



**ICS-containing treatment for all.** SABA-only reliever therapy is no longer recommended. Every adult/adolescent with asthma should receive inhaled corticosteroid (ICS) — as regular maintenance, or within ICS-formoterol used as reliever — to cut severe-exacerbation risk.

## STEPPED TREATMENT — TWO TRACKS

### Preferred — AIR / MART

*ICS-formoterol as the reliever throughout.*

**Step 1** Low-dose ICS-formoterol as-needed (AIR)

**Step 2** Low-dose ICS-formoterol maintenance + as-needed (MART)

**Step 3** Medium-dose ICS-formoterol maintenance-and-reliever (MART)

**Step 4** Refer: targeted intensive treatment & specialist review

### Alternative — SABA reliever

*Maintenance ICS / ICS-LABA + SABA reliever as-needed.*

**Step 1** Low-dose ICS maintenance + SABA as-needed

**Step 2** Low-dose ICS-LABA maintenance + SABA as-needed

**Step 3** Medium-dose ICS-LABA maintenance + SABA as-needed

**Step 4** Refer: specialist review; consider add-on LAMA

### EXACT DOSES & BRANDS

For device-specific strengths and microgram/day equivalents, use the current **National Asthma Council 'Asthma treatment levels' chart** ([nationalasthma.org.au](http://nationalasthma.org.au)) alongside PBS listing.

## ASSESS SYMPTOM CONTROL (past 4 weeks)

Good control = **all** of: daytime symptoms  $\leq 2$  days/wk · reliever  $\leq 2$  days/wk (excl. pre-exercise) · no night/waking symptoms · no activity limitation. **Any** of these in the past 4 weeks → poor control.

## STEP UP / STEP DOWN

- **Before stepping up**, confirm: symptoms are due to asthma · inhaler technique correct · adherence adequate.
- **Step up** if control not achieved despite good adherence & technique. Specifically on as-needed ICS-formoterol (AIR), reliever  $\geq 3$  x/wk → add regular maintenance (move to MART).
- **Step down** when stable & well-controlled for 2–3 months. Never leave the patient on SABA alone.

## RISK FACTORS FOR EXACERBATION

Poor symptom control · severe exacerbation in past year (or ever ICU/intubation) · SABA over-use · no/poor ICS or technique · smoking/vaping · obesity · chronic rhinosinusitis · GORD · confirmed food allergy · pregnancy · raised eosinophils/FeNO · low FEV1.

## SPIROMETRY

At diagnosis · to investigate poor control or exacerbations · then ~every 2 years even if well-controlled. Monitor pre-bronchodilator FEV1. Do not use clinic PEF to assess control.

## ANNUAL REVIEW CHECKLIST

Symptoms & exacerbations since last visit · triggers, smoking/vaping · recent control · risk factors & lung function · side-effects · **inhaler technique** · **adherence** · comorbidities · update written action plan.

### SAFETY

- Reliever  $>2$  days/wk (poor-control marker) → reassess promptly; don't wait for review
- SABA over-reliance & ICS under-use drive exacerbations
- Avoid long-term high-dose ICS & repeated oral corticosteroid courses
- In pregnancy: do **not** stop ICS

### RED FLAGS / REFER

- Poor control despite medium-dose ICS-LABA (adherence/technique confirmed) — refer early
- Don't wait for high-dose or maintenance OCS
- $>1$  oral corticosteroid course in 12 months
- Any ICU admission or intubation for asthma
- Diagnostic uncertainty or suspected occupational asthma
- Suspected severe eosinophilic/allergic asthma