On-going management of established asthma

Routine Assessments
- Symptom reports
- Exacerbation history
- Lung function measurements
- Patient reports

Introduce FeNO assessment

Low FeNO levels
Adults: <25ppb
Children: <20ppb

- Symptomatic
  - Consider other diagnoses
  - Consider adding a non-ICS therapy
  - Evaluate ICS adherence
  - Follow-up within 4 weeks to ensure:
    - No increase in FeNO level
    - No loss of asthma control

- Asymptomatic
  - Consider ICS dose reduction
  - Consider ICS dose withdrawal if on low-dose ICS

Intermediate FeNO levels
Adults: 25–50ppb
Children: 20–35ppb

- Symptomatic
  - Optimise existing therapy
    - Evaluate inhaler technique
    - Evaluate ICS adherence
  - Consider ICS dose increase or small molecule ICS
  - Consider also adding non-ICS therapy to optimise inflammatory control (e.g. LTRA)

- Asymptomatic
  - Optimise existing therapy
    - Evaluate inhaler technique
    - Evaluate ICS adherence
  - ICS dosing:
    - Initially: no change
    - If stable FeNO for 3–6 months: consider step-down with follow-up within 4 weeks

High FeNO levels
Adults: >50ppb
Children: >35ppb

- Symptomatic
  - Optimise existing therapy
    - Evaluate inhaler technique
    - Evaluate ICS adherence
  - Consider ICS dose increase or small molecule ICS
  - Consider also adding non-ICS therapy to optimise inflammatory control (e.g. LTRA)

- Asymptomatic
  - Optimise existing therapy
    - Evaluate inhaler technique
    - Evaluate ICS adherence
  - Consider:
    - Continuing on existing ICS dose
    - Establishing patient’s baseline, i.e. a trial of increased ICS or short course of oral steroids.
    - If high FeNO baseline is confirmed (and disease remains stable) consider cautious step-down, with follow-up within 4 weeks