Key Clinical Points

Control of Asthma

- Most patients with asthma have mild, persistent disease, which tends to be underdiagnosed, undertreated, and inadequately controlled.
- The diagnosis of asthma is based on the presence of symptoms of dyspnea, cough, and wheezing and objective confirmation of variable airflow limitation that is at least partially reversible.
- For mild, persistent asthma, regular controller treatment with low-dose inhaled glucocorticoids and rescue treatment with short-acting $beta_2$-agonists, as needed, is recommended as the initial treatment.
- If asthma control is not achieved within 3 to 4 months, maintenance treatment should be stepped up with the addition of a second controller medication (long-acting $beta_2$-agonist or leukotriene modifier) or with an increase in the dose of inhaled glucocorticoids.
- Ongoing patient education, written action plans, and regular follow-up visits to reassess asthma control and adjust therapy are integral to successful management.

Criteria for the Diagnosis of Asthma

Presence of episodic symptoms of airflow obstruction or airway hyperresponsiveness

Objective assessment consisting of one of the following

- Airflow obstruction that is at least partially reversible with the use of an inhaled short-acting $beta_2$-agonist, as shown by one of three variables
  - An increase in FEV_1 of ≥12% from baseline
  - An increase in predicted FEV_1 of ≥10 percentage points from baseline
  - An increase in PEF of ≥20% (or 60 liters/min) from baseline
- Diurnal variation in PEF (measured twice daily) of more than 10%