

# Asthma Control Tables

Depending on severity, assess asthma control in 2 to 6 weeks after medication is initiated or stepped up. If no clear benefit is observed in 4 to 6 weeks, consider adjusting therapy or alternative diagnoses.

Note that the two domains of severity — impairment and risk — may respond differently to treatment. **The level of control is based on the most severe impairment or risk category.**

Asthma CONTROL classifications		Patients age 0–4 years	
Well controlled	impairment	Symptoms: $\leq 2$ days/week Nighttime awakenings: $\leq 1$ time/month Interference with normal activity: <b>None</b> SABA use for Sx (NOT EIB-prevention): $\leq 2$ days/week	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Maintain</b> current medication.</li> <li>• Reinforce education and trigger management.</li> <li>• Follow up every 1 to 6 months.</li> <li>• <b>Consider stepping down</b> medication therapy at conclusion of winter viral season if well controlled for at least 3 months.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: 0 to 1 time/year Treatment-related adverse effects: <i>See *note below the tables.</i>	
Not well controlled	impairment	Symptoms: $> 2$ days/week Nighttime awakenings: $> 1$ time/month Interference with normal activity: <b>Some limitation</b> SABA use for Sx (NOT EIB-prevention): $> 2$ days/week	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Step up</b> current medication (one step) and reassess control in 2 to 6 weeks.</li> <li>• If no clear benefit in 4 to 6 weeks, consider alternative diagnoses or adjusting therapy.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: 2 to 3 times/year Treatment-related adverse effects: <i>See *note below the tables.</i>	
Very poorly controlled	impairment	Symptoms: <b>Throughout the day</b> Nighttime awakenings: $> 1$ time/week Interference with normal activity: <b>Extremely limited</b> SABA use for Sx (NOT EIB-prevention): <b>Several times/day</b>	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Consider</b> a short course of oral systemic corticosteroids.</li> <li>• <b>Step up</b> current medication (one or two steps) and reassess control in 2 weeks.</li> <li>• If no clear benefit in 4 to 6 weeks, consider alternative diagnoses or adjusting therapy.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: $> 3$ times/year Treatment-related adverse effects: <i>See *note below the tables.</i>	

Asthma CONTROL classifications		Patients age 5–11 years	
Well controlled	impairment	Symptoms: $\leq 2$ days/week but not more than once each day Nighttime awakenings: $\leq 1$ time/month Interference with normal activity: <b>None</b> SABA use for Sx (NOT EIB-prevention): $\leq 2$ days/week • FEV <sub>1</sub> or peak flow $> 80\%$ predicted/personal best • FEV <sub>1</sub> /FVC $> 80\%$	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Maintain</b> current medication.</li> <li>• Reinforce education and trigger management.</li> <li>• Follow up every 1 to 6 months.</li> <li>• <b>Consider stepping down</b> medication therapy at conclusion of winter viral season if well controlled for at least 3 months.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: 0 to 1 time/year. Consider severity and interval since last exacerbation. Treatment-related adverse effects: <i>See *note below the tables.</i>	
Not well controlled	impairment	Symptoms: $> 2$ days/week or multiple times on $\leq 2$ days/week Nighttime awakenings: $\geq 2$ times/month Interference with normal activity: <b>Some limitation</b> SABA use for Sx (NOT EIB-prevention): $> 2$ days/week • FEV <sub>1</sub> or peak flow 60% to 80% predicted/personal best • FEV <sub>1</sub> /FVC 75% to 80%	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Step up</b> current medication (one step) and reassess control in 2 to 6 weeks.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: $\geq 2$ times/year. Consider severity and interval since last exacerbation. Treatment-related adverse effects: <i>See *note below the tables.</i>	
Very poorly controlled	impairment	Symptoms: <b>Throughout the day</b> Nighttime awakenings: $\geq 2$ times/week Interference with normal activity: <b>Extremely limited</b> SABA use for Sx (NOT EIB-prevention): <b>Several times/day</b> • FEV <sub>1</sub> or peak flow 60% to 80% predicted/personal best • FEV <sub>1</sub> /FVC 75% to 80%	<p>➤ <b>Recommended actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Consider</b> a short course of oral systemic corticosteroids.</li> <li>• <b>Step up</b> current medication (one or two steps)* and reassess control in 2 weeks.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	risk	Exacerbations requiring oral corticosteroids: $\geq 2$ times/year. Consider severity and interval since last exacerbation. Treatment-related adverse effects: <i>See *note below the tables.</i>	

## Asthma CONTROL classifications Patients age 12 years to ADULT

<b>Well controlled</b>	<i>impairment</i>	Symptoms: $\leq 2$ days/week Nighttime awakenings: $\leq 2$ times/month Interference with normal activity: <b>None</b> SABA use for Sx (NOT EIB-prevention): $\leq 2$ days/week FEV <sub>1</sub> or peak flow $>80\%$ predicted/personal best Questionnaire (ACT: Asthma Control Test): ACT score = $\geq 20$	➔ <b>Recommended actions:</b> <ul style="list-style-type: none"> <li>• <b>Maintain</b> current medication.</li> <li>• Reinforce education and trigger management.</li> <li>• Follow up every 1 to 6 months.</li> <li>• <b>Consider stepping down</b> medication therapy at conclusion of winter viral season if well controlled for at least 3 months.</li> </ul>
	<i>risk</i>	Exacerbations: <b>0 to 1 time/year.</b> Consider severity and interval since last exacerbation. Treatment-related adverse effects: See <i>*note below the tables.</i>	
<b>Not well controlled</b>	<i>impairment</i>	Symptoms: $>2$ days/week Nighttime awakenings: <b>1 to 3 times/month</b> Interference with normal activity: <b>Some limitation</b> SABA use for Sx (NOT EIB-prevention): $>2$ days/week FEV <sub>1</sub> or peak flow $60\%$ to $80\%$ predicted/personal best Questionnaire (ACT: Asthma Control Test): ACT score = <b>16 to 19</b>	➔ <b>Recommended actions:</b> <ul style="list-style-type: none"> <li>• <b>Step up</b> current medication (one step) and reassess control in 2 to 6 weeks.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	<i>risk</i>	Exacerbations: $\geq 2$ times/year. Consider severity and interval since last exacerbation. Treatment-related adverse effects: See <i>*note below the tables.</i>	
<b>Very poorly controlled</b>	<i>impairment</i>	Symptoms: <b>Throughout the day</b> Nighttime awakenings: $\geq 4$ times/week Interference with normal activity: <b>Extremely limited</b> SABA use for Sx (NOT EIB-prevention): <b>Several times/day</b> FEV <sub>1</sub> or peak flow $<60\%$ predicted/personal best Questionnaire (ACT: Asthma Control Test): ACT score = $\leq 15$	➔ <b>Recommended actions:</b> <ul style="list-style-type: none"> <li>• <b>Consider</b> a short course of oral systemic corticosteroids.</li> <li>• <b>Step up</b> current medication (one or two steps) and reassess control in 2 weeks.</li> <li>• For side effects, consider alternative treatment options.</li> <li>• Reinforce education and trigger management.</li> </ul>
	<i>risk</i>	Exacerbations: $\geq 2$ times/year. Consider severity and interval since last exacerbation. Treatment-related adverse effects: See <i>*note below the tables.</i>	

### **\*Treatment-related adverse 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.