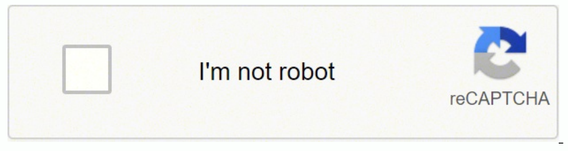

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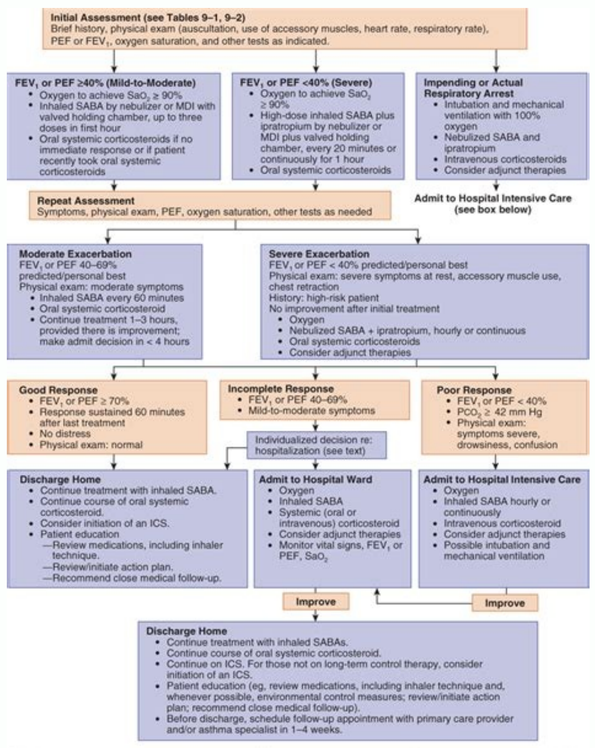


FEV1, forced expiratory volume in 1 second; ICS, inhaled corticosteroid; MDI, metered-dose inhaler; PEF, peak expiratory flow; SABA, short-acting beta-2-agonist; SaO_2, oxygen saturation.

