FIGURE 1

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

MESSAGE: Inhaled Corticosteroids
Inhaled corticosteriods 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 (ICSs) are the most potent and consistently effective long-term control medication for asthma. (Evidence A).

MESSAGE: Asthma Control
At planned followup 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: Asthma Action Plan
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: Followup Visits
Patients who have asthma should be scheduled for planned followup 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: 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, and 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: Allergen and Irritant Exposure Control
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), 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 senstitive and exposed – individual steps alone are generally ineffective (Evidence A).

* At least one GIP priority message was selected to correlate with each of the four components of asthma care of the EPR-3:

1) Medications — Inhaled Corticosteroids
2) Education for a Patient/Provider Partnership — Asthma Action Plan
3) Assessment and Monitoring — Asthma Severity; Asthma Control; Followup Visits
4) Control of Environmental Factors — Allergen and Irritant Exposure Control