

# UC Davis ASTHMA NETWORK (UCAN®)

## DIFFICULT-TO-CONTROL ASTHMA TREATMENT AND REFERRAL

Diagnose asthma and define severity.  
Obtain PFTs. Methacholine challenge,  
if diagnosis in doubt



Initiate treatment with inhaled  
corticosteroid for control and  $\beta_2$ -agonist  
for relief AND confirm adherence



If asthma control poor (ACT < 19),  
consider adding another agent,  
e.g. anti-leukotriene drug,  
long-acting  $\beta_2$ -agonist,  
omalizumab AND confirm adherence\*



If asthma control remains poor (ACT < 19),  
consider confounding conditions or other  
diagnosis, e.g. nasal polyposis, chronic  
sinusitis, GERD, vocal cord dysfunction,  
CHF, and paradoxical  $\beta_2$ -agonist response.



Refer to Asthmato­logist if control not achieved in 2 to 3 months

- 1) Pulmonologist (? abnormal CT scan, ? COPD, ? ABPA, ? sarcoidosis, ? vocal cord dysfunction, ? pulmonary hypertension)
- 2) Allergist (? allergic rhinitis, ? immunotherapy, ? Churg-Strauss)
- 3) Internist/Family Practitioner with asthma experience or Gastroenterologist (? GERD, ? CHF)
- 4) Otolaryngologist (? chronic sinusitis, ? vocal cord dysfunction)

\*ACT = Asthma Control Test