

Asthma: diagnosis and chronic management in adults and adolescents 12+ years

Key Facts:

- Most common chronic non-communicable disease
- Most of the morbidity and mortality associated with asthma is preventable, particularly with use of inhaled corticosteroids
- COVID does not exacerbate nor confer severity to asthmatics as long as they are up to par with vaccination and optimized care

Clinical presentation*

Breathlessness, wheeze, chest tightness, or cough that is:

- ✓ Worse at night and early morning
- ✓ Comes with/after exercise
- ✓ Come with allergen exposure or cold air
- ✓ Come on after taking aspirin/betablockers

Diagnosis and investigations

- ✓ A good history is more important than any test. Focus on the features above (Xrays and blood tests only helpful if another condition suspected)
- ✓ Spirometry is the gold standard for diagnosis, but rarely necessary and currently not available in Kijabe
- ✓ Trial of treatment with SABA (as needed) and 8 weeks of inhaled steroids can be used to confirm the diagnosis

*NOTE: In adults over 35 years, exclude COPD which also presents with cough/wheeze but lacks the pattern described above. (See separate COPD guideline)

Management

Any features of acute asthma?

Progressive worsening of symptoms of asthma such as SOB, DIB, cough, wheeze, tight chest, abnormal vital signs

See separate guideline 'Asthma – acute exacerbation in primary care' Transfer to casualty (or acute care facility) if unstable

Management of chronic stable asthma

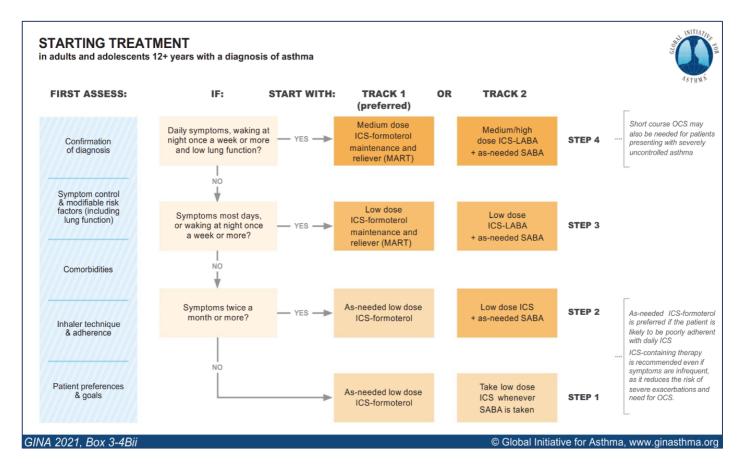
- ✓ See GINA 2021 stepwise management, page 2
- ✓ Track 1 is the preferred option, but use track 2 if cost/availability of inhalers is a problem
- ✓ See details of bronchodilators, page 2
- ✓ Seek OPD consultant advice before escalating to step 3
- ✓ A spacer device should always be used with an aerosol/MDI inhaler
- ✓ If a patient requires more than one inhaler, they should be prescribed the same type of device whenever possible
- ✓ Always check inhaler/spacer technique before escalating to the next step – see guideline 'Inhaler technique in asthma and COPD'

Discuss with consultant if:

- ✓ Needing to move to step 3
- ✓ Other CV comorbidities
- ✓ Abnormal vital signs
- ✓ Pregnancy
- ✓ Asthma not responding to reliever medication



Kijabe OPD Guidelines



Class	Drug	Type of inhaler	Dose
SABA (Short acting beta- agonist)	Salbutamol 100mcg	aerosol, metred dose inhaler	200mcg as needed
SAMA (short acting muscarinic antagonist)	Ipatropium 20mcg	aerosol, metred dose inhaler	40mcg as needed
ICS (Inhaled corticosteroid)	Beclomethasone 100mcg	aerosol, metred dose inhaler	Low dose: 200-500mcg/day Medium dose: 500-1000mcg/d High dose: >1000mcg/day
ICS+LABA (Inhaled corticosteroid and long-acting beta- agonist)	Budesonide + Formoterol 200+6 or 400+6 Budesonide + Formoterol 160/4.5mcg	aerosol, metered dose inhaler dry powder, Turbohaler	Low dose: 200-400mcg/day Medium dose: 400-800mcg/day High dose: >800mcg/day
LTRA (leukotriene receptor antagonist)	Montelukast 10mg tablet		Age 6m-6y: 4mg once daily in evening Age 6-15y: 5mg once daily in evening >15y: 10mg once daily in evening

References:

NCD Clinical Guide 2021 Asthma Primary Care International (adapted for this context and location. PCI have not been involved in, nor hold responsibility for any adaptations. Original can be found by contacting PCI: https://pci-360.com)

GINA 2021 asthma guideline https://ginasthma.org

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