









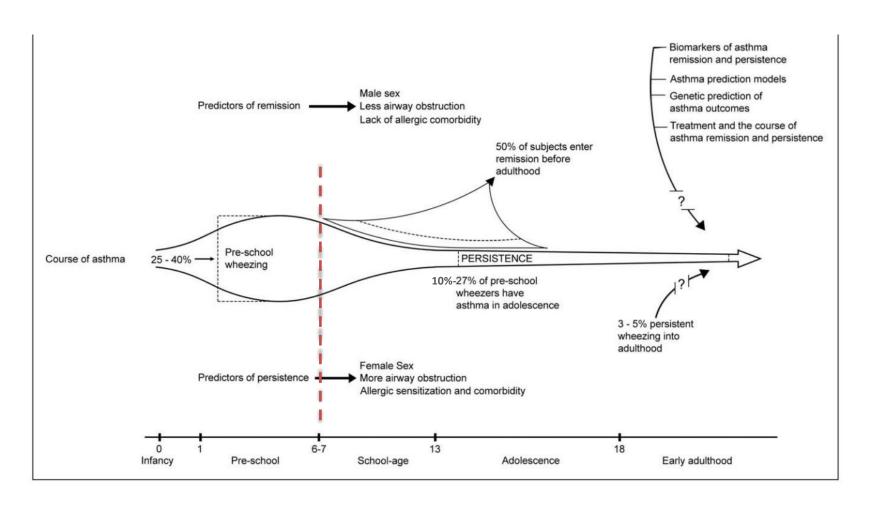


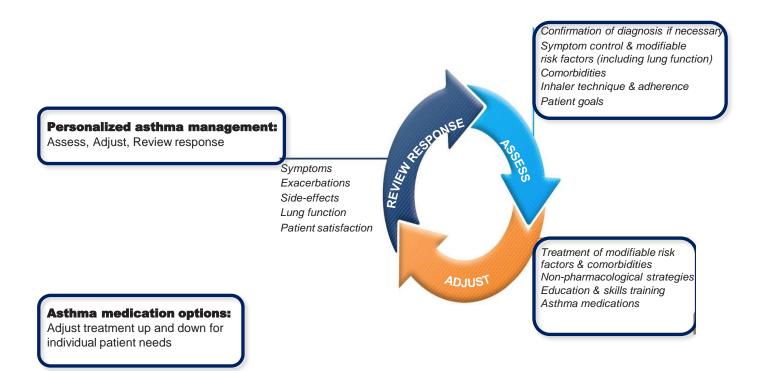
Bronchite obstructive et asthme Nouvelles prises en charge en 2023

Télémeeting du 8 février 2023

Isabelle Ruchonnet-Métrailler Février 2023

Quelle évolution des épisodes de sifflements de la naissance au jeune adulte ?







< 5 ans

Asthma medication Adjust treatment up and	-			STEP 4
individual child's needs		STEP 2	STEP 3	Continue controller & refer
PREFERRED CONTROLLER CHOICE	STEP 1	Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for pre-school children)	Double 'low dose' ICS	for specialist assessment
Other controller options (limited indications, or less evidence for efficacy or safety)	Consider intermittent short course ICS at onset of viral illness	Daily leukotriene receptor antagonist (LTRA), or intermittent short course of ICS at onset of respiratory illness	Low dose ICS + LTRA Consider specialist referral	Add LTRA, or increase ICS frequency, or add intermittent ICS
RELIEVER		As-needed short-a	cting beta ₂ -agonist	
CONSIDER THIS STEP FOR CHILDREN WITH:	wheezing and no or few interval symptoms	Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.	Asthma diagnosis, and asthma not well-controlled on low dose ICS Before stepping up, check f check inhaler skills, review	



