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

Control environmental factors and comorbid conditions
  o  Recommend measures to control exposures to allergens (dust, mold, pollen), smoke, pollutants, or other irritants (perfumes, chemicals) that make asthma worse.
  o  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.
  o  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
  o  Inhaled short-acting beta agonist and/or inhaled corticosteroids (ICS), for intermittent asthma.

Referral
  o  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.