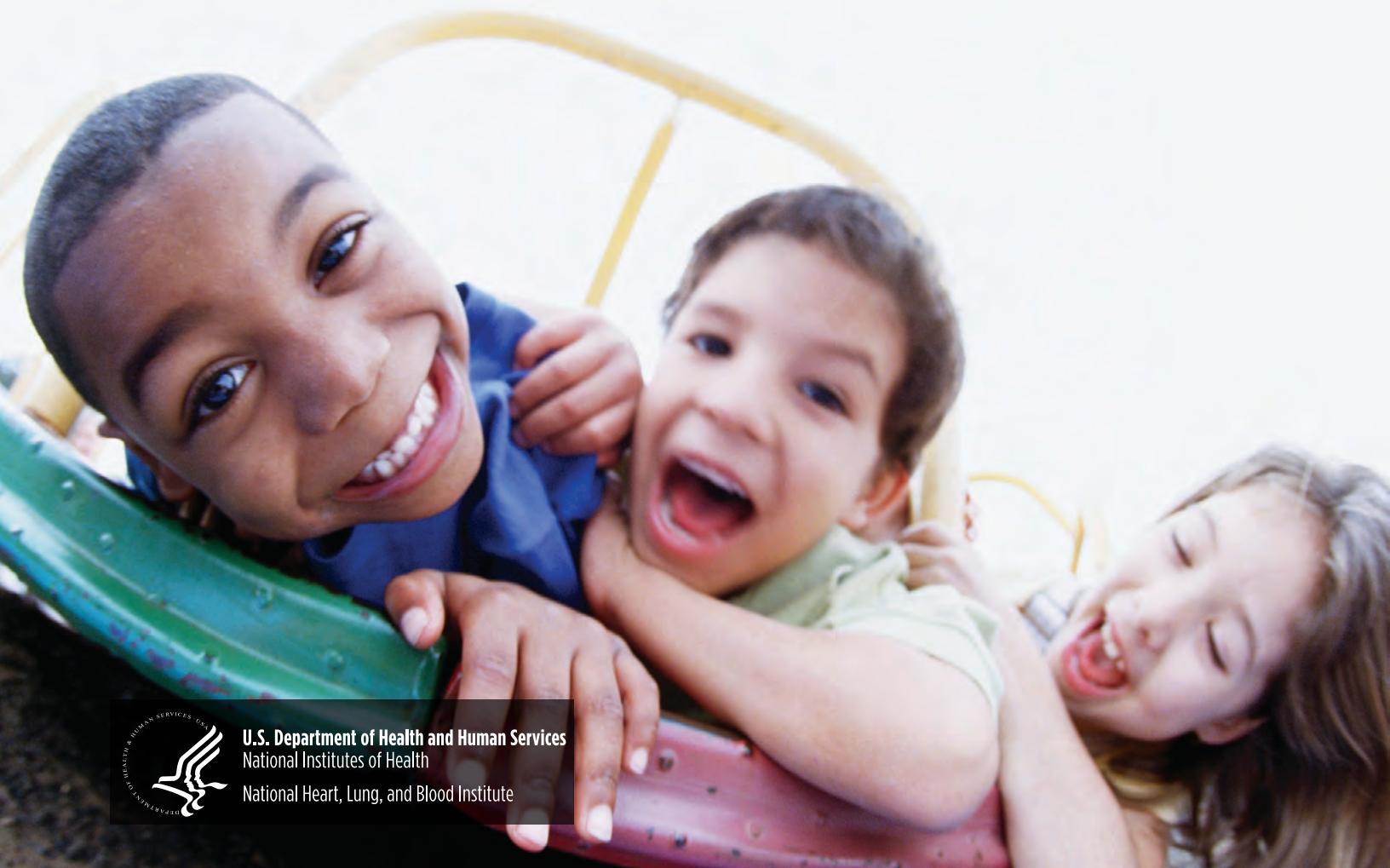


Take Action: Stop Asthma Today!

What You Can Do, NOW



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This action guide is brought to you by the National Asthma Control Initiative (NACI), a broad-scale initiative of the National Asthma Education and Prevention Program, coordinated by the National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), Department of Health and Human Services.



U.S. Department of Health and Human Services
National Institutes of Health



**National Heart
Lung and Blood Institute**
People Science Health



Who can make the difference between a life controlled by asthma, and a life where asthma is under control?

YOU CAN, whoever you may be – a patient, health care provider, or other.



If you don't have asthma, you might not think twice about walking up a flight of stairs or blowing out the candles on a birthday cake.