< 5 ans Exclude alternative diagnoses Symptom control & modifiable

Asthma medication Adjust treatment up and individual child's needs		STEP 2	STEP 3	STEP 4
PREFERRED CONTROLLER CHOICE	STEP 1			
Other controller options (limited indications, or less evidence for efficacy or safety)	Consider intermittent short course ICS at onset of viral illness			
RELIEVER		As-needed short-a	cting beta ₂ -agonist	
CONSIDER THIS STEP FOR CHILDREN WITH:	Infrequent viral wheezing and no or few interval symptoms			



< 5 ans Exclude alternative diagnoses

Exclude alternative diagnoses Symptom control & modifiable risk factors Comorbidities Inhaler technique & adherence Parent preferences and goals

Asthma medication options: STEP 4 Adjust treatment up and down for individual child's needs STEP 3 STEP 2 STEP 1 **PREFERRED** Daily low dose inhaled corticosteroid (ICS) CONTROLLER (see table of ICS dose ranges for pre-school children) CHOICE Other controller options Daily leukotriene receptor antagonist (LTRA), or (limited indications, or intermittent short course of ICS at onset of less evidence for efficacy respiratory illness or safety) As-needed short-acting beta2-agonist **RELIEVER** CONSIDER Symptom pattern not consistent with asthma but wheezing THIS STEP FOR episodes requiring SABA occur frequently, e.g. ≥3 per year. **CHILDREN WITH:** Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.



< 5 ans Exclude alternative diagnoses

Symptom control & modifiable risk factors
Comorbidities
Inhaler technique & adherence Parent preferences and goals

Asthma medication options: STEP 4 Adjust treatment up and down for individual child's needs STEP 3 STEP 2 Double 'low STEP 1 **PREFERRED** dose' ICS CONTROLLER CHOICE Other controller options Low dose ICS + LTRA (limited indications, or Consider specialist less evidence for efficacy referral or safety) As-needed short-acting beta₂-agonist **RELIEVER CONSIDER** Asthma diagnosis, and THIS STEP FOR asthma not well-controlled **CHILDREN WITH:** on low dose ICS Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures



< 5 ans Exclude alternative diagnoses

Exclude alternative diagnoses
Symptom control & modifiable
risk factors
Comorbidities
Inhaler technique & adherence
Parent preferences and goals

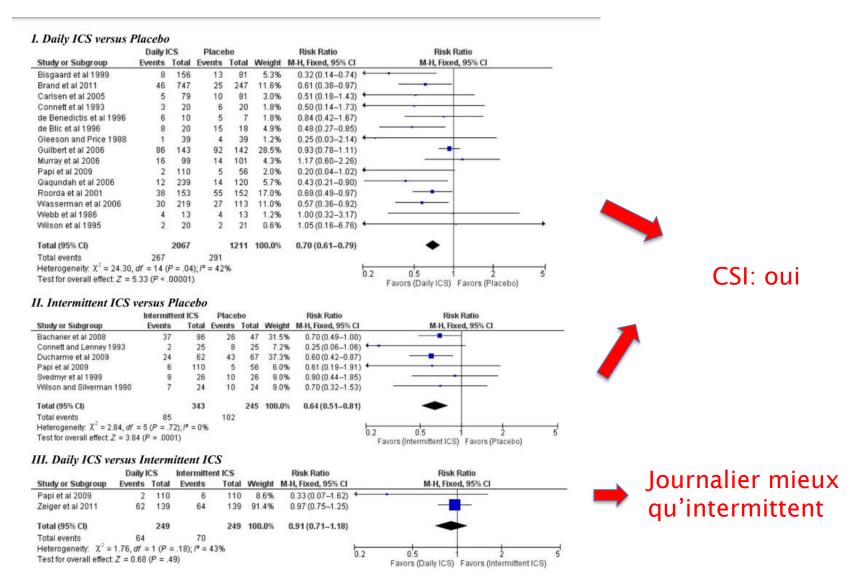
Asthma medication options: STEP 4 Adjust treatment up and down for individual child's needs STEP 3 Continue controller & refer STEP 2 for specialist STEP 1 **PREFERRED** assessment CONTROLLER CHOICE Other controller options Add LTRA. or increase (limited indications, or ICS frequency, or add less evidence for efficacy intermittent ICS or safety) As-needed short-acting beta2-agonist **RELIEVER CONSIDER** Asthma not THIS STEP FOR well-controlled **CHILDREN WITH:** on double ICS Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures



