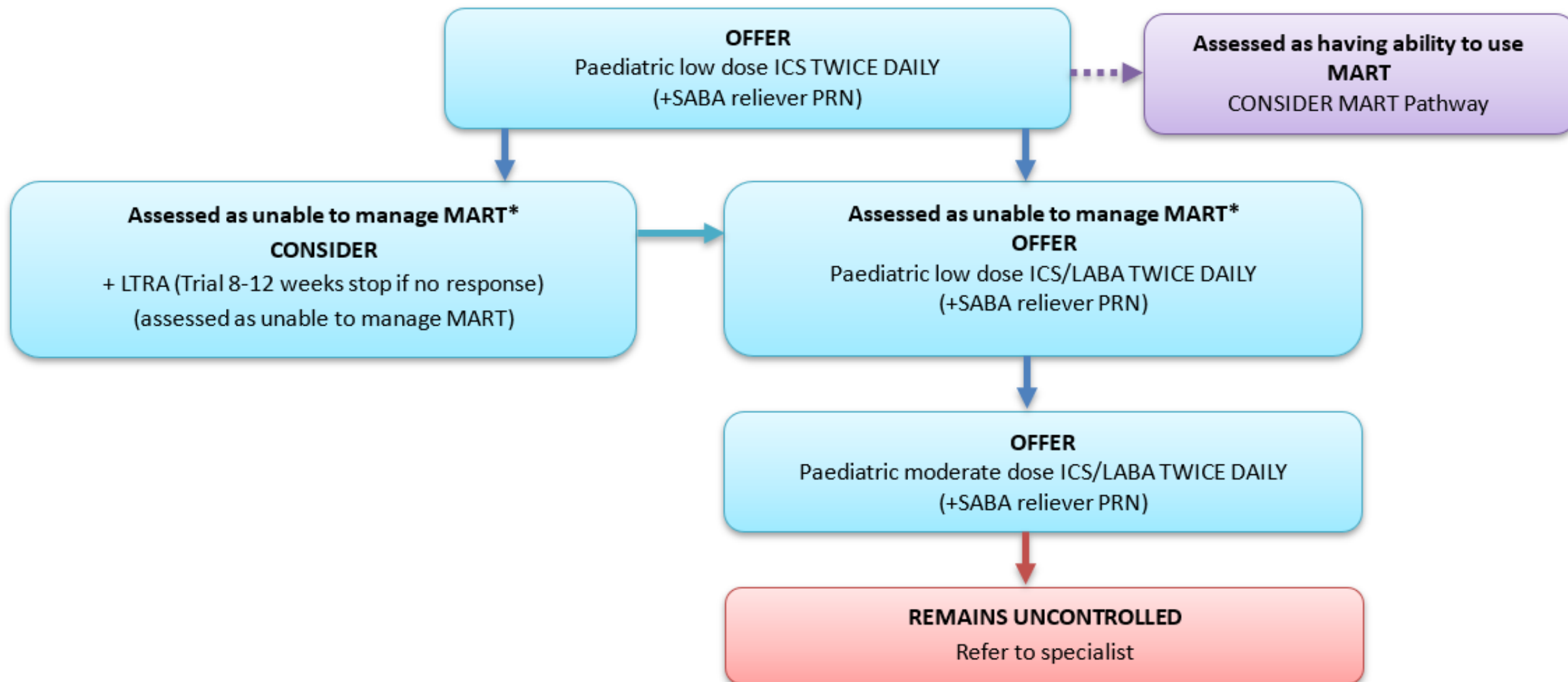
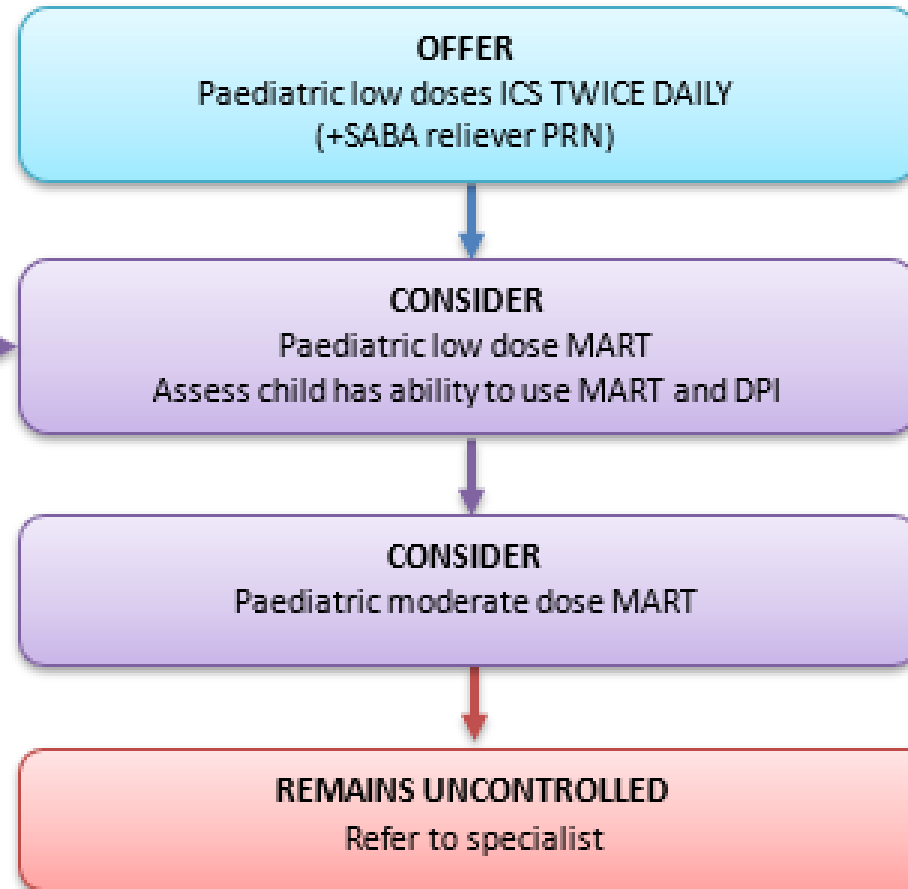


