### Components of Control

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Classification of Asthma Control (≥12 years of age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Well Controlled</td>
</tr>
<tr>
<td>- ≤2 days/week</td>
<td>&gt;2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤2x/month</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
</tr>
<tr>
<td>Short-acting beta-agonist use for symptom control</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>FEV₁ or peak flow</td>
<td>&gt;80% predicted/</td>
</tr>
<tr>
<td></td>
<td>personal best</td>
</tr>
<tr>
<td>Validated questionnaires</td>
<td></td>
</tr>
<tr>
<td>ATAQ</td>
<td>0 &lt; 0.75*</td>
</tr>
<tr>
<td>ACQ</td>
<td>≥20</td>
</tr>
<tr>
<td>ACT</td>
<td></td>
</tr>
</tbody>
</table>

### Risk

- Exacerbations requiring oral systemic corticosteroids: 0–1/year
  - ≥2/year (see note)
  - Consider severity and interval since last exacerbation.
  - Evaluation requires long-term followup care.
- Progressive loss of lung function
- Treatment-related adverse effects
  - Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.

### Recommended Action for Treatment

(see figure 4–5 for treatment steps)

- **Well Controlled**
  - Maintain current step.
  - Regular followups every 1–6 months to maintain control.
  - Consider step down if well controlled for at least 3 months.
- **Not Well Controlled**
  - Step up 1 step and reevaluate in 2–6 weeks.
  - For side effects, consider alternative treatment options.
- **Very Poorly Controlled**
  - Consider short course of oral systemic corticosteroids.
  - Step up 1–2 steps, and reevaluate in 2 weeks.
  - For side effects, consider alternative treatment options.

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*ACQ values of 0.76–1.4 are indeterminate regarding well-controlled asthma.

Key: EIB, exercise-induced bronchospasm; ICU, intensive care unit

**Notes:**

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- The level of control is based on the most severe impairment or risk category. Assess impairment domain by patient’s recall of previous 2–4 weeks and by spirometry/or peak flow measures. Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient’s asthma is better or worse since the last visit.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma control. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have not-well-controlled asthma, even in the absence of impairment levels consistent with not-well-controlled asthma.
- Validated Questionnaires for the impairment domain (the questionnaires do not assess lung function or the risk domain)
  - ATAQ = Asthma Therapy Assessment Questionnaire© (See sample in “Component 1: Measures of Asthma Assessment and Monitoring.”)
  - ACQ = Asthma Control Questionnaire© (user package may be obtained at www.qoltech.co.uk or juniper@qoltech.co.uk)
  - ACT = Asthma Control Test™ (See sample in “Component 1: Measures of Asthma Assessment and Monitoring.”)
  - Minimal Important Difference: 1.0 for the ATAQ; 0.5 for the ACQ; not determined for the ACT.
- Before step up in therapy:
  - Review adherence to medication, inhaler technique, environmental control, and comorbid conditions.
  - If an alternative treatment option was used in a step, discontinue and use the preferred treatment for that step.