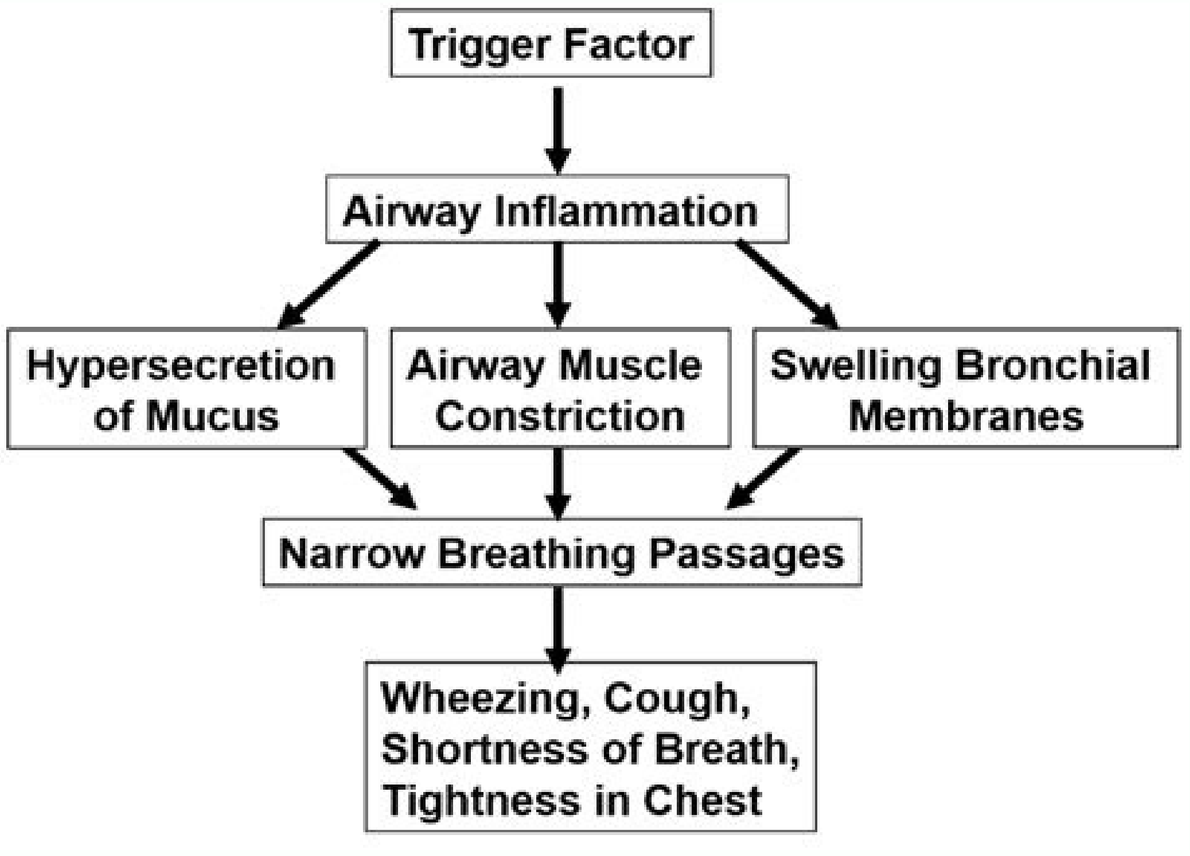


FIGURE 3–4c. CLASSIFYING ASTHMA SEVERITY IN YOUTHS ≥12 YEARS OF AGE AND ADULTS

- **Classifying severity for patients who are not currently taking long-term control medications.**

Components of Severity		Classification of Asthma Severity (Youths ≥12 years of age and adults)			
			Persistent		
		Intermittent	Mild	Moderate	Severe
Impairment Normal FEV_1/FVC: 8–19 yr 85% 20–39 yr 80% 40–59 yr 75% 60–80 yr 70%	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3–4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not >1x/day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	• Normal FEV_1 between exacerbations • FEV_1 >80% predicted • FEV_1/FVC normal	• FEV_1 ≥80% predicted • FEV_1/FVC normal	• FEV_1 >60% but <80% predicted • FEV_1/FVC reduced 5%	• FEV_1 <60% predicted • FEV_1/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year (see note)	≥2/year (see note) →		
		← Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. →			
		Relative annual risk of exacerbations may be related to FEV_1			

- Level of severity is determined by assessment of both impairment and risk. Assess impairment domain by patient's/caregiver's recall of previous 2–4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

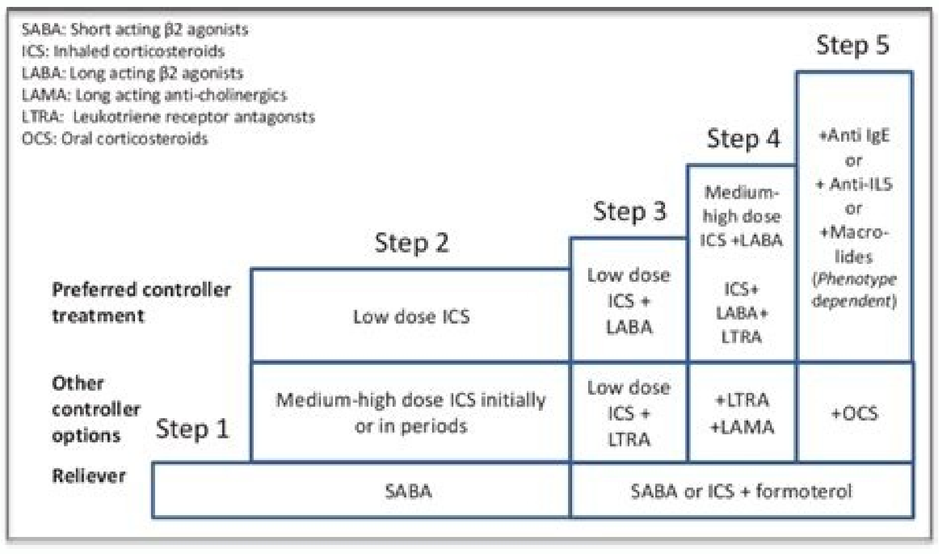
- **Classifying severity in patients after asthma becomes well controlled, by lowest level of treatment required to maintain control.***

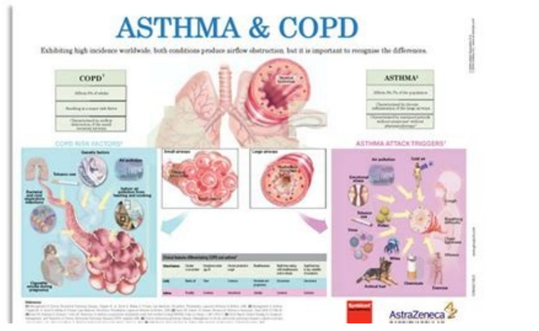
Lowest level of treatment required to maintain control (See figure 4–5 for treatment steps.)	Classification of Asthma Severity			
	Intermittent	Persistent		
		Mild	Moderate	Severe
	Step 1	Step 2	Step 3 or 4	Step 5 or 6

Key: EIB, exercise-induced bronchospasm; FEV_1, forced expiratory volume in 1 second; FVC, forced vital capacity; ICU, intensive care unit

*Notes:

- For population-based evaluations, clinical research, or characterization of a patient's overall asthma severity after control is achieved. For clinical management, the focus is on monitoring the level of control (See figure 3–5c.), not the level of severity, once treatment is established.
- See figure 3–5c for definition of asthma control.





