

December 12, 2005

Memorandum

To: Family Physicians, General Internists, Pediatricians, Pulmonologists, Adult Primary Care Nurse Clinicians

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)
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Subject: **UMHS Clinical Care Guideline Update: Asthma**

This guideline is consistent with the National Heart, Lung, and Blood Institute *Guidelines for the Diagnosis and Management of Asthma* (1997) and is adapted for local use.

What's New!



- Patient self-management receives even greater emphasis throughout the guideline.
- The drug tables have been verified and prices brought up to current information as of 6/30/05.
- Osteopenia is a concern with inhaled corticosteroids in the adult population and increases with dose and duration of use. Patients who need to take high doses of inhaled corticosteroids long-term may need prophylactic measures to prevent osteoporosis.
- A new section on management in pregnancy has been added. Good control is important for both maternal well-being and optimal fetal growth. Beta-agonists, cromolyn, and inhaled corticosteroids are safe in pregnancy. Systemic steroid use and theophylline in high doses are associated with adverse pregnancy outcomes. Few data are available about antileukotrienes in pregnancy.
- The new "asthma action plan" document template is located at www.med.umich.edu/mcit/carewebwe/help/gentemplates.html under Disease Management.
- A pediatric home asthma management program will be available through Michigan Visiting Nurses (MVN) starting late January. The program will include environmental assessment, medication evaluation, and identifying and assisting with barriers to compliance. The program will be particularly helpful to pediatric patients with asthma that is difficult to control (e.g., recent hospitalizations/ER visits). Referrals to MVN home care can be made through the UMHS Home Care and Transition Services page (www.med.umich.edu/homecare/). The health care provider should indicate in the "services needed" text box "Home Asthma Program".

Key aspects. Key aspects of care include:



- A high index of suspicion for asthma is essential. A history of both symptoms and symptom triggers should be obtained.
- Objective evaluation of airflow obstruction is key to the diagnosis, classification, and management of the disease. Goals of treatment should include not only symptomatic relief, but normalization of lung function.
- Therapy should focus on long-term suppressive therapy. Anti-inflammatory agents (in particular inhaled corticosteroids) are the cornerstones of therapy for moderately and severely affected patients. Inhaled β_2 -agonists should represent "rescue" agents in most instances.
- Patient self-management is critical to successful treatment. Patient education should emphasize how to identify and avoid environmental triggers of asthma and smoking cessation. Patients with moderate or severe asthma should be able to measure their peak expiratory flow rate (PEFR) at home and modify their therapy or seek help based on their performance relative to their personal best peak flow value. Structured asthma education programs should be considered.

Patient education material. Two patient education sheets:



- "Asthma" www.med.umich.edu/1libr/guides/asthma.htm
- "Peak Flow Meter" www.med.umich.edu/1libr/guides/asthazone.htm
- In spring 2006, UMHS will provide a new patient asthma education booklet, a peak flow charting booklet, and an expanded asthma education website.