## Children 5-11 Diagnosed Asthma Conventional Pathway



\* MART pathway currently off label for this age group

## Children 5-11 Diagnosed Asthma MART Pathway (MART = OFF LABEL)



**Paediatric low dose MART?**

Budesonide/formoterol 100/6 DPI

1 puff BD plus 1 additional puff in response to symptoms

Total daily max – 8 puffs (12 inhalations for limited period)

Not more than 6 puffs on a single occasion

Patients using 8 inhalations should be strongly recommended to seek medical advice

Assessed as having ability to use MART  
CONSIDER MART Pathway

Children under 5 with suspected asthma and symptoms indicating need for maintenance therapy or severe acute episodes of difficulty breathing and wheeze

Consider 8 - 12 week trial of twice daily paediatric low-dose ICS

With SABA

If symptoms do not resolve during trial

Check inhaler technique and adherence, whether there is an environmental source of their symptoms and review if an alternative diagnosis is likely

Refer the child to a specialist in asthma care if none of these explain treatment failure

If symptoms resolve during trial

Consider stopping ICS and SABA treatment after 8 - 12 weeks and review symptoms after a further 3 months

If symptoms recur after review or acute episode requires systemic corticosteroids or hospitalisation

Restart regular ICS. Begin at paediatric low dose and titrate up to a paediatric moderate dose if needed

With SABA

Consider a further trial without treatment after reviewing the child within 12 months

If asthma is uncontrolled

Consider an LTRA in addition to the ICS for a trial of 8 - 12 weeks, then stop if ineffective or side effects

With SABA

If asthma is uncontrolled

Restart regular ICS. Begin at paediatric low dose and titrate up to a paediatric moderate dose if needed



## Newly diagnosed asthma in children aged 5-11 years

Offer twice-daily paediatric low-dose ICS

With SABA

If asthma is uncontrolled

Assess ability to manage MART regimen

Able to manage MART regimen

Consider paediatric low-dose MART

Consider increasing to paediatric moderate-dose MART

Refer the child to a specialist in asthma care

If asthma is uncontrolled

If asthma is uncontrolled

If asthma is uncontrolled

Unable to manage MART regimen

Consider adding an LTRA to twice daily paediatric low-dose ICS for a trial period of 8-12 weeks. Stop if ineffective or side effects.

With SABA

If asthma is uncontrolled

Offer twice daily paediatric low-dose ICS / long-acting beta-2 agonists (LABA) combination (with or without an LTRA)

With SABA

If asthma is uncontrolled

Offer twice daily paediatric moderate-dose ICS / LABA combination (with or without an LTRA)

With SABA

# Highlights

No SABA alone

<5 is the only age where trial of treatment is recommended

2 pathways for 5-11

Consider MART pathway if assessed as able to use

MART is currently off label in this age group

Conventional pathway available if assessed as unable to use MART