

All About Asthma

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Press Release

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National Asthma Guidelines Updated

New Approaches for Monitoring Asthma Control, Expanded Recommendations for Children

The National Asthma Education and Prevention Program (NAEPP) released on August 29, 2007 its first comprehensive update in a decade of clinical guidelines for the diagnosis and management of asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma.

Updated recommendations for managing asthma include an expanded section on childhood asthma with an additional age group, new guidance on medications, new recommendations on patient education in settings beyond the physician's office and new advice for controlling environmental factors that can cause asthma symptoms.

“Asthma is one of the most common health problems in the United States - and it can significantly affect patients’ lives - at school, at work, at play, and at home,” said NHLBI Director Elizabeth G. Nabel, M.D. “It is essential that asthma patients benefit from the best available scientific evidence, and these guidelines bring such evidence to clinical practice.”

Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Full Report, 2007 provides new guidance for selecting treatment based on a patient’s individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled, the condition can change over time and differs

among individuals and by age groups. Thus, it is important to monitor regularly the patient’s level of asthma control so that treatment can be adjusted as needed. Key features and changes to these four components of asthma care include:

- **Assessment and Monitoring:** EPR-3 takes a new approach to assessing and monitoring asthma.
- **Patient Education.** EPR-3 confirms the importance of teaching patients to self-monitor and manage asthma.
- **Control of environmental factors and other conditions that can affect asthma.** EPR-3 describes new

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evidence for using multiple approaches to limit exposure to allergens and other substances that can worsen asthma.

- **Medications.** EPR-3 continues the use of a stepwise approach to control asthma.

EPR-3 also reaffirms that inhaled corticosteroids are the most effective long-term control medication across all age groups. EPR-3 includes new recommendations on treatment options such as leukotriene receptor antagonists and cromolyn for long term control; long acting beta agonists as adjunct therapy with inhaled corticosteroids; omalizumab for severe asthma; and albuterol, levalbuterol, and corticosteroids for acute exacerbations.

All symptoms of asthma should be vigilantly monitored, assessed, and treated until the disease is well under control, according to the first major overhaul of asthma guidelines in a decade. Tight daily control is achievable, and would allow every person with the airway disease to lead a full and active life. “We should accept nothing less,” said Dr. Elizabeth G. Nabel, director of the National Heart, Lung, and Blood Institute of the National Institutes of Health, which coordinated the guideline writing effort through its National Asthma Education and Prevention Program (NAEPP).

This emphasis on close monitoring and control to improve quality of life and to prevent

exacerbations is the cornerstone of the newly updated guidelines. Previous versions focused more on diagnosis and treatment options. The new recommendations emphasize tailoring treatment based on an individual's needs and level of control. For day-to-day practice that means closer attention to how often patients are using their bronchodilator and how often their activities are interrupted by their asthma. This focus will minimize related impairment considerably.

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