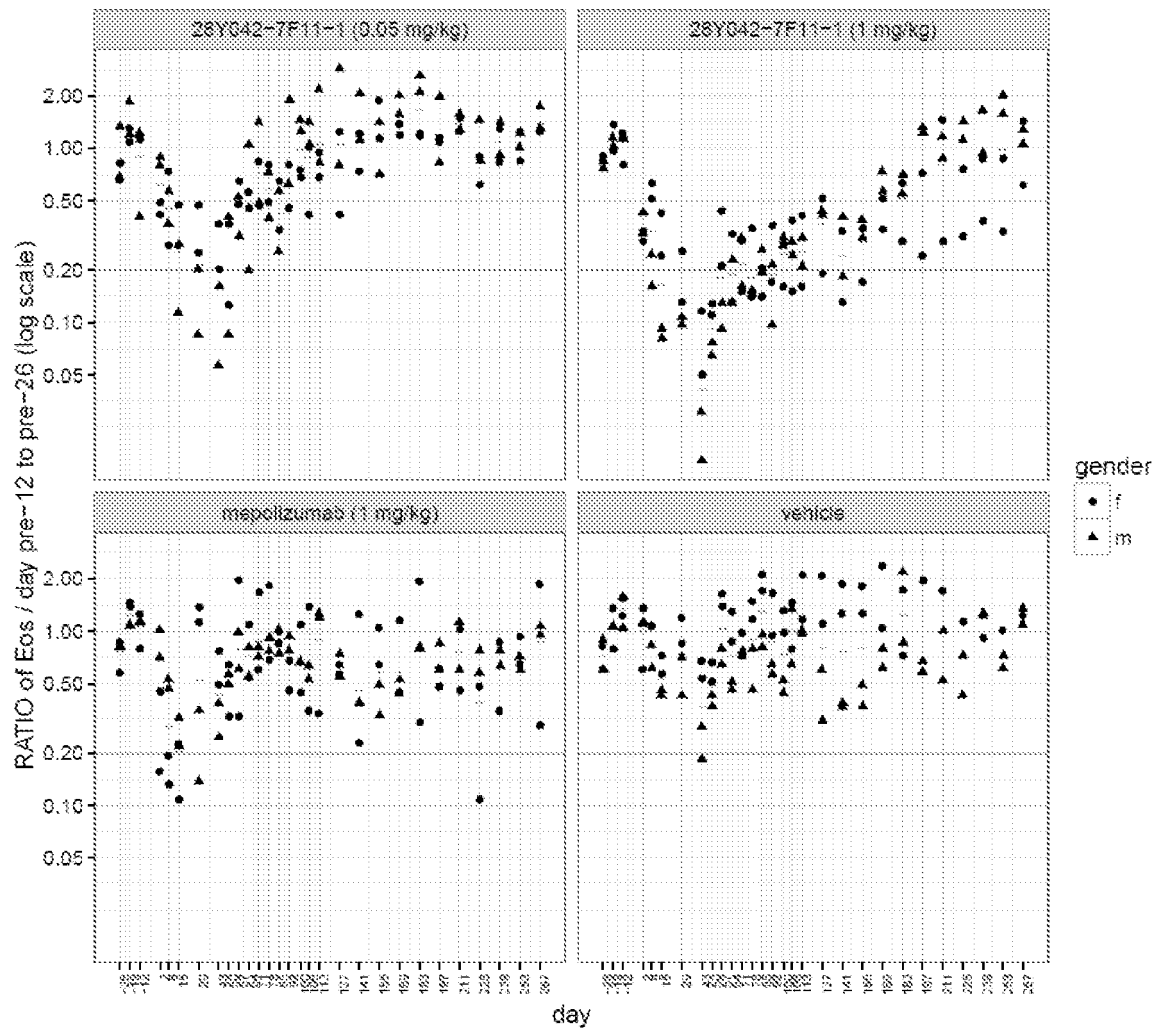


FIG. 6