But some 23 million Americans—one out of every 13 people—who have this serious and chronic, inflammatory disease of the airways not only have to think about simple actions like these—but are often unable to do them.

The good news is that with continuous, long-term care, most people can control their asthma and live their lives to the fullest.

That's where you can help, and this action guide can help you.

No matter who you are, what's most important is your willingness to help. With everyone doing their part to follow the clinical guideline recommendations, we know we can bring about improvements in asthma control.

The National Heart, Lung, and Blood Institute of the National Institutes of Health has worked with our nation's leading asthma experts to establish clinical guidelines for asthma care.

These guidelines include six priority action messages that WILL make a difference:

1. Use inhaled corticosteroids as indicated by the guidelines.
2. Use written asthma action plans to guide patient self-management.
3. Assess asthma severity at the initial visit to determine initial treatment.
4. Assess and monitor asthma control and adjust treatment if needed.
5. Schedule follow-up visits at periodic intervals.
6. Act to control environmental exposures that worsen asthma.

You can use these messages to manage personal care (asthma patients); guide clinical decisions (health care professionals); improve asthma care knowledge and skills of constituents (professional associations, state health departments, local coalitions); or to craft specific policies, practices, and outreach activities that are relevant to your organization (administrators and staff at settings e.g., schools, work sites, health insurance agencies, etc).

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Asthma Today!

2

FOR MORE INFORMATION ON THESE MESSAGES, GO TO:
www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm.

“I thought my asthma was under control... But I get winded after walking up a flight of stairs, so I have avoided taking the stairs for years. Now I know I need to go back to my doctor.”

Woman living with asthma

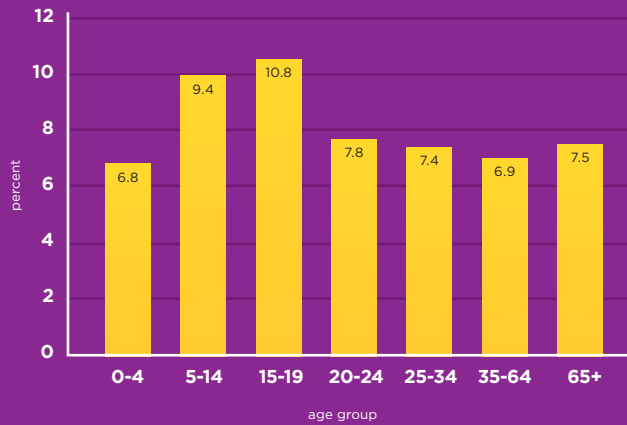


Table 1.

Graphic and Chart showing prevalence of asthma among different age groups and other data including annual number of emergency department visits, missed work days, missed school days, hospitalizations, physician office visits, and deaths.

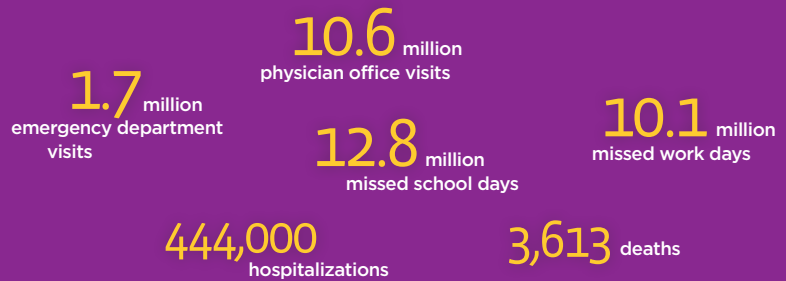
Asthma Prevalence by Age

National Health Interview Survey, 2007



Asthma’s Annual Toll

3



If you are a patient, health care provider, or other, here are some actions that you can take:



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4

Patients and Families

- Visit your doctor regularly (at least every six months) if you have asthma, and work with him/her to develop a written asthma action plan that you can share with family members, school nurses, and other caregivers.
- Do what the doctor recommends, including taking medicines as prescribed; monitoring asthma on a regular basis; and avoiding known asthma triggers. Download or order NHLBI's *So You Have Asthma* for a simple guide to keeping asthma under control at www.nhlbi.nih.gov/health/public/lung/asthma/have_asthma.htm.