Asthma guidelines 2019 south africa. Asthma treatment guidelines south africa. Asthma guidelines south africa. Acute asthma guidelines south africa.

This study evaluated Fev1 (L) and not found clear difference (MD ¢ '0.06 L, 95% ca ¢ ë †' 0.13 to 0.00; p = 0.07) between the intervention groups £ o and control. Thomas 2009 also evaluated the end of rest - the tidal tidal concentration of carbon dioxide, showing that the values for this result were uncertain inside and between groups (MD 0.08 mmHg, 95% '0' , 15 to 0.30; p = 0.51). (GP) Names, days of work off and subjective evaluation of the intervention none of these two studies reported these results. 2CharaCteristics of StudiesStudy (paãs) n randomizedinterventiCompanyComination of the Commentation of InterventiNFOLLOW 'UPPTARTICES BASELINE (%) (%) MALE) ASMA SEVERITITYAGGARWAL 2013 (ãia) Control 100yogainactive (not practicing yoga £ Persistentagnihotri 2016 (ãia) 276yogausual Carelf6 months no nihotri 2018 (ãia) 300yogausual careful 6 months is the persistent control of 2012 (USA) 19iagainative (not practicing yoga or any breathing exercise), which , Once again, the more than 43.00 MILD), the more than 43.00 modefluue) 36 years 33. .838.9MILDGIRODO 1992 (Canada) 55deep Diaphragmatic Breathinctive Control (Waiting List) ASTTHMA SYMPTOMS16 Weeks8 Weeks28.6 TO 32,940. 0NRGRAMMATOPOULOU 2011 (GREECE) 40Breat Acting Retainninctive Control (no additional treatment) QOL, ASTHMA CONTROL, HYPERVENTILATION SYMPTOMS, LF, CAPNOPHY6 MONTHSNF45. 4 to 48.157.5Mild to moderateGupta 2015 (India)100YogaUsual careLF3 monthsNFNRNRNRHolloway 2007 (UK)85PapworthUsual careQoL, hyperventilation symptoms, LF, capnography6 months6 months49.3 to 50.242.3Mild to moderateMalarvizhi 2018 (India)250YogaUsual careQoL6 monthsNFNR55.6Mild to moderateNagarathna 1985 (Ádia) 106yogausual Carelf, Monthsnf26.4 ã, Prasanna 2015 (India) 100buteykousual aelf, asthma symptoms2 monthsnf37.4 to 40.438.0nrprem 2013 (India) 120buteyko and pranayamausual care, symptoms of asthma, LF3 monthsONF35 to 4139.2MILD for ModarPusha 2018 ndia) 60yogausual carelf8 for 32,733.3mild to moderatesatpathy 2016 (India) 712yogausual careexacerbrações, dyspnea, asthma symptoms4 monthsnf25.0 to 25.3100.0Persistents, cránica, cránica, 2012 (India) 60yogainactive control (No additional treatment) Qol, LF2 monthsONFNRNRMILD for ModeratOdihi 2009 (India) 120yogausual care, LF8 weeknf35.5 to 38,859.2Mild for ModerateThomas 2003 (United Kingdom) 33 RetrainingAndma Education, hyperventylation (United Kingdom) 183 Running ratiningamstham Education, Asthma Control, Symptoms of hyperventylation, LF, Capnography6 monthsONF46.0B45.9MILD to ModerateTehomas 2017 (United Kingdom) 655breating Retraining Careqol, Asthma Control, Inflam Aerial roads, symptoms of hyperventylation12 monthsONF57.0 36.0mild for ModerableVevedantanhan 1998 (USA) 17 Imogéusual AELELF, Asthma Symptoms16 weeknf26.547.0mild for Moderavempati 2009 (India) 57Yogausual Careqol, LF8 weeksnf33.4 to 33,536.8mild for ModationLF: pulmonary function; N: number of participants; NF: Do not follow "NR: Not reported; QOL: quality of life of these, a study reported no clear difference in the symptoms of asthma between yoga and control groups signify 7.0 (SD 10.16) 1.75 (SD 24.24); p> 0.05 (Vedanthan 1998). The 2009 SODHI found a decrease in the number of acute exacerbations per week between the intervention and control of the baseline until eight weeks, with 0.38 day (SD 0.48) and 0.58 (SD 0.53); p

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