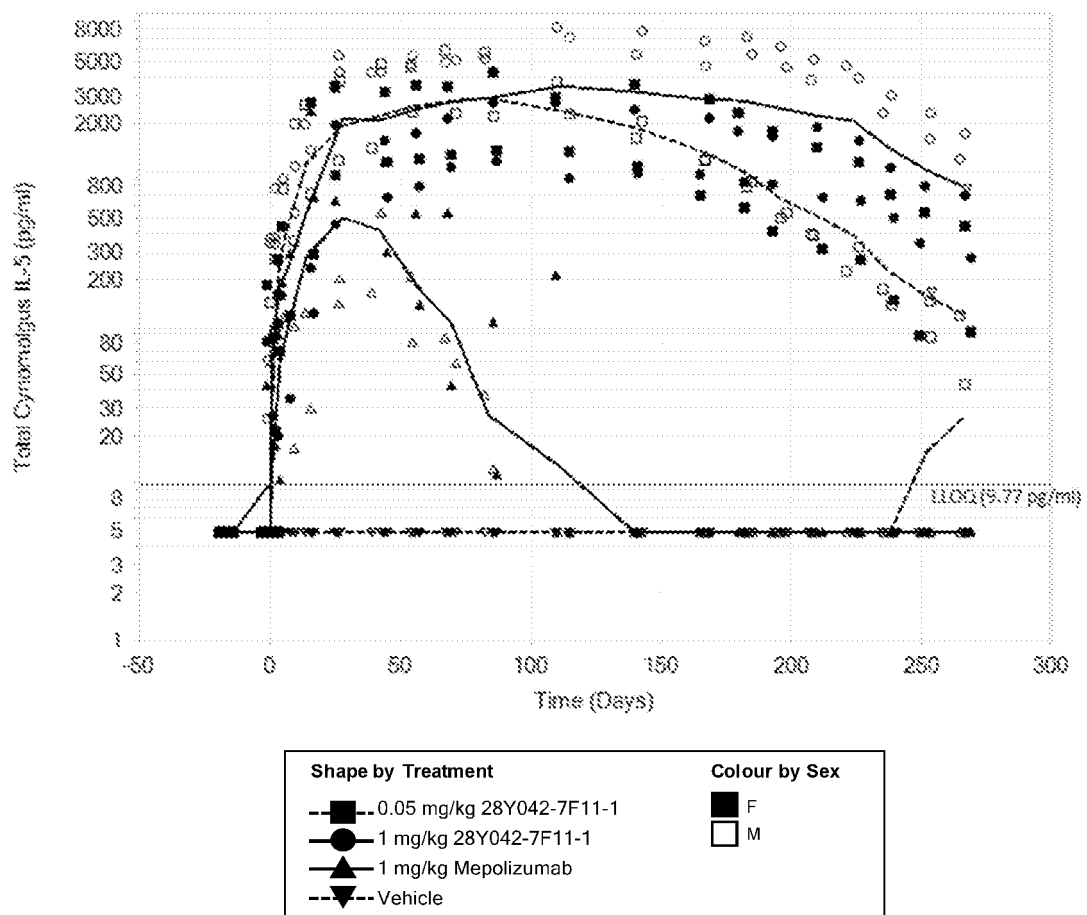


FIG. 7

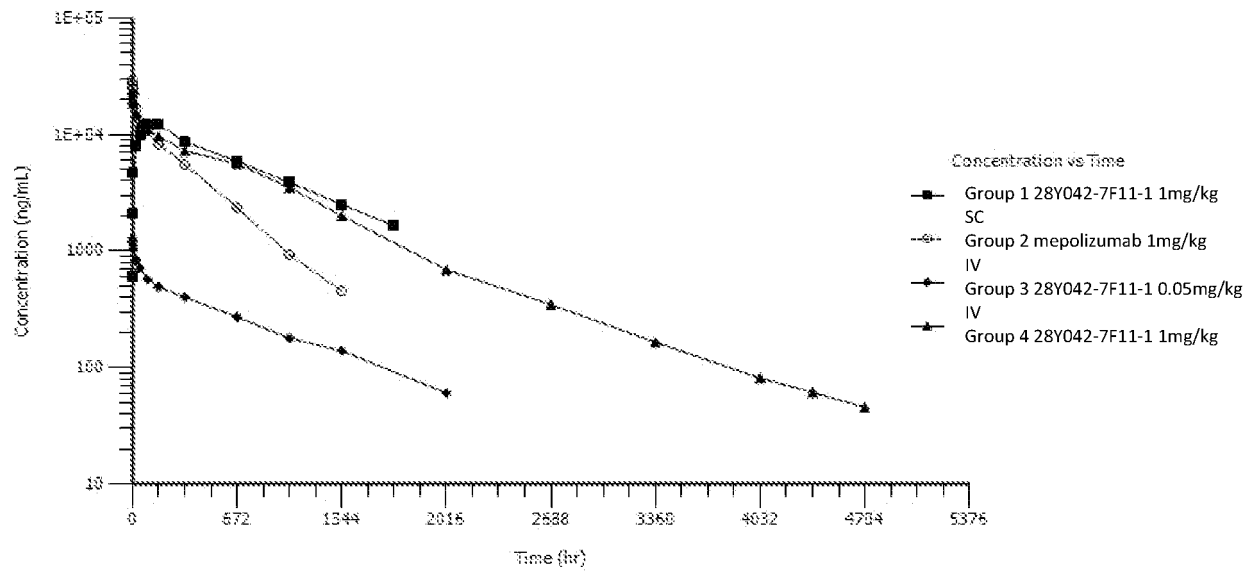