For an asthma action plan and other useful tools and tips to help you manage asthma, visit the NACI Web site at naci.nhlbi.nih.gov and click on Patients, Families, and Caregivers

Health Care Professionals

5

- Make asthma self-management a priority for your patients, their families, and their caregivers.
- Use written asthma action plans available at www.nhlbi.nih.gov/health/public/lung.
- Update your asthma encounter forms and flow sheets to reflect the six priority messages.
- Train staff on how to apply the asthma guidelines routinely in your practice setting. Many online training programs are available for all levels of medical professionals. One such program is the Physician Asthma Care Education (PACE) Program at www.nhlbi.nih.gov/health/prof/lung/asthma/pace. This multimedia educational program trains physicians on how to use behavioral, educational and therapeutic techniques to reduce the effects of asthma on children and their families. It also includes tips on how to document and code asthma counseling for reimbursement. PACE has been shown to improve physician-patient communication and patient outcomes without extending time spent with the patient.





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Asthma Today!

6

Health Care Professional Associations

- Introduce your members to the six priority messages for improved asthma care, control, and outcomes by adding information about them—and a link to the NACI—to your Web site; sending out information in your online and print publications; incorporating them into your professional education and training programs; and hosting sessions at your association meetings and conferences.
- Engage your members in self-assessment and quality improvement activities that will sharpen their professional skills and improve their delivery of asthma care. Educational seminars such as the NHLBI's Physician Asthma Care Education (PACE) Program are a great way to begin. PACE provides clinicians with educational strategies and tools for improving patients' capacity for asthma self-management.



For more tools and tips to help you manage asthma, visit the NACI Web site at naci.nhlbi.nih.gov

States, Communities, and Coalitions

7

- Know what is going on in your backyard: touch base with your health department to get local/state asthma statistics, monitor trends, assess which communities carry the greatest burden, and identify needs and areas for improvement. Use this information to reach out to legislators and others who influence public health policy.
- Schedule a strategy workshop with a broad spectrum of community members—include asthma experts; policy and other decision makers from the public and private sector; activists; people affected by the disease; and others. Draw on their expertise to align asthma management resources, policies, benefits packages, and care services with the six priority messages.
- Learn which allergens and irritants can cause or worsen asthma, and then use that knowledge to improve the indoor and outdoor physical environments over which you have control, ranging from schools, offices, homes, places of worship and beyond.





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Asthma Today!

8

Schools and Childcare Organizations

- Download and complete the NHLBI's *How Asthma-Friendly Is Your School?* or *How Asthma-Friendly Is Your Childcare Setting?* checklist at www.nhlbi.nih.gov/health/prof/lung/index.htm
- Request a written asthma action plan for each child with asthma. Work with the child, family, health care provider, and other staff to help the child stick to the plan. A useful feedback tool is the NHLBI's *Is the Asthma Action Plan Working?—A Tool for School Nurse Assessment* at www.nhlbi.nih.gov/health/prof/lung.
- Use the NHLBI's *Managing Asthma: A Guide for Schools* to put together a comprehensive plan of your own to meet the needs of children with asthma, including training teachers and staff on how to recognize and respond to an asthma attack.



For more examples of actions and easy to use tools to improve asthma outcomes in your school, visit the NACI Web site at naci.nhlbi.nih.gov and click on Schools and Childcare Settings



Employers, Employees, and Work Sites

9

- Visit the Occupational Safety and Health Administration Web site for a wealth of information on asthma in the workplace, including potential hazards and how to avoid them and/or train workers to take precautions—such as using protective equipment—when they are unavoidable.
- When it comes to asthma triggers, a little common sense goes a long way: clean regularly to get rid of accumulated dust in carpeting and stored papers; ventilate to dilute indoor-air pollution that can build up from building materials and furnishings, cleaning agents, and copy machines; enforce smoke-free policies; and ask employees to avoid using perfumes and colognes if a coworker has asthma.
- If you are an employer, work with your human resources director to schedule an asthma presentation or training session at a staff meeting, brown bag lunch, or workplace health fair.





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Asthma Today!

10

Public and Private Purchasers and Insurers

- Help your members, especially those at higher risk for poor asthma outcomes, improve control of their asthma symptoms and reduce asthma attacks through disease management programs that adhere to the six priority messages.
- Create mechanisms for ongoing monitoring and feedback of asthma care processes, quality, and outcomes, such as health plan report cards, consumer satisfaction surveys, provider performance profiles, and regular updates from asthma patient registries.
- Use clinical information systems, including electronic medical records and decision support programs, to enhance adherence to clinical practice guidelines.



Find additional guidance about how to reduce the financial burden of asthma on the NACI Web site at naci.nhlbi.nih.gov. Click on Public and Private Purchasers and Insurers

Summary of Priority Messages and the Underlying Clinical Recommendations

Message: Use Inhaled Corticosteroids

Inhaled corticosteroids are the most effective medications for long-term management of persistent asthma, and should be used by patients and clinicians as recommended in the guidelines for control of asthma.

