

APPENDIX 2. CLASSIFICATION OF ASTHMA SEVERITY

FEATURE	SEVERITY OF ASTHMA			
	Very Mild	Mild	Moderate	Severe
Degree of outflow obstruction: FEV ₁ or PEF (% of predicted)	FEV ₁ or PEF > 80% of predicted	FEV ₁ or PEF > 80% of predicted	FEV ₁ or PEF 60–80% of predicted	FEV ₁ or PEF 60% or less or predicted
Severity of pre-treatment symptoms: Need for inhaled short-acting β_2 -agonist	Rare	Occasional— Every 8-12 hours or less	Every 4–8 hours	Every 2–4 hours
Symptoms	Symptoms intermittent–mild: • daytime: 2 or fewer days/week • nighttime: 2 or fewer nights/month	Symptoms mild but persistent: • daytime: > 2 days/week but < daily • nighttime: > 2 nights/month	Symptoms persistent: • daytime: daily • nighttime: > 1 night/week	Symptoms persistent: • daytime: continual • nighttime: frequent
Additional indices of morbidity	Little or no limitation of daily activities (e.g., no time away from school or work)	Little or no limitation of daily activities (e.g., no time missed from work/school because of episodes of severe asthma)	• Some limitation of daily activities likely: • Possible need for emergency room visit admission to hospital	Daily activities limited Probable history of recent hospital admission and/or previous near-fatal asthma episode
Minimum anti-inflammatory medication required to achieve/maintain control	None	Low-dose inhaled corticosteroids (with only <i>occasional</i> short-acting β_2 -agonist) (For patients who cannot/will not use inhaled steroids, alternative is leukotriene receptor antagonist but less effective)	Low-to-moderate dose inhaled corticosteroids <i>and</i> Long-acting β_2 -agonist \pm Additional therapy (leukotriene receptor antagonist or sustained-release theophylline)	High-dose inhaled corticosteroids <i>and</i> long-acting inhaled β_2 -agonist <i>and</i> additional therapy If very severe : High doses of inhaled corticosteroids <i>and</i> inhaled long-acting β_2 -agonist <i>and</i> additional therapy <i>and/or</i> oral steroids

Adapted from:

(1) Lemiere C, Bai T, Balter M, Bayliff C, Becker A, Boulet LP et al. Adult Asthma Consensus Guidelines Update 2003. *Can Respir J* 2004; 11(Suppl A):9A-18A. (2) Becker A, Lemiere C, Berube D, Boulet LP, Ducharme FM, Fitzgerald M et al. Summary of recommendations from the Canadian Asthma Consensus guidelines, 2003. *CMAJ* 2005;173(6 Suppl):S3-11. PM:16157733. (3) National Asthma Education and Prevention Program (NAEPP). *Expert panel report: guidelines for the diagnosis and management of asthma update on selected topics-2002.*, NIH publication no.02-5074. ed. Bethesda, Md.: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung and Blood Institute, 2002.