< 5 ans

Asthma medication Adjust treatment up and	•			STEP 4
individual child's needs		STEP 2	STEP 3 Double 'low	Continue controller & refer
PREFERRED CONTROLLER CHOICE	STEP 1	Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for pre-school children)	dose' ICS	for specialist assessment
Other controller options (limited indications, or less evidence for efficacy or safety)	Consider intermittent short course ICS at onset of viral illness	Daily leukotriene receptor antagonist (LTRA), or intermittent short course of ICS at onset of respiratory illness	Low dose ICS + LTRA Consider specialist referral	Add LTRA, or increase ICS frequency, or add intermittent ICS
RELIEVER		As-needed short-a	acting beta ₂ -agonist	
CONSIDER THIS STEP FOR CHILDREN WITH:	Infrequent viral wheezing and no or few interval	Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. Consider specialist referral.	Asthma diagnosis, and asthma not well-controlled on low dose ICS	Asthma not well-controlled on double ICS
	symptoms	Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.	Before stepping up, check f check inhaler skills, review	

Prévention d'exacerbation sévère chez wheezer récurrent : quel traitement de Cortiostéroids inhalés?



Wheezing intermittent wheezer induit par les virus: quel traitement de Cortiostéroids inhalés?

I. Daily ICS versus Placebo

	Daily I	ICS	Place	bo		Risk Ratio		Risk	Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% CI		M-H, Fixe	d, 95% CI	
Wilson et al 1995	2	20	2	21	100.0%	1.05 (0.16–6.76)	—		-	→
Total (95% CI)		20		21	100.0%	1.05 (0.16-6.76)				
Total events	2		2							
Heterogeneity: Not a	pplicable						0.2	0.5	1	
Test for overall effect	: Z = .05 (P = .96	5)				200	vors (Daily ICS)	Favors (F	Placebo)

II. Intermittent ICS versus Placebo

	Intermitter	nt ICS	Place	bo		Risk Ratio	Risk Ratio		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% CI	M-H, Fixed, 95% CI		
Bacharier et al 2008	37	96	26	47	33.5%	0.70 (0.49-1.00)		_	
Connett and Lenney 1993	2	25	8	25	7.7%	0.25 (0.06-1.06)	• • • • • • • • • • • • • • • • • • • 		
Ducharme et al 2009	24	62	43	67	39.7%	0.60 (0.42-0.87)			
Svedmyr et al 1999	9	26	10	26	9.6%	0.90 (0.44-1.85)			CSI: oui
Wilson and Silverman 1990	7	24	10	24	9.6%	0.70 (0.32-1.53)	-		CSI. Oui
Total (95% CI)		233		189	100.0%	0.65 (0.51-0.81)	•		
Total events	79		97				0.499-020		
Heterogeneity: $\chi^2 = 2.83$, df =	= 4 (P = .59);	F = 0%						ľ	
Test for overall effect: $Z = 3.7$	75 (P = .0002))					0.2 0.5 1 2 5		
	,						Favors (Intermittent ICS) Favors (Placebo)		

III. Daily ICS versus Intermittent ICS

	Daily I	CS	Intermitte	nt ICS		Risk Ratio	Risk Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Fixed, 95% CI	M-H, Fixed, 95% CI	lournalier mious
Zeiger et al 2011	62	139	64	139	100.0%	0.97 (0.75–1.25)		Journalier mieux
Total (95% CI)		139		139	100.0%	0.97 (0.75-1.25)	→	qu'intermittent ??
Total events	62		64					•
Heterogeneity: Not as	pplicable						02 05 5	
Test for overall effect	t: Z = .24	P = .8	1)				Favors (Dailly ICS) Favors (Intermittent ICS)	



