**FIGURE** Selecting and adjusting medication for adults and adolescents

1. **FEW PATIENTS**
   - As-needed SABA alone

2. **MOST PATIENTS**
   - Regular daily maintenance ICS (low dose) + SABA reliever as needed
   - Budesonide-formoterol (low dose) as needed

3. **SOME PATIENTS**
   - Regular daily ICS–LABA (low dose)
     - ICS–formoterol maintenance-and-releiver therapy (low dose as regular daily maintenance plus low dose as needed)
     - Regular daily maintenance ICS–LABA combination (low dose) + SABA reliever as needed

4. **FEW PATIENTS**
   - Regular daily ICS–LABA (medium–high dose)
     - ICS–formoterol maintenance-and-releiver therapy (medium dose as regular daily maintenance plus low dose as needed)
     - Regular daily maintenance ICS–LABA combination (medium–high dose) + SABA reliever as needed

5. **Add-on specialised treatment**

- Consider starting at levels 3 or 4 for new patient with frequent or uncontrolled symptoms (check PBS criteria)
- What are initial treatment options?

- Suitable starting treatment for most new patients
- What are initial treatment options?

- Monitor and adjust to maintain good symptom control and minimise risks at lowest effective ICS dose
- What is good symptom control?

- Consider only if symptoms less than twice a month and no risk factors for flare-ups
- What are risk factors for severe flare-ups?
- Monitor SABA use. Continually reassess need for preventer
- Which patients need ICS?

- Consider referral
- What is good symptom control?
- What is low dose ICS?

- Consider add-on treatments (e.g., tiotropium)

- Refer to specialist

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**ALL PATIENTS**

- Assess individual risk factors and comorbidity
- What are risk factors for severe flare-ups?
- Advise/prescribe a reliever to be carried at all times
- Provide education

**Provide a personalised written asthma action plan**

- Provide information on non-pharmacological factors that influence asthma
- Ask about patient’s goals and concerns and involve patient in making treatment decisions

**ICS**
- inhaled corticosteroid

**LABA**
- long-acting beta, agonist

**SABA**
- short-acting beta, agonist

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Before you consider stepping up, check that:
- • symptoms are due to asthma
- • inhaler technique is correct
- • adherence is adequate.

Consider stepping up if good control is not achieved despite good adherence and correct inhaler technique.

When asthma is stable and well controlled for 2–3 months, consider stepping down

Stepping down treatment in adults

[asthmahandbook.org.au](http://asthmahandbook.org.au)