THE ASTHMA CENTER
AT CONNECTICUT CHILDREN'S MEDICAL CENTER
STATEWIDE EASY BREATHING© NEWS
JANUARY 2021

DR. DENA HOBERMAN NAMED EASY BREATHING PHYSICIAN CHAMPION

Please welcome Dena Hoberman, MD, FAAP as our new Easy Breathing Physician Champion! Dr. Hoberman is currently a pediatrician at Pioneer Valley Pediatrics (PVP) in Enfield, CT and Longmeadow, MA, where she has practiced for over 16 years. Her history with the Easy Breathing program dates back to 1998, when she was a soon-to-be second year medical student field testing patient surveys, pictograms, & treatment plans in clinic waiting rooms with Dr. Michelle Cloutier, founder of the Connecticut Children's Asthma Center and the Easy Breathing program.

Dr. Hoberman will fulfill an important role in the Easy Breathing program, providing a crucial link between the community and the physicians that serve the community. Physician champions are responsible for training providers in Easy Breathing, encouraging and maintaining provider participation, and ensuring program integrity, which includes re-training providers, clinics, and practices that may be having difficulty implementing the program. Their duties also extend to supervising the Program Coordinator, reviewing asthma treatment plans for completeness and consistency, communicating and rectifying problems with the provider; meeting with participating clinics and practices quarterly to foster a community-based approach to pediatric asthma, review program data at the community-level, and discuss new projects, needs or problems; and the Physician Champion also meets with program staff regularly to review program data and represent the Easy Breathing program at the community level. The Physician champion is someone in the community who has the respect of the community and is interested in its betterment. In this light, we know Dr. Hoberman will be an exceptional champion as Easy Breathing continues on its trajectory of disseminating state-of-the art asthma management guidelines to primary care clinicians.

HIGHLIGHTS

- New Easy Breathing Physician Champion
- EPR-4 Asthma Management Guidelines

Dr. Hoberman graduated from Lehigh University in 1995 and attended the University of Connecticut Medical School. She then completed her pediatric residency at the University of Connecticut at Connecticut Children's Medical Center in 2004. As a partner at PVP, Dr. Hoberman enjoys providing compassionate, evidenced-based care for her patients and families. She is also the Physician Chair of the Referring Providers Advisory Committee at Connecticut Children's and a member of the Connecticut Children's Clinically Integrated Network.

2020 FOCUSED UPDATE TO THE ASTHMA MANAGEMENT GUIDELINES

In 2020, the NAEPP's Asthma Expert Working Group revised and updated the asthma management guidelines last revised in 2007. The following six priority topics were identified for systematic review, and the following recommendations were made pertaining to each priority topic:

1. **Fractional exhaled nitric oxide (FeNO) in diagnosis, medication selection, and monitoring of treatment response in asthma.**

   A. In individuals ages 5 years and older for whom the diagnosis of asthma is uncertain using history, clinical findings, clinical course, and spirometry, including bronchodilator responsiveness testing, or in whom spirometry cannot be performed, the Expert Panel *conditionally* recommends the addition of FeNO measurement as an adjunct to the evaluation process.

   B. In individuals ages 5 years and older with persistent allergic asthma, for whom there is uncertainty in choosing, monitoring, or adjusting anti-inflammatory therapies based on history, clinical findings, and spirometry, the Expert Panel *conditionally* recommends the addition of FeNO measurement as part of an ongoing asthma monitoring and management strategy that includes frequent assessments.

   C. In individuals ages 5 years and older with asthma, the Expert Panel recommends *against* the use of FeNO measurements in isolation to assess asthma control, predict future exacerbations, or assess exacerbation severity. FeNO should only be used as part of an ongoing monitoring and management strategy.

   D. In children ages 0-4 years with recurrent wheezing, the Expert Panel recommends *against* FeNO measurement to predict the future development of asthma.

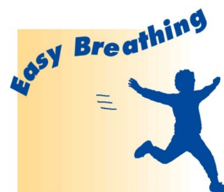
2. **Remediation of indoor allergens (e.g. house dust mites/pets) in asthma management**

   A. In individuals with asthma who do not have sensitization to specific indoor allergens or who do not have symptoms related to exposure to specific indoor allergens, the Expert Panel *conditionally* recommends against allergen mitigation interventions as part of routine asthma management.

   B. In individuals with asthma who have symptoms related to exposure to specific indoor allergens, confirmed by history taking or allergy testing, the Expert Panel *conditionally* recommends a multicomponent allergen-specific mitigation intervention.

   C. In individuals with asthma who have sensitization or symptoms related to exposure to pests (cockroaches and rodents), the Expert Panel *conditionally* recommends the use of integrated pest management alone, or as part of a multicomponent allergen-specific mitigation intervention.

