



## Summary of stepwise management in children less than 5 years

MOVE UP TO IMPROVE CONTROL AS NEEDED

Refer to secondary care

## MOVE DOWN TO FIND AND MAINTAIN LOWEST CONTROLLING STEP

Inhaled short-acting β<sub>2</sub> agonist as required

Add inhaled corticosteroid 200-400 mcg/d\*

Or leukotriene receptor antagonist if inhaled corticosteroid cannot be used.

Start at dose of inhaled corticosteroid appropriate to severity of disease

In children taking inhaled corticosteroid 200-400 mcg/d consider adding leukotriene receptor antagonist

In children taking leukotriene receptor antagonist along reconsider addition of inhaled corticosteroid 200-400 mcg/d

In children <2y proceed to step

STEP 3

Initial add-on therapy

STEP 4

Persistent poor control

STEP 2

Regular preventer therapy

STEP 1

Intermittent Reliever Therapy

\*BDP or equivalent

**SYMPTONS** vs **TREATMENT**