



VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE PRIMARY CARE MANAGEMENT OF ASTHMA

Department of Veterans Affairs

Department of Defense

Patient Summary

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

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I. What is asthma?

Asthma is a lifelong illness in which the airways in the lungs are swollen. This causes wheezing, chest tightness, coughing, and shortness of breath. Asthma affects your ability to breathe and your airways. Asthma can be different in different people. This can be due to a mixture of factors including the environment and inherited genes.

Asthma is not just a minor condition. It should be taken very seriously. In the United States, nearly 10 people every day die from asthma and asthma-related complications. Therefore, it is important that you work with your healthcare providers to ensure your asthma is managed appropriately.

II. What are possible triggers of asthma?

Asthma symptoms or attacks can be brought on by numerous factors that are called triggers. These include allergies, exercise, weather, emotions, and lifestyle choices such as smoking.

Common triggers of asthma include:

- Dust mites
- Cold air
- Air pollution
- Fumes and smoke, including tobacco
 - Irritates airways which then makes them swollen and narrow
 - May increase emergency room visits, hospitalization, and need for treatment
 - May affect the severity of your asthma and quality of life
- Pets
- Pollen
- Exercise
- Food allergies
- Viral infections
- Strong emotion

Asthma can also be a result of an underlying condition. Your healthcare provider can help determine whether your asthma is a result of an underlying condition. It is best to discuss triggers and asthma management with your health care provider.

III. How is asthma diagnosed?

Generally, providers can diagnose asthma without using lab tests. More often than not, your provider will talk with you about your medical history. They may also ask to do a physical exam. If additional tests are needed, they may use lung function tests and chest x-rays.

IV. What is an asthma action plan?

An asthma action plan is a personalized plan of care created by you and your provider to better control your asthma. The asthma action plan describes what medications should be taken, daily treatment, and safety protocols. This type of care plan aims to better control your asthma and respond appropriately when you experience a loss of control of asthma. It helps to create a solid basis of care.

V. Goals for asthma treatment

You should work with your healthcare provider to set goals that you can reach. In general, your goals should be to focus more on what you can do for yourself to help lessen the effect of your asthma and improve your quality of life. Goals for asthma treatment may include:

- Improve ability to participate in exercise and life activities
- Improve your quality of life
- Improve your ability to manage your asthma and have a healthy lifestyle
- Gain understanding of the nature of your type of asthma and what triggers it
- Take care of other health issues that can result from asthma (for example, poor sleep)

VI. Treatment options for asthma

The different treatments of asthma include a combination of self-care, long-term control medications, and quick relief medications. You can discuss treatment approaches with your provider to decide what is best for you.

A. Self-care/self-management

The treatment of asthma begins with ways you can help manage your own asthma and ways you can reduce the effects the asthma has on other parts of your life. This is called self-care. Self-care includes taking care of yourself in ways other than taking medications, having medical tests, or using other medical treatments.

Self-management refers to everything you can do on your own to manage your health problems and live your life as fully as possible. You have to make many decisions every day about exercising, managing stress, taking medications, and dealing with life issues. Most importantly, you should become active in your own management efforts.

B. Long-term asthma control medications

Long-term medications are controller medicines that help prevent and reduce swelling inside the airways. Because they need time to work to prevent attacks, they must be taken every day to be effective, even when you are feeling fine. Examples of this type of medication include:

- Inhaled corticosteroids, which are medicines that you breathe in, such as (listed alphabetically):
 - Budesonide (PULMICORT FLEXHALER)
 - Ciclesonide (ALVESCO)
 - Fluticasone (FLOVENT HFA)

- Mometasone (*ASMANEX HFA*)
- Inhaled corticosteroids, which are medicines that you breathe in, combined with long-acting beta agonists such as (listed alphabetically):
 - Budesonide/formoterol (*SYMBICORT HFA*)
 - Fluticasone/salmeterol (*ADV AIR HFA* and *DPI*)
 - Fluticasone/vilanterol (*BREO ELLIPTA DPI*)
 - Mometasone/formoterol (*DULERA HFA*)

Discuss the medication you are taking with your provider to learn more.

Scientific studies show that, for many patients with asthma, taking inhaled corticosteroids every day (and not just when asthma is bothering them) reduces the risk of having to go to the hospital or of other serious complications. Discuss with your provider if you should take inhaled corticosteroids every day. If so, put a plan in place, such as reminders, to make sure you do not forget to take the medication every day. There are other medications that your provider may prescribe to control your asthma.

C. Quick relief medications

Quick relief medications relax the airway muscles, allowing oxygen to the lungs. This makes symptoms less severe. These medications can be used to treat sudden breathing symptoms at home or an asthma attack in an emergency scenario. However, they should not be used as the routine treatment, as they do not help prevent asthma attacks.

Examples of this type of medication include:

- Short-acting beta agonists
- Oral and intravenous corticosteroids: used to treat severe asthma attacks

D. Treatment of exercise-induced asthma

Exercise-induced asthma is often triggered by physical activity or intense exercise. The most common symptoms of exercise-induced asthma include coughing, tightening of the chest, wheezing, and shortness of breath beginning 5-20 minutes after the start of physical activity. Your provider may prescribe medication such as an inhaler and encourage you to use it before physical activity or exercise.

VII. Why can't I get my asthma under control?

If you are having trouble controlling your asthma, it may be due to one of the following reasons:

- Smoking or breathing secondhand smoke
- Having pets
- Taking medication incorrectly
- Living in an environment where there are dust mites or mold (such as in carpets, drapes, comforters, or stuffed animals)

- Having another undiagnosed condition (such as chronic obstructive pulmonary disease, heart disease, or chronic lung infection)

VIII. Questions to ask your care team

Ask about anything that seems unclear to you. Some examples may include:

- What are the causes of my asthma?
- How will asthma affect daily activities?
- Is it safe to exercise with asthma?
- How will asthma affect my duty status?
- What can make my asthma symptoms worse?
- How can I tell if my asthma is getting worse, and what do I do if my asthma gets worse?
- How will my child's asthma be handled at school?
- What types of tests are available to monitor my asthma?
- What type of medication am I taking?
- When is it safe to take less asthma medication or lower the dosage?
- Are there other treatments I can use with my asthma medication?
- Which medication should I take every day and which should I take only when my asthma is bothering me?
- Am I taking my medication the correct way? (Take your inhaler with you when you see your provider or clinical pharmacist and show him or her how you use it.)
- Should I see an asthma specialist or a multidisciplinary team?
- Should I get the flu and/or pneumococcus vaccine?
- Could my symptoms be due to something other than asthma (such as chronic obstructive pulmonary disease, heart disease, or a chronic lung infection)?

IX. You can find more information on asthma here:

- National Health, Lung, and Blood Institute: <https://www.nhlbi.nih.gov/health-topics/asthma>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/asthma/>
- American Lung Association: <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/>