

QUALITY STANDARD SUMMARY FOR Asthma in Adults

This document is a resource for health care providers and patients and synthesizes content from the [Asthma Care in the Community for People 16 Years of Age and Older quality standard](#).



Quality
Standards

Confirming a Diagnosis of Asthma in Adults

Quality Statement (QS)* 1: Diagnosis

Asthma is clinically suspected in the presence of signs or symptoms of variable airflow obstruction (i.e., shortness of breath, chest tightness, wheezing, or cough) and in the absence of an alternative diagnosis.

To confirm a diagnosis of asthma, administer or order [spirometry](#) for adults clinically suspected of having asthma. If spirometry is inconclusive, consider the need for additional lung function testing such as methacholine challenge testing.

Ideally, complete the testing **within 3 months** of the person seeking care. However, don't be deterred if there are longer wait times for testing; seek appropriate lung function testing before confirming a diagnosis. Review the results with the patient.

Document signs and symptoms of variable airflow obstruction obtained from clinical history, physical examinations, and objective measures as the basis for diagnosing asthma.

*The quality statements are provided in full on page 2.

Asthma Management

QS 2: Asthma Control

Asthma control parameters for adults include **measures of symptoms, lung function, and airway inflammation**. Perform a structured assessment to determine the person's level of asthma symptom control and any reasons for poor control before modifying medication (see QS 3), if needed.

Assess asthma symptom control over 4 weeks **at least annually**. Ensure spirometry and other lung function testing are done, as needed. **Let patients know that they can expect to live symptom free when asthma is controlled.**

Once the person has achieved control with at least 3 to 6 months of daily anti-inflammatory medication, **reduce the medication to the lowest effective dose required to maintain asthma control** and minimize side effects. Escalate medication only after addressing other reasons for poor control (see QS 2).

QS 3: Asthma Medication

Offer adults with asthma:

- (1) medication based on their current level of asthma control and**
- (2) the most appropriate inhaler devices and spacer device to meet their needs.**

Initiate a low-dose inhaled corticosteroid as a regular controller medication for adults with asthma who experience symptoms two or more times per week or meet other criteria for uncontrolled asthma.

QS 4: Self-Management Education and Asthma Action Plan

Provide asthma self-management education to adults with asthma and their caregivers. Work with them to create a written personalized asthma [action plan](#) that is regularly reviewed and considers literacy, usability, and language.

Ensure that they receive information about and referrals to local service providers who can help them learn how to avoid or reduce exposure to triggers and improve their ability to self-manage (e.g., referral to asthma education, team-based care, or social services).

Referral to Specialized Asthma Care and Follow-Up After Discharge

QS 5: Referral to Specialized Asthma Care

For adults with severe asthma or other appropriate indications (see QS 5 in [the quality standard](#)), consult with or refer them to specialized asthma care. The specialized asthma care provider should communicate the recommended plan for treatment and follow-up (if needed) to the primary care provider.

QS 6: Follow-Up After Discharge

If an adult who has had an asthma exacerbation ends up in an emergency department, prior to discharge the care team should tell the person with asthma **to arrange a follow-up primary care appointment**. If the person is hospitalized, the hospital care team should arrange for a follow-up assessment in primary care. In either setting, the discharging care team should send the person's discharge information directly to the primary care provider.

Following discharge, **consider referring** the person to an asthma education program or specialized asthma care.

Asthma in Adults

Quality Statements

Quality Statement 1: Diagnosis

Adults clinically suspected of having asthma complete spirometry to demonstrate reversible airflow obstruction and, if negative, other lung function testing to confirm the diagnosis of asthma as soon as possible.

Quality Statement 2: Asthma Control

Adults with asthma have a structured assessment at least annually to determine their level of asthma control and reasons for poor control.

Quality Statement 3: Asthma Medication

Adults with asthma receive appropriate medication and devices based on their current level of asthma control, including early initiation of inhaled anti-inflammatory therapy.

Quality Statement 4: Self-Management Education and Asthma Action Plan

Adults with asthma and their caregivers receive self-management education and a written personalized asthma action plan that is reviewed regularly with a health care professional.

Quality Statement 5: Referral to Specialized Asthma Care

Adults who meet criteria for severe asthma or have other appropriate indications are referred to specialized asthma care.

Quality Statement 6: Follow-Up After Discharge

Adults who have had an emergency department visit or been hospitalized for an asthma exacerbation have a follow-up assessment within 2 to 7 days after discharge.

Note: This resource can be used to support health care providers in the provision of care. It does not override the responsibility of health care providers to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources for Adults With Asthma and Their Health Care Providers

- [Asthma Patient Guide](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-adults-patient-guide-en.pdf) <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-asthma-in-adults-patient-guide-en.pdf>
- [Quick Reference Guide to Understand Asthma](https://lunghealth.ca/new-resources-to-help-you-understand-asthma/) <https://lunghealth.ca/new-resources-to-help-you-understand-asthma/>
- [Asthma Action Plan for Adults](https://hcp.lunghealth.ca/wp-content/uploads/2020/02/lhf_adultaap_en_web_fillable.pdf) https://hcp.lunghealth.ca/wp-content/uploads/2020/02/lhf_adultaap_en_web_fillable.pdf
- [Asthma Action Plan E-Module](https://machealth.ca/programs/asthma-action-plan/) <https://machealth.ca/programs/asthma-action-plan/>
- [breathe for asthma](https://breathebetter.app/asthma/) <https://breathebetter.app/asthma/>
- [Spirometry Interpretation Guide](https://hcp.lunghealth.ca/wp-content/uploads/2020/02/Spirometry-Interpretation-Guide.pdf) <https://hcp.lunghealth.ca/wp-content/uploads/2020/02/Spirometry-Interpretation-Guide.pdf>
- [Spirometry: A Clinical Primer](https://machealth.ca/programs/spirometry-interpretation/) <https://machealth.ca/programs/spirometry-interpretation/>
- Asthma helplines: Asthma Canada: 866-787-4050; Lung Health Foundation: 1-888-344-LUNG (5864)
- [Archived OTN Webinars](https://hcp.lunghealth.ca/workshops/archived-otns/) <https://hcp.lunghealth.ca/workshops/archived-otns/>
- [Dr. Samir Gupta: Asthma Action Plans: Keeping Asthma Under Control \(Especially in the Virtual World\)](https://www.youtube.com/watch?v=h4WsWBsNaYM) <https://www.youtube.com/watch?v=h4WsWBsNaYM>

Additional tools and resources are on [Quorum](https://quorum.hqontario.ca/en/Home/Posts/Asthma-Care-in-the-Community-Quality-Standards-Tools-for-Implementation) <https://quorum.hqontario.ca/en/Home/Posts/Asthma-Care-in-the-Community-Quality-Standards-Tools-for-Implementation>