   D. In individuals with asthma who have sensitization or symptoms related to exposure to dust mites, the Expert Panel *conditionally* recommends impermeable pillow/mattress covers only as part of a multicomponent allergen mitigation intervention, not as a single-component intervention.



3. **Intermittent inhaled corticosteroids (ICS) in the treatment of asthma**

   A. In children ages 0-4 years with recurrent wheezing triggered by respiratory tract infection and no wheezing between infections, the Expert Panel *conditionally* recommends starting a short course of daily ICS at the onset of a respiratory tract infection with as-needed SABA for quick-relief therapy compared to as-needed SABA for quick-relief therapy only.

   B. In individuals ages 12 years and older with mild persistent asthma, the Expert Panel *conditionally* recommends either daily lose-dose ICS and as-needed SABA for quick-relief therapy *or* as-needed ICS and SABA used concomitantly.

   C. In individuals ages 4 years and older with mild to moderate persistent asthma who are likely to be adherent to daily ICS treatment, the Expert Panel conditionally recommends *against* a short-term increase in the ICS dose for increased symptoms or decreased peak flow.

   D. In individuals ages 4 years and older with moderate to severe persistent asthma, the Expert Panel recommends ICS-formoterol in a single inhaler used as both daily controller and reliever therapy compared to either a higher-dose ICS as daily controller therapy and SABA for quick-relief therapy or the same-dose ICS-LABA as daily controller therapy and SABA for quick-relief therapy.

   E. In individuals ages 12 years and older with moderate to severe persistent asthma, the Expert Panel *conditionally* recommends ICS-formoterol in a single inhaler used as both daily controller and reliever therapy compared to either a higher-dose ICS-LABA as daily controller therapy and SABA for quick-relief therapy.

4. **Long-acting antimuscarinic agents (LAMAs) in asthma management**

   A. In individuals ages 12 years and older with uncontrolled persistent asthma, the Expert Panel conditionally recommends against adding LAMA to ICS compared to adding LABA to ICS.

   B. If LABA is not used, in individuals ages 12 years and older with uncontrolled persistent asthma, the Expert Panel conditionally recommends adding LAMA to ICS controller therapy compared to continuing the same dose of ICS alone.

   C. In individuals ages 12 years and older with uncontrolled persistent asthma, the Expert Panel conditionally recommends adding LAMA to ICS-LABA compared to continuing the same dose of ICS-LABA.

5. **Immunotherapy and the management of asthma**

   A. In individuals ages 5 years and older with mild to moderate allergic asthma, the Expert Panel conditionally recommends the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in those individuals whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy.

   B. In individuals with persistent allergic asthma, the Expert Panel conditionally recommends against the use of sublingual immunotherapy in asthma treatment.

6. **Bronchial thermoplasty (BT) in adults with severe asthma**

   A. In individuals ages 18 years and older with persistent asthma, the Expert Panel conditionally recommends against bronchial thermoplasty.

EASY BREATHING 2.0

COMING SOON…

A very special thanks, and congratulations, to Dr. Michelle Cloutier, who chaired and led this revision of the national asthma guidelines. Because Easy Breathing is an asthma management program that adheres to the national guidelines, we will be updating and adapting the program to reflect the focused update. Shortly, we will be sending surveys to collect feedback on clinicians' perceptions of EPR-4 and the likelihood of implementing these new guidelines in daily practice. Please respond to the survey as soon as you can.

		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
		INTERMITTENT	PERSISTENT				
5-11 years old	DAILY CONTROLLER	None	Low-dose ICS	**Low-dose ICS/formoterol**	**Medium-dose ICS/formoterol**	High-dose ICS/LABA	High-dose ICS/LABA + OCS
	PRN RELIEVER	SABA		**ICS/formoterol (up to 8 puffs per day)**		SABA	SABA
≥12 years old	DAILY CONTROLLER	None	*Preferred* Low-dose ICS *Alternative* **None**	**Low-dose ICS/formoterol**	**Medium-dose ICS/formoterol**	Medium– to high -dose ICS/LABA + **LAMA**	High-dose ICS/LABA + OCS
	PRN RELIEVER	SABA	*Preferred* SABA *Alternative* ***ICS & SABA***	**ICS/formoterol (up to 10 puffs per day)**		SABA	SABA

Figure 1. Table represents preferred stepwise approach for the management of asthma based on the NAEPP EPR-4 update. Items in bold are areas of change from the 2007 NAEPP guidelines. *EPR-4,* Expert Panel Report; *OCS*, oral corticosteroid; *PRN,* as needed.

*table adapted from J Allergy Clin Immunol 2020;146:1271-4.

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