Algorithm E: Pharmacological treatment of chronic asthma in children and young people aged 5 to 16

Newly diagnosed asthma in children and young people (aged 5 to 16)

For symptoms that indicate the need for maintenance therapy at presentation

For infrequent short-lived wheeze and normal lung function

Consider a SABA alone

If asthma is uncontrolled in 4 to 8 weeks

Offer paediatric low dose ICS with a SABA

If asthma is uncontrolled in 4 to 8 weeks

Consider paediatric low dose ICS plus an LTRA with a SABA

If asthma is uncontrolled in 4 to 8 weeks

Consider paediatric low dose ICS plus a LABA and stopping LTRA treatment with a SABA

If asthma is uncontrolled in 4 to 8 weeks

Consider paediatric low dose ICS plus a LABA within a MART regimen with a SABA

If asthma is uncontrolled in 4 to 8 weeks

Consider paediatric moderate dose ICS plus a LABA either within a MART regimen or as a fixed dose with paediatric low dose ICS plus a LABA within a MART regimen or change to a SABA

If asthma is uncontrolled in 4 to 8 weeks

Consider seeking advice from a healthcare professional with expertise in asthma

And

Consider paediatric high dose ICS plus a LABA as a fixed dose with a SABA

Or

Consider continuing paediatric moderate dose ICS regimen with a trial of an additional drug e.g. theophylline with a SABA or a paediatric low dose ICS plus a LABA within a MART regimen

Abbreviations:
ICS, inhaled corticosteroid
LABA, long-acting beta agonist
LTRA, leukotriene receptor antagonist
MART, maintenance and reliever therapy
SABA, short-acting beta agonist

This algorithm is based on recommendations from NICE’s guideline on asthma: diagnosis, monitoring and chronic asthma management (2017)