

Highlights of the new NAEPP EPR-3 Guidelines

Focus on Community Asthma Programs

In August 2007 the National Asthma Education and Prevention Program (NAEPP) issued the first comprehensive update in a decade of clinical guidelines for the diagnosis and management of asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma. Updated recommendations for managing asthma include an expanded section on childhood asthma (with an additional age group), new guidance on medications, new recommendations on patient education in settings beyond the physician's office, and new advice for controlling environmental factors that can cause asthma symptoms.

Coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, NAEPP convenes an expert panel when there is sufficient science to warrant a rigorous, systematic review of the published medical literature to ensure that the asthma guidelines reflect the latest scientific advances.

Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Full Report, 2007 (<http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>) provides new guidance for selecting treatment based on a patient's individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled, the condition can change over time and differs among individuals and by age groups. Thus, it is important to monitor regularly the patient's level of asthma control so that treatment can be adjusted as needed. The EPR- 3 Guidelines Summary Report is at <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>

EPR-3 builds upon complete asthma guidelines issued in 1991 and 1997 and an update on selected topics released in 2002. The guidelines focus on four components of asthma care: measures to assess and monitor asthma, patient education, control of environmental factors and other conditions that can worsen asthma, and medications.

Key features and changes to these four components of asthma care include:

- **Assessment and Monitoring:** EPR-3 takes a new approach to assessing and monitoring asthma by using multiple measures of the patient's level of current impairment (frequency and intensity of symptoms, low lung function, and limitations of daily activities) and future risk (risk of exacerbations, progressive loss of lung function, or adverse side effects from medications). The guidelines stress that some patients can still be at high risk for frequent exacerbations even if they have few day-to-day effects of asthma.
- **Patient Education.** EPR-3 confirms the importance of teaching patients skills to self-monitor and manage asthma and to use a written asthma action plan, which should include instructions for daily treatment and ways to recognize and handle worsening asthma. New recommendations encourage expanding educational opportunities to reach patients in a variety of settings, such as pharmacies, schools, community centers, and patients' homes. A new section addresses the need for clinician education programs to improve communications with patients and to use system-wide approaches to integrate the guidelines into health care practice.
- **Control of environmental factors and other conditions that can affect asthma.** EPR-3 describes new evidence for using multiple approaches to limit exposure to allergens and other substances that can worsen asthma; research shows that single steps are rarely sufficient. EPR-3 also expands the section on other common conditions that asthma patients can have and notes that treating chronic problems such as rhinitis and sinusitis, gastroesophageal reflux, overweight or obesity, obstructive sleep apnea, stress, and depression may help improve asthma control.
- **Medications.** EPR-3 continues the use of a stepwise approach to control asthma, in which medication doses or types are stepped up as needed and stepped down when possible. Treatment is adjusted based on the level of asthma control.