

