

STEP DOWN GUIDE

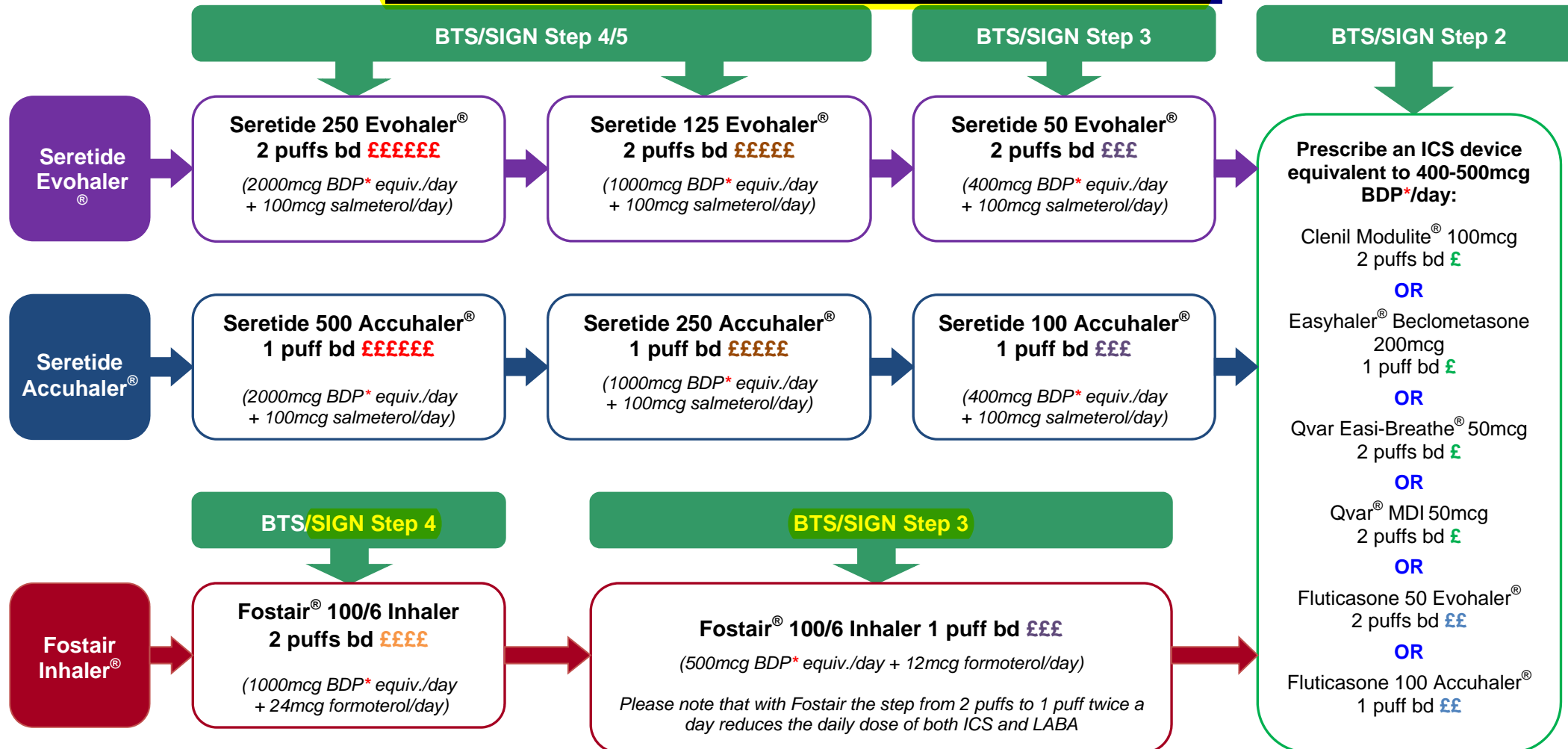
IMPORTANT

- Complete asthma control needs to be achieved for at least 24 weeks before attempting to step patients down
- Stepping patients down before 24 weeks of complete asthma control can lead to exacerbations and hospital admissions

When stepping patients down or switching therapy, the patient and clinician should decide jointly

- Keep device changes to a minimum
- Consider the beclometasone dipropionate (BDP) equivalence of different inhaler devices if changing device (see over)
- When ACT is at good control level (>22, but ideally 25) and stable for a minimum of 6 months, consider stepping down.
- Consider reducing add-on therapies (e.g. montelukast, oral prednisolone) before reducing ICS
- If not taking add-on therapies, consider reducing inhaled corticosteroids (ICS) dose by 25-50%.
- When reducing ICS clinicians should remember that patients deteriorate at different rates.
- If asthma is controlled with a combination ICS/long-acting beta2 agonist (LABA) inhaler, reduce ICS by about 50% whilst continuing the LABA at the same dose.

Asthma Step-down Guide: Seretide[®] and Fostair[®]



Asthma Step-down Guide – Symbicort Turbohaler®

Note: all doses are for asthma maintenance therapy, not asthma maintenance and reliever therapy (e.g. not the SMART® regime)