[Intervention Review]

Inhaled corticosteroids in children with persistent asthma: effects on growth

25 études analysées avec 8'471 enfants Asthme léger persistant

- <18 ans avec au moins 3 mois de traitement avec CSI</p>
- > CSI à petites ou moyennes doses journalières

- Perte de 0.48 cm/ans dans la vitesse de croissance et 0.61 cm sur un an de croissance
- Effet maximum la première année avec possibilité rattrapage dans la majorité des cas
- ➤ Une étude avec 400 mcg de Budesonide journalier pendant 4,3 ans montre une perte à l'âge adulte de 1,2 cm (Kelly et al, NEJM 2012)





Vostss

Personalized asthma management:

Assess, Adjust, Review

Symptoms
Exacerbations
Side-effects
Lung function
Child and parent
satisfaction

REVIEN

Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

Treatment of modifiable risk factors & comorbidities Non-pharmacological strategies Asthma medications (adjust down or up) Education & skills training

Refer for phenotypic assessment ± higher dose ICS-LABA or add-on therap

STEP 5

Asthma medication options:

Adjust treatment up and down for individual child's needs

PR	EFE	RR	ED
CO	NT	ROL	LER

to prevent exacerbations and control symptoms

Other controller options (limited indications, or less evidence for efficacy or safety)

RELIEVER

STEP 1 Low dose ICS taken whenever SABA taken	STEP 2 Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for children)	STEP 3 Low dose ICS- LABA, OR medium dose ICS, OR very low dose* ICS-formoterol maintenance and reliever (MART)	Medium dose ICS-LABA, OR low dose† ICS-formoterol maintenance and reliever therapy (MART). Refer for expert advice	ICS-LABA or add-on therapy, e.g. anti-IgE, anti-IL4R
Consider daily low dose ICS	Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken	Low dose ICS + LTRA	Add tiotropium or add LTRA	Add-on anti-IL5 or, as last resort, consider add-on low dose OCS, but consider side-effects

As-needed short-acting beta₂-agonist (or ICS-formoterol reliever in MART in Steps 3 and 4)

*Very low dose: BUD-FORM 100/6 mcg

STEP 4

†Low dose: BUD-FORM 200/6 mcg (metered doses).





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

Asthma madication	antions				STEP 5
Asthma medication Adjust treatment up and individual child's needs			STEP 3	STEP 4	
PREFERRED CONTROLLER to prevent exacerbations and control symptoms	STEP 1 Low dose ICS taken whenever SABA taken	STEP 2			
Other controller options (limited indications, or less evidence for efficacy or safety)	Consider daily low dose ICS				
RELIEVER		As-needed short-acting beta ₂ -agonist (or ICS-formote	rol reliever in MART in S	Steps 3 and 4)	

*Very low dose: BUD-FORM 100/6 mcg *Low dose: BUD-FORM 200/6 mcg (metered doses





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

Asthma medication Adjust treatment up and	_			STEP 4	STEP 5
individual child's needs		STEP 2	STEP 3		
PREFERRED CONTROLLER to prevent exacerbations and control symptoms	STEP 1	Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for children)			
Other controller options (limited indications, or less evidence for efficacy or safety)		Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken			
RELIEVER		As-needed short-acting beta ₂ -agonist (or ICS-formore	terol reliever in MART in	Steps 3 and 4)	

*Very low dose: BUD-FORM 100/6 mcg *Low dose: BUD-FORM 200/6 mcg (metered doses





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

					STEP 5
Asthma medication Adjust treatment up and				STEP 4	
individual child's needs			STEP 3		
PREFERRED CONTROLLER to prevent exacerbations and control symptoms	STEP 1	STEP 2	Low dose ICS- LABA, OR medium dose ICS, OR very low dose* ICS-formoterol maintenance and reliever (MART)		
Other controller options (limited indications, or less evidence for efficacy or safety)			Low dose ICS + LTRA		
RELIEVER		As-needed short-acting beta ₂ -	agonist (or ICS-formoterol reliever in MART in	Steps 3 and 4)	