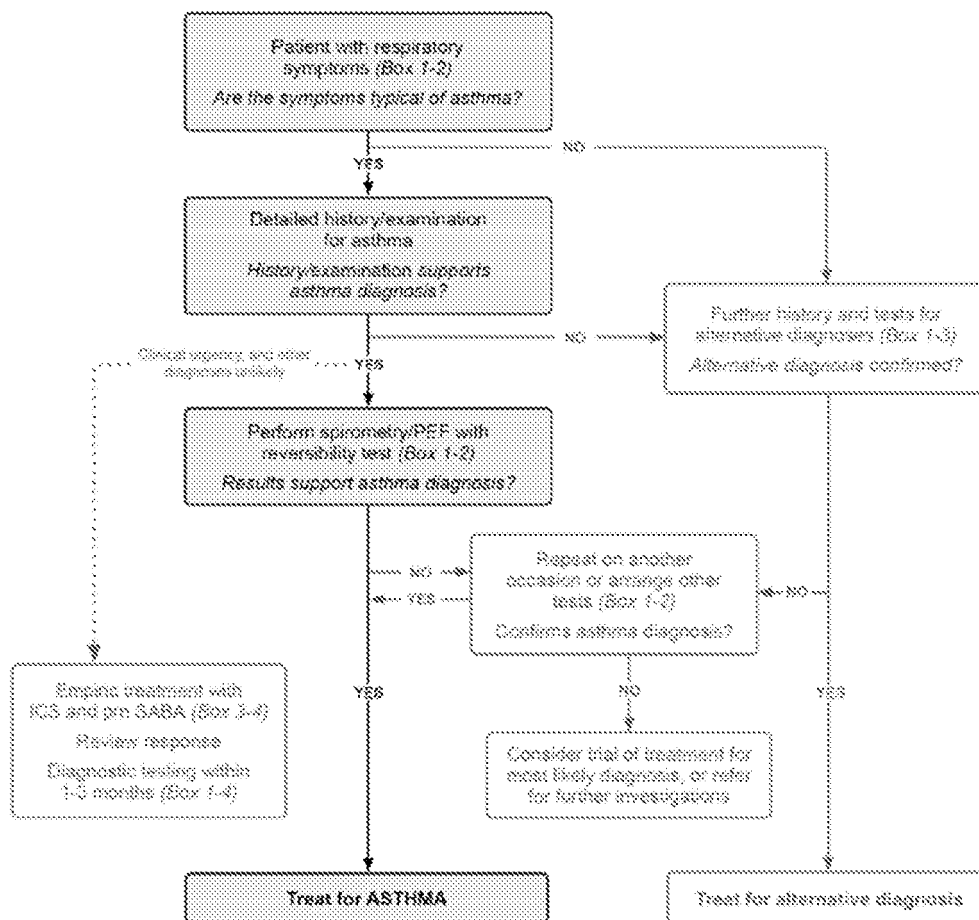


