



Pediatric Pearl

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Update for Pediatric Asthma

Two main recommendations came out of the 2020 Asthma update for the pediatric population.

1. For kids with recurrent wheezing with viral illnesses with **no history of asthma**, they benefit from 7-10 days of mod to high dose ICS(inhaled corticosteroids). This treatment can reduce the likelihood of needing an oral steroid by 1/3.

For those who already have an asthma diagnosis, you can step up their inhaled corticosteroid therapy- for several months, and then see if can step down. But **NOT** to do a 7-10 day burst of ICS for an exacerbation.

2. **SMART: SINGLE Maintenance and Reliever Therapy**. This is now the recommended treatment for *persistent* Asthma (Mod or Severe). Here, the same **combination inhaler** - an ICS- LABA is going to be used for **both** daily use (qd or bid) **and** for exacerbations-q4h. The LABA *has* to be **Formoterol** as it has rapid onset (within 5 min- same as albuterol). The preparations available are Dulera (mometasone-formoterol) and Symbicort (budesonide -formoterol).

The use of SMART is recommended in children 5-11(off label, but still recommended by NHANES and GINA) and in those 12 and over (just as in adults) who have mod or severe Persistent Asthma.

- Can use 1-2 puff q4h, up to 8 puffs/d in children 5-11
- and 12 puffs/d in children 12 and over.

Reference: 2020 updated recommendations from the NHLBI titled "2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group.

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