

NAEPP EPR-3 Classification of Asthma Severity & Control in Youths ≥12 Years and Adults

Classifying Asthma Severity & Initiating Treatment					
Components of Severity		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment Normal FEV₁/FVC: 8-19 yr 85% 20-39 yr 80% 40-59 yr 75% 60-80 yr 70%	Symptoms	≤ 2 days/week	> 2 days/week but not daily	Daily	Throughout the day
	Nighttime Awakenings	≤ 2x/month	3-4x/month	> 1x/week but not nightly	Often 7x/week
	SABA Use (other than for EIB)	≤ 2 days/week	> 2 days/week but not daily and not more than 1x on any day	Daily	Several times/day
	Interference with Normal Activity	None	Minor limitation	Some limitation	Extremely limited
	Lung Function	Normal FEV ₁ between exacerbations			
	FEV ₁ /FVC	> 80% predicted	≥ 80% predicted	>60% but < 80% predicted	< 60% predicted
		normal	normal	reduced 5%	reduced > 5%
Risk	Exacerbation requiring OSC	0-1/year	≥ 2/year	≥ 2/year	≥ 2/year
		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time. Exacerbations of any severity may occur in patients in any severity category. Relative annual risk of exacerbations may be related to FEV ₁ .			
Recommended Step for Initiating Therapy <i>The stepwise approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.</i>		Step 1	Step 2	Step 3 AND Consider OSC	Step 4 or 5 AND Consider OSC
In 2-6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly.					

KEY: NA-not applicable; SABA-short-acting beta₂-agonist; ICS-inhaled corticosteroids; OSC-oral systemic corticosteroids; FEV₁-forced expiratory volume in 1 second; FEV₁/FVC-forced expiratory volume in 1 second/forced vital capacity; EIB-exercise induced bronchospasm

NOTES:

- Level of severity is determined by both impairment and risk. Assess impairment domain by patient's/caregiver's recall of previous 2-4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

Classifying Severity After Asthma Becomes Well-Controlled by Lowest Level of Treatment Required to Maintain Control					
Lowest level of treatment required to maintain control		Classification of Asthma Severity			
		Intermittent	Persistent		
			Mild	Moderate	Severe
		Step 1	Step 2	Step 3 or 4	Step 5 or 6

Classifying Asthma Control & Adjusting Treatment				
Components of Control		Classification of Control		
		Well Controlled	Not Well-Controlled	Very Poorly Controlled
Impairment	Symptoms	≤ 2 days/week	> 2 days/week	Throughout the day
	Nighttime Awakenings	≤ 2x/month	1-3x/week	≥ 4x week
	Interference with Normal Activity	None	Some limitation	Extremely limited
	SABA Use (other than for EIB)	≤ 2 days/week	> 2 days/week	Several times/day
	Lung Function: FEV ₁ or peak flow	> 80% predicted value	60-80% predicted value	< 60% predicted
	Validated Questionnaires:			
	ATAQ®	0	1-2	3-4
	ACQ®	≤ 0.75*	≥ 1.5	N/A
	ACT™	≥ 20	16-19	≤ 15
Risk	Exacerbation requiring OSC	0-1 year	≥ 2/year	≥ 2/year
		Consider severity and interval since last exacerbation.		
	Progressive loss of lung function	Evaluation requires long term follow-up care.		
	Treatment-related adverse side effects	Medication side effects vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment <i>The stepwise approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.</i>		<ul style="list-style-type: none"> Maintain current step. Regular follow-up every 1-6 months. Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up (1 step) AND Reevaluate in 2-6 weeks. For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> Consider short course of OSC. Step up (1-2 steps), AND Reevaluate in 2 weeks. For side effects, consider alternative treatment options.

KEY: NA-not applicable; SABA-short-acting beta₂-agonist; ICS-inhaled corticosteroids; OSC-oral systemic corticosteroids; FEV₁-forced expiratory volume in 1 second; EIB-exercise induced bronchospasm; ATAQ-Asthma Therapy Assessment Questionnaire ®; ACQ-Asthma Control Questionnaire ®; ACT-Asthma Control Test™

NOTES:

- The level of control is based on the most severe risk category. Assess impairment domain by caregiver's recall of previous 2-4 weeks and by spirometry/or peak flow measures. Symptom assessment for longer periods should reflect a global assessment such as inquiring whether the patient's asthma is better or worse since the last visit.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥ 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have not-well-controlled asthma, even in the absence of impairment levels consistent with not-well-controlled asthma.
- Validated Questionnaires for the impairment domain do not assess lung function or the risk domain.
- Before step up in therapy:
 - Review adherence to medication, inhaler technique, environmental control, and comorbid conditions.
 - If an alternative treatment option was used in a step, discontinue and use preferred treatment for that step.

Produced by the California Asthma Public Health Initiative (CAPHI). Based on NAEPP EPR-3 recommendations for classification of asthma severity and control for youths ≥ 12 years and adults.

This table was designed to assist the clinician and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition.

Revised 02/16/2010