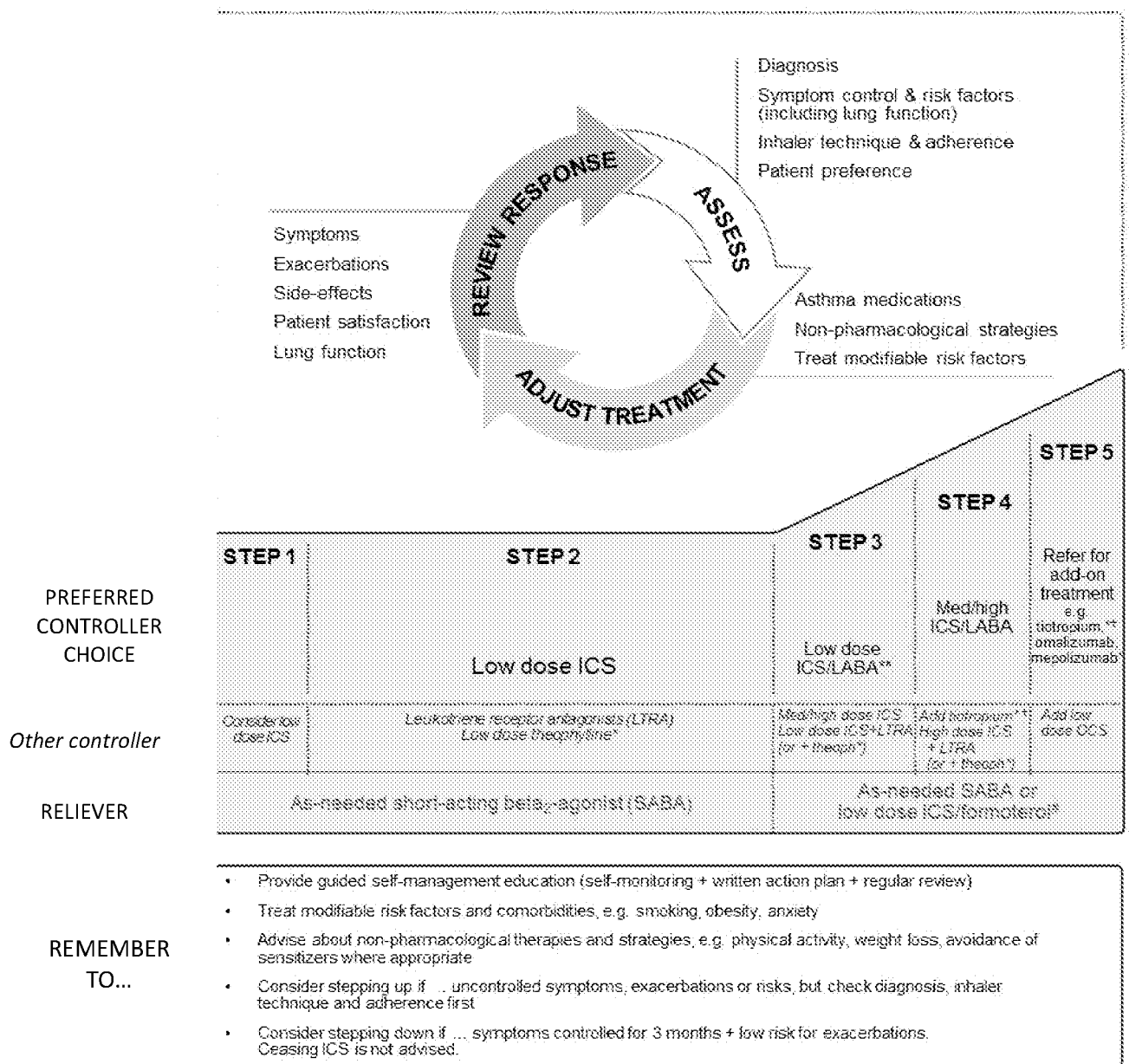
FIG. 8



ICS, inhaled corticosteroids; PEF, peak expiratory flow (highest of three readings). When measuring PEF, use the same meter each time as the value may vary by up to 20% between different meters. SABA, short-acting beta₂-agonist.

Bronchodilator reversibility may be lost during severe exacerbations or viral infections. If bronchodilator reversibility is not present at initial presentation, the next step depends on the availability of tests and the urgency of the need for treatment. See Box 1-4 for diagnosis of asthma in patients already taking controller treatment.

FIG. 9



ICS: inhaled corticosteroids; LABA: long-acting beta₂-agonist; med: medium dose; OCS: oral corticosteroids. See Box 3-6 for low, medium and high doses of ICS for adults, adolescents and children 6–11 years.

*Not for children <12 years. **For children 6–11 years, the preferred Step 3 treatment is medium dose ICS. # Low dose ICS/formoterol is the reliever medication for patients prescribed low dose budesonide/formoterol or low dose beclometasone/formoterol maintenance and reliever therapy. †Tiotropium by mist inhaler is an add-on treatment for patients with a history of exacerbations; it is not indicated in children <12 years.