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 are the most potent and consistently effective long-term control medication for asthma (Evidence A).

Message: Assess and Monitor Asthma Control

At planned follow-up visits, asthma patients should review their 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.

Recommendation: The Expert Panel recommends that every patient who has asthma be taught to recognize symptom patterns and/or Peak Expiratory Flow 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: Use Asthma Action Plans

All people who have asthma should receive a written asthma action plan to guide their self-management efforts.

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: Schedule Follow-up Visits

Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals in order to assess their asthma control and modify treatment if needed.

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: Assess 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.

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, 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: Control Environmental Exposures

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.

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) and 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 sensitive and exposed—individual steps alone are generally ineffective (Evidence A).

RESOURCES:

Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma: www.nhlbi.nih.gov/guidelines/asthma

Guidelines Implementation Panel Report: www.nhlbi.nih.gov/guidelines/asthma/gip_rpt.htm

Asthma public education materials: www.nhlbi.nih.gov/health/public/lung/index.htm

Help make life livable for someone with asthma—
Take action TODAY!

The National Asthma Control Initiative (NACI) is working to improve asthma control and to reduce health-related asthma disparities by putting science-based asthma guidelines into action—at home, at work, and in the community. To do this, the NACI is bringing together organizations from local, state, regional, and national levels so that they can share best practices, pool and direct resources, and identify new directions and learning opportunities.

TO READ ABOUT THE INITIATIVE VISIT: naci.nhlbi.nih.gov

Also, while on the NACI Web site, make sure to sign up for the NACI *In the Know* eNewsletter for quarterly updates on the latest asthma-related news and resources.

“The goal of asthma therapy is to control asthma so that patients can live active, full lives while minimizing their risk of asthma exacerbations and other problems.”

WILLIAM W. BUSSE, M.D.

Chair, Third Expert Panel on the Diagnosis and Management of Asthma

University of Wisconsin Medical School



NAEPP Coordinating Committee Members

Agency for Healthcare Research and Quality	American Public Health Association	National Institute for Occupational Safety and Health, CDC
Allergy & Asthma Network Mothers of Asthmatics	American School Health Association	National Institute of Allergy and Infectious Diseases, NIH
American Academy of Allergy, Asthma, and Immunology	American Society of Health-System Pharmacists	National Institute of Environmental Health Sciences, NIH
American Academy of Family Physicians	American Thoracic Society	National Institute of Nursing Research, NIH
American Academy of Pediatrics	Asthma and Allergy Foundation of America	National Medical Association
American Academy of Physician Assistants	Council of State and Territorial Epidemiologists	National Respiratory Training Center
American Association for Respiratory Care	National Association of Pediatric Nurse Practitioners	Society for Academic Emergency Medicine
American College of Allergy, Asthma, and Immunology	National Association of School Nurses	Society for Public Health Education
American College of Chest Physicians	National Center for Chronic Disease Prevention and Health Promotion, CDC	U.S. Department of Education
American College of Emergency Physicians	National Center for Environmental Health, CDC	U.S. Environmental Protection Agency, HHS
American College of Physicians	National Center for Health Statistics, CDC	U.S. Food and Drug Administration, HHS
American Lung Association	National Environmental Education Foundation	
American Medical Association	National Heart, Lung, and Blood Institute, NIH	
American Pharmacists Association	National Heart, Lung, and Blood Institute, Ad Hoc Committee on Minority Populations, NIH	

naci.nhlbi.nih.gov

The National Heart, Lung, and Blood Institute (NHLBI) Health Information Center (HIC) is a service of the NHLBI of the National Institutes of Health. The NHLBI HIC provides information to health professionals, patients, and the public about the treatment, diagnosis, and prevention of heart, lung, and blood diseases and sleep disorders.

For more information, contact:

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: 301-592-8573
TTY: 240-629-3255
Fax: 301-592-8563
Web site: www.nhlbi.nih.gov



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Discrimination prohibited: Under provisions of applicable public laws enacted by Congress since 1964, no person in the United States shall, on the grounds of race, color, national origin, handicap, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity (or, on the basis of sex, with respect to any education program and activity) receiving Federal financial assistance. In addition, Executive Order 11141 prohibits discrimination on the basis of age by contractors and subcontractors in the performance of Federal contracts, and Executive Order 11246 States that no federally funded contractor may discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Therefore, the National Heart, Lung, and Blood Institute must be operated in compliance with these laws and Executive Orders.