

Adult Asthma Step Down Guidance

General principles:

- Consider stepping down when asthma symptoms have been well controlled and lung function has been stable for 3 months or more (see table 1).
- Chose an appropriate time to step down e.g. avoid known trigger season, no respiratory infection, patient not travelling, not pregnant.
- Approach each step as a therapeutic trial. Engage the patient in the process
- Provide a written asthma action plan with instructions for how and when to resume their previous treatment if their symptoms worsen.
- Step down inhaled corticosteroid doses by 25-50% at 3 month intervals.
- Seek specialist advice if patient is on BTS step 5.

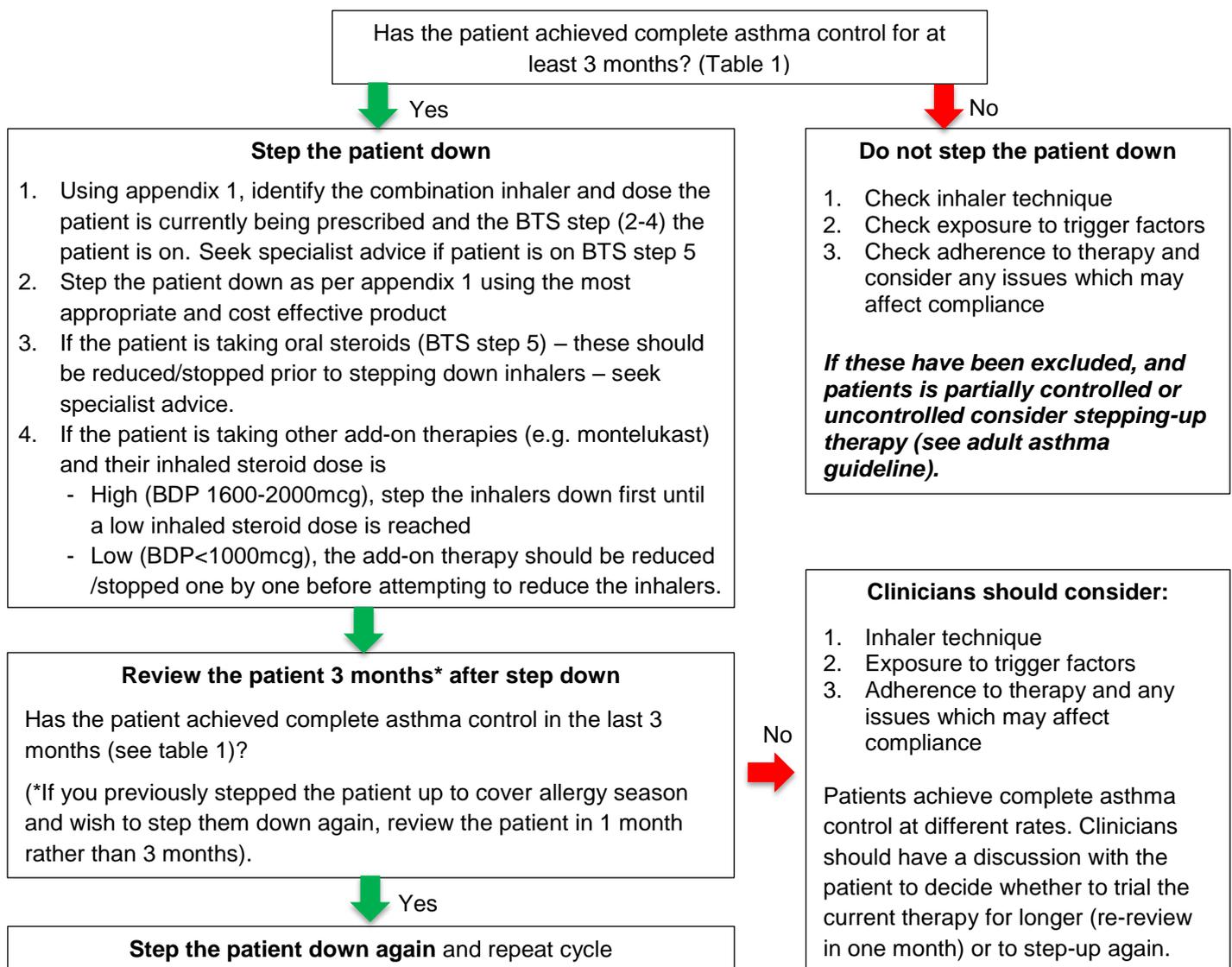
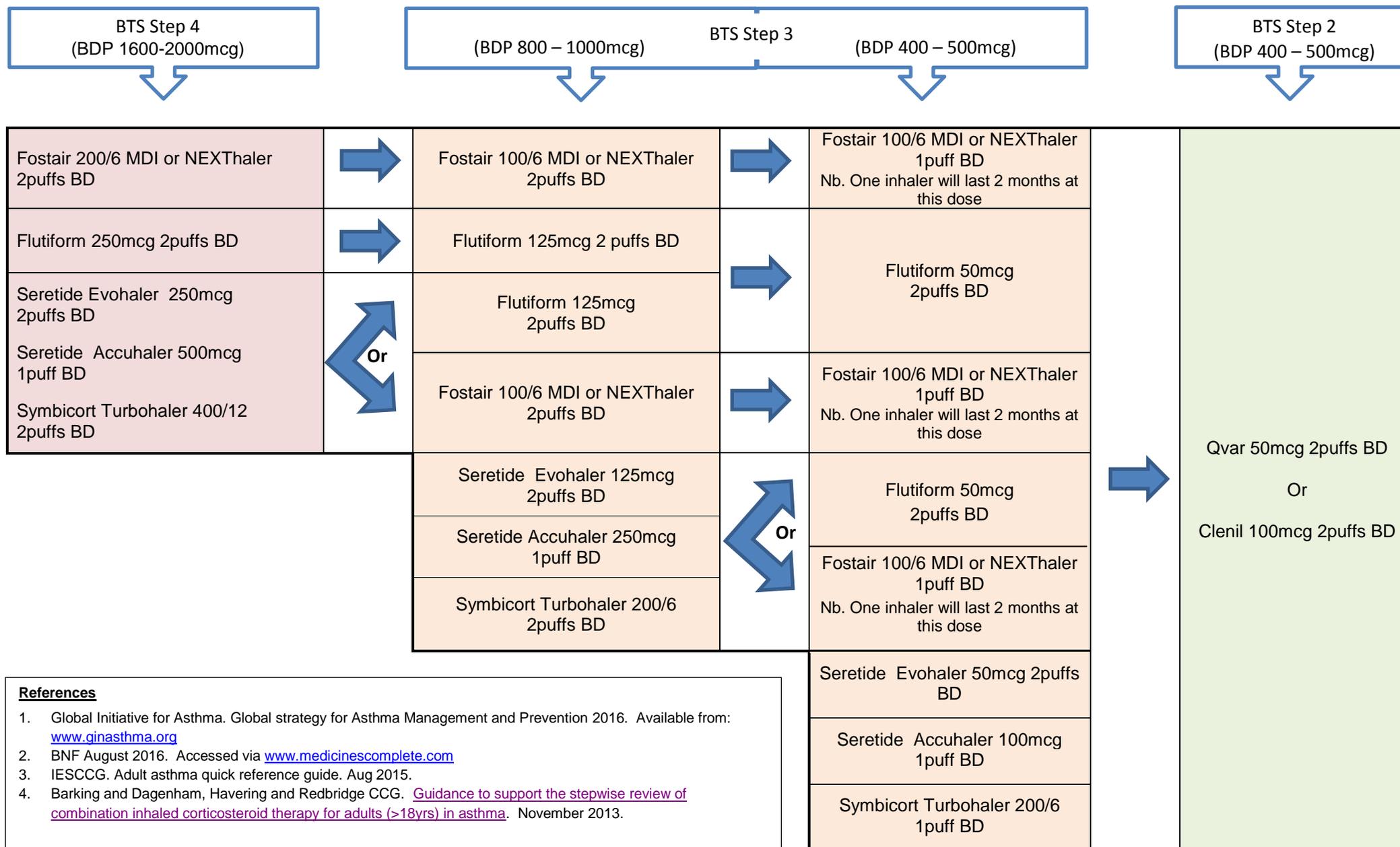


Table 1: Levels of asthma control – assess control over 4 weeks

Characteristic	Completely Controlled	Partly Controlled	Uncontrolled
Daytime symptoms	None (twice or less/week)	>Twice/week	Three or more features of partly controlled asthma
Nighttime symptoms/ awakening	None	Any	
Need for reliever/rescue treatment	None (twice or less/week)	>Twice/week	
Limitation on activities	None	Any	
Lung function (FEV1 or PEF)	Normal (>80% predicted or personal best)	<80% predicted or personal best (if known)	

Appendix 1: Step down regimens



References

1. Global Initiative for Asthma. Global strategy for Asthma Management and Prevention 2016. Available from: www.ginasthma.org
2. BNF August 2016. Accessed via www.medicinescomplete.com
3. IESCCG. Adult asthma quick reference guide. Aug 2015.
4. Barking and Dagenham, Havering and Redbridge CCG. [Guidance to support the stepwise review of combination inhaled corticosteroid therapy for adults \(>18yrs\) in asthma](#). November 2013.