



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [General Principles for the Diagnosis and Management of Asthma](#)

Released: July 2020

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Assessment and monitoring

- If suspected or confirmed COVID-19, avoid nebulizers and spirometry.

Control environmental factors and comorbid conditions

- Recommend measures to control exposures to allergens (dust, mold, pollen), smoke, pollutants, or other irritants (perfumes, chemicals) that make asthma worse.
- Consider allergen immunotherapy for patients with persistent asthma and when there is clear evidence of a relationship between symptoms and exposure to an allergen (dust, mold, pollen, pets) to which the patient is sensitive.
- Treat relevant conditions (e.g. gastroesophageal reflux/laryngotracheal reflux, allergic bronchopulmonary aspergillosis, obesity, obstructive sleep apnea, rhinitis and sinusitis, chronic stress or depression, vocal cord dysfunction, especially in adolescent females).

Medications

- Inhaled short-acting beta agonist and/or inhaled corticosteroids (ICS), for intermittent asthma.

Referral

- Consider referral to an asthma specialist for consultation or co-management if there are difficulties achieving or maintaining control, if immunotherapy or biologics is considered, if additional testing is indicated, if the patient required 2 bursts of oral corticosteroids in the past year or a hospitalization, or if the diagnosis is in doubt.