

# National Asthma Control Initiative

The National Heart, Lung, and Blood Institute Launches New Effort to Put What Works into Action

## The Challenge

Today, 23 million people in the United States have asthma, including seven million children under 18 years of age. More than half of these individuals had at least one asthma attack in the previous year.

Asthma accounts for more than 10 million missed work days and almost 13 million missed school days each year. Moreover, ethnic and racial disparities in asthma morbidity and mortality persist, as does the disproportionate burden of asthma on individuals who live in lower-income, inner-city environments.

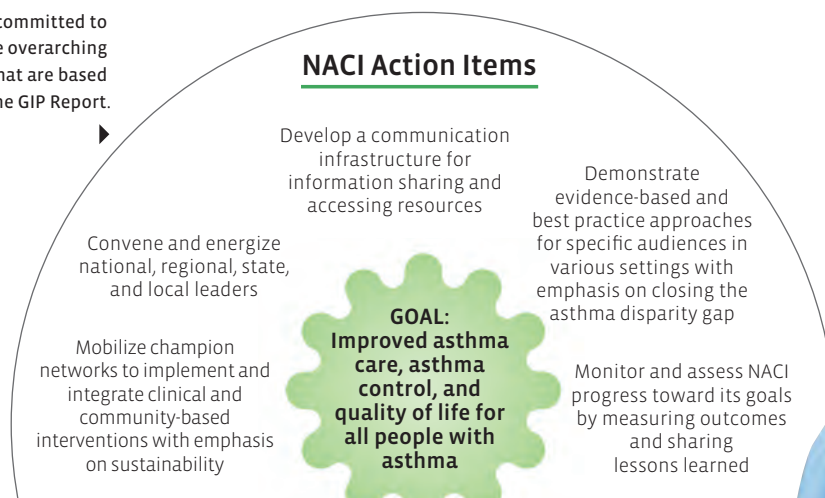
Implementing evidence-based clinical practice guidelines for asthma has demonstrated effectiveness. Yet, getting most clinicians to implement guidelines-based care for their patients with asthma and getting patients to adhere to their treatment plan remain a challenge.



## Moving from Evidence to Action

The National Asthma Control Initiative (NACI) is a new initiative of the National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute (NHLBI). The NACI aims to use the recommendations of the NAEPP's Expert Panel Report 3 (EPR-3)—Guidelines for the Diagnosis and Management of Asthma and its companion Guidelines Implementation Panel (GIP) Report to mobilize multisector stakeholders and bring about meaningful change in asthma clinical care practices and quality of life for people who have asthma.

The NHLBI is committed to supporting five overarching action items that are based on the GIP Report.



## GIP Priority Messages

The NACI will build on the GIP's six priority messages, selected for their feasibility and potential to positively impact patient outcomes:

1. Use inhaled corticosteroids
2. Use asthma action plans
3. Assess asthma severity
4. Assess and monitor asthma control
5. Schedule follow-up visits
6. Control environmental exposures



## Get Involved:

To learn more about the NACI, sign up for NACI updates, or become a NACI champion, go to the NACI Web site at <http://naci.nhlbi.nih.gov>

# Summary of GIP Priority Messages and the Underlying EPR-3 Recommendations

## Message: Use Inhaled Corticosteroids

Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma, and should be utilized by patients and clinicians as is recommended in the guidelines for control of asthma.

**EPR-3 Recommendation:** The Expert Panel recommends that long-term control medications be taken on a long-term basis to achieve and maintain control of persistent asthma, and that inhaled corticosteroids (ICS) are the most potent and consistently effective long-term control medication for asthma (Evidence A).

## Message: Assess and Monitor Asthma Control

At planned follow-up visits, asthma patients should review level of control with their health care provider based on multiple measures of current impairment and future risk in order to guide clinician decisions to either maintain or adjust therapy.

**EPR-3 Recommendation:** The Expert Panel recommends that every patient who has asthma be taught to recognize symptom patterns and/or Peak Expiratory Flow (PEF) measures that indicate inadequate asthma control and the need for additional therapy (Evidence A), and that control be routinely monitored to assess whether the goals of therapy are being met – that is, whether impairment and risk are reduced (Evidence B).

## Message: Use Asthma Action Plans

All people who have asthma should receive a written asthma action plan to guide their self-management efforts.

**EPR-3 Recommendation:** The Expert Panel recommends that all patients who have asthma be provided a written asthma action plan that includes instructions for: (1) daily treatment (including medications and environmental controls), and (2) how to recognize and handle worsening asthma (Evidence B).

## Message: Schedule Follow-up Visits

Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals in order to assess their asthma control and modify treatment if needed.

**EPR-3 Recommendation:** The Expert Panel recommends that monitoring and follow up is essential (Evidence B), and that the stepwise approach to therapy—in which the dose and number of medications and frequency of administration are increased as necessary (Evidence A) and decreased when possible (Evidence C, D) be used to achieve and maintain asthma control.

## Message: Assess Asthma Severity

All patients should have an initial severity assessment based on measures of current impairment and future risk in order to determine type and level of initial therapy needed.

**EPR-3 Recommendation:** The Expert Panel recommends that once a diagnosis of asthma is made, clinicians classify asthma severity using the domains of current impairment (Evidence B) and future risk (Evidence C, D) for guiding decisions in selecting initial therapy.

*Note:* While there is not strong evidence from clinical trials for determining therapy based on the domain of future risk, the Expert Panel considers that this is an important domain for clinicians to consider due to the strong association between history of exacerbations and the risk for future exacerbations.

## Message: Control Environmental Exposures

Clinicians should review each patient's exposure to allergens and irritants and provide a multipronged strategy to reduce exposure to those allergens and irritants to which a patient is sensitive and exposed, i.e., that make the patient's asthma worse.

**EPR-3 Recommendation:** The Expert Panel recommends that patients who have asthma at any level of severity be queried about exposure to inhalant allergens, particularly indoor inhalant allergens (Evidence A) and tobacco smoke and other irritants (Evidence C), and be advised as to their potential effect on the patient's asthma. The Expert Panel recommends that allergen avoidance requires a multifaceted, comprehensive approach that focuses on the allergens and irritants to which the patient is sensitive and exposed—individual steps alone are generally ineffective (Evidence A).

## Resources:

Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma: [www.nhlbi.nih.gov/guidelines/asthma](http://www.nhlbi.nih.gov/guidelines/asthma)

Guidelines Implementation Panel Report: [www.nhlbi.nih.gov/guidelines/asthma/gip\\_rpt.htm](http://www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm)

Asthma public education materials: [www.nhlbi.nih.gov/health/public/lung/index.htm](http://www.nhlbi.nih.gov/health/public/lung/index.htm)

Source: National Asthma Education and Prevention Program Guidelines Implementation Panel Report: Partners Putting Guidelines Into Action



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