*Very low dose: BUD-FORM 100/6 mcg *Low dose: BUD-FORM 200/6 mcg (metered doses





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

					STEP 5
Asthma medication Adjust treatment up and individual child's needs			STEP 3	STEP 4 Medium dose	
PREFERRED CONTROLLER to prevent exacerbations and control symptoms	STEP 1	STEP 2		ICS-LABA, OR low dose† ICS-formoterol maintenance and reliever therapy (MART). Refer for expert advice	
Other controller options (limited indications, or less evidence for efficacy or safety)				Add tiotropium or add LTRA	
RELIEVER		As-needed short-acting beta ₂ -ago	nist (or ICS-formoterol reliever in MART	in Steps 3 and 4)	

*Very low dose: BUD-FORM 100/6 mcg †Low dose: BUD-FORM 200/6 mcg (metered doses





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

Asthma medication				STEP 4	Refer for phenotypic assessment
Adjust treatment up and individual child's needs PREFERRED CONTROLLER to prevent exacerbations and control symptoms	STEP 1	STEP 2	STEP 3		± higher dose ICS-LABA or add-on therapy, e.g. anti-IgE, anti-IL4R
Other controller options (limited indications, or less evidence for efficacy or safety)					Add-on anti-IL5 or, as last resort, consider add-on low dose OCS, but consider side-effects
RELIEVER	As-needed short-acting beta ₂ -agonist (or ICS-formoterol reliever in MART in Steps 3 and 4)				

*Very low dose: BUD-FORM 100/6 mcg *Low dose: BUD-FORM 200/6 mcg (metered doses)





Personalized asthma management:

Assess, Adjust, Review

Symptoms Exacerbations Side-effects Lung function Child and parent satisfaction

Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Child and parent preferences and goals

Treatment of modifiable risk factors & comorbidities Non-pharmacological strategies

Asthma medications (adjust down or up)

STEP 4

Medium dose

ICS-LABA.

advice

Add tiotropium

or add LTRA

Education & skills training

Asthma medication options:

Adjust treatment up and down for individual child's needs

PREFERRED CONTROLLER

to prevent exacerbations and control symptoms

Other controller options (limited indications, or less evidence for efficacy or safety)

STEP 1

Low dose ICS taken whenever SABA taken

Consider daily low dose ICS

STEP 2

Daily low dose inhaled corticosteroid (ICS) (see table of ICS dose ranges for children)

REVIEW

Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken

STEP 3

Low dose ICS-OR low dose[†] LABA. OR medium ICS-formoterol dose ICS. OR maintenance very low dose* and reliever **ICS-formoterol** therapy (MART). maintenance and Refer for expert reliever (MART)

Low dose ICS + LTRA STEP 5

Refer for phenotypic assessment ± higher dose ICS-LABA or add-on therapy, e.g. anti-IgE, anti-IL4R

Add-on anti-IL5 or, as last resort, consider add-on low dose OCS, but consider side-effects

RELIEVER

As-needed short-acting beta₂-agonist (or ICS-formoterol reliever in MART in Steps 3 and 4)

*Very low dose: BUD-FORM 100/6 mcg †Low dose: BUD-FORM 200/6 mca (metered doses).





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Patient preferences and goals

Symptoms Exacerbations Side-effects Lung function

REVIEL ADJUST Patient satisfaction

Treatment of modifiable risk factors and comorbidities Non-pharmacological strategies Asthma medications (adjust down/up/between tracks)

Education & skills training

CONTROLLER and **PREFERRED RELIEVER**

(Track 1). Using ICS-formoterol as reliever reduces the risk of exacerbations compared with using a SABA reliever

STEPS 1 - 2

STEP 1

SABA taken

Take ICS whenever

As-needed low dose ICS-formoterol

STEP 3

Low dose maintenance ICS-formoterol STEP 4

Medium dose maintenance **ICS-formoterol**

high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R,

anti-IL4R, anti-TSLP

Refer for assessment

of phenotype. Consider

RELIEVER: As-needed low-dose ICS-formoterol

See GINA severe asthma guide

CONTROLLER and **ALTERNATIVE RELIEVER**

(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

STEP 2

Low dose maintenance ICS STEP 3

Low dose maintenance **ICS-LABA**

STEP 4 Medium/high

dose maintenance **ICS-LABA**

STEP 5

STEP 5 Add-on LAMA

Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-lgE, anti-IL5/5R, anti-IL4R, anti-TSLP

RELIEVER: As-needed short-acting beta2-agonist

Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT

Medium dose ICS, or add LTRA, or add HDM SLIT

Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS

Add azithromycin (adults) or LTRA. As last resort consider adding low dose OCS but consider side-effects





Side-effects

Lung function

Patient satisfacti

ADJUST

Treatment of modifiable risk factors and comorbidities

Non-pharmacological strategies

Aethma modicatione (adjust down/un/hotwoon tracks)

CONTROLLER and PREFERRED RELIEVER

(Track 1). Using ICS-formoterol as reliever reduces the risk of exacerbations compared with using a SABA reliever

STEPS 1 - 2

As-needed low dose ICS-formoterol

STEP 3

Low dose maintenance ICS-formoterol

STEP 4

Medium dose maintenance ICS-formoterol

STEP 5

Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R, anti-IL4R, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol

CONTROLLER and ALTERNATIVE RELIEVER (Track 2). Before considering a

(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

STEP

Low dose maintenance ICS

Low dose maintenance

Medium/high dose maintenance CS-LABA of phenotype. Consider igh dose maintenance CS-LABA, ± anti-IgE, inti-IL5I.P.

RELIEVER: As-needed short-acting beta2-agonist

Low dose ICS whenever SABA taken, or daily LTRA or add HDM SLIT ledium dose ICS, or dd LTRA, or add IDM SLIT Add LAMA or LTRA or HDM SLIT, or switch to righ dose ICS Add azithromycin (adults) or LTRA. As last resort consider adding low dose OCS but consider side-effects





Side-effects
Lung function
Patient satisfacti

ADJUST

Treatment of modifiable risk factors and comorbidities Non-pharmacological strategies Asthma medications (adjust down/up/between tracks, Education & skills training

CONTROLLER and
PREFERRED RELIEVER
(Trook 1) Using ICS formatoral

STEPS 1 – 2 As-needed low dose ICS-formate STEP 3
Low dose
maintenance
ICS-formoterol

Medium dose maintenance CS-formoterol

STEP 4

Add-on LAMA
Refer for assessment
of phenotype. Consider
high dose maintenance
ICS-formoterol,
± anti-lgE, anti-IL5/5R.

CONTROLLER and ALTERNATIVE RELIEVER

(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller

STEP 1

Take ICS whenever SABA taken

STEP 2

Low dose maintenance ICS

STEP 3

Low dose maintenance ICS-LABA

Medium/high dose maintenance ICS-LABA

STEP 5

Add-on LAMA
Refer for assessment
of phenotype. Consider
high dose maintenance
ICS-LABA, ± anti-IgE,
anti-IL5/5R, anti-IL4R,
anti-TSLP

RELIEVER: As-needed short-acting beta2-agonist

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

Low dose ICS whenever SABA taken, or daily LTF or add HDM SLIT ledium dose ICS, or dd LTRA, or add IDM SLIT Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS Add azithromycin (adults) or .TRA. As last resort consider adding low dose OCS but consider side-effects





Side-effects
Lung function
Patient satisfaction

ADJUST

Asthma medications (adjust down/up/between tracks, Education & skills training)

CONTROLLER and PREFERRED RELIEVER (Track 1). Using ICS-formoter as reliever reduces the risk of exacerbations compared with

STEPS 1 - 2 As-needed low dose ICS-formotero STEP 3
Low dose
naintenance
CS-formoterol

Medium dose maintenance ICS-formoterol

Add-on LAMA
Refer for assessment
of phenotype. Consider
high dose maintenance
ICS-formoterol,
± anti-IgE, anti-IL5/5R,
anti-IL4R. anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol

See GINA severe

CONTROLLER and ALTERNATIVE RELIEVER

STEP 1

STEP 2

Low dose maintenance Medium/high dose maintenance CS-LABA Add-on LAMA
Refer for assessment
of phenotype. Conside
high dose maintenant

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT Medium dose ICS, or add LTRA, or add HDM SLIT Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS Add azithromycin (adults) or LTRA. As last resort consider adding low dose OCS but consider side-effects





Confirmation of diagnosis if necessary Symptom control & modifiable risk factors (see Box 2-2B) Comorbidities Inhaler technique & adherence Patient preferences and goals

REVIEN Symptoms Exacerbations Side-effects Lung function Patient satisfaction

Treatment of modifiable risk factors and comorbidities Non-pharmacological strategies Asthma medications (adjust down/up/between tracks)

Education & skills training

CONTROLLER and **PREFERRED RELIEVER**

as reliever reduces the risk of exacerbations compared with using a SABA reliever

STEP 3

ADJUST

Low dose maintenance ICS-formoterol STEP 4 Medium dose maintenance

ICS-formoterol

Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R,

anti-IL4R, anti-TSLP

STEP 5

(Track 1). Using ICS-formoterol

As-needed low dose ICS-formoterol

RELIEVER: As-needed low-dose ICS-formoterol

CONTROLLER and **ALTERNATIVE RELIEVER**

(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

STEP 1

Take ICS whenever SABA taken

STEPS 1 - 2

STEP 2

Low dose maintenance ICS STEP 3

Low dose maintenance **ICS-LABA**

STEP 4 Medium/high

dose maintenance **ICS-LABA**

STEP 5

Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-lgE, anti-IL5/5R, anti-IL4R, anti-TSLP

RELIEVER: As-needed short-acting beta2-agonist

Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT

Medium dose ICS, or add LTRA, or add HDM SLIT

Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS

Add azithromycin (adults) or LTRA. As last resort consider adding low dose OCS but consider side-effects

See GINA severe asthma guide

Et les traitements biologiques ?

TAI	TABLEAU 1 Traitements biologiques		liatriques		
	Oma	lizumab	Dupilumab	Mépolizumab	
Nom commercial	commercial Xolair		Dupixent	Nucala	
Cible	IgE		IL-4Rα	IL-5	
Âge	Dès e	5 ans	Dès 6 ans	Dès 12 ans	
Asthme sévère avec sensibilisation aux allergènes respiratoires (prick test positif ou présence d'IgE spécifiques)		gènes respiratoires (prick test	Asthme sévère avec éosinophilie ≥ 0,15 G/l	Asthme sévère avec éosinophilie ≥ 0,15 G/I lors de l'instauration du traitement ou ≥ 0,3 G/I dans les 12 derniers mois	
d'administration par voie sous-cu		600 mg, toutes les 2 à 4 semaines, roie sous-cutanée, en fonction du sérique d'IgE et du poids du patient	100 à 600 mg, toutes les 2 ou 4 semaines, par voie sous-cutanée, en fonction de l'âge du poids et de l'association éventuelle à une dermatite ato- pique ou une polypose naso-sinusienne	100 mg toutes les 4 semaines	
ffets attendus Diminution du nombre d'exacerbations		nution du nombre d'exacerbations	Diminution du nombre d'exacerbations et amélioration de la fonction pulmonaire	Diminution du nombre d'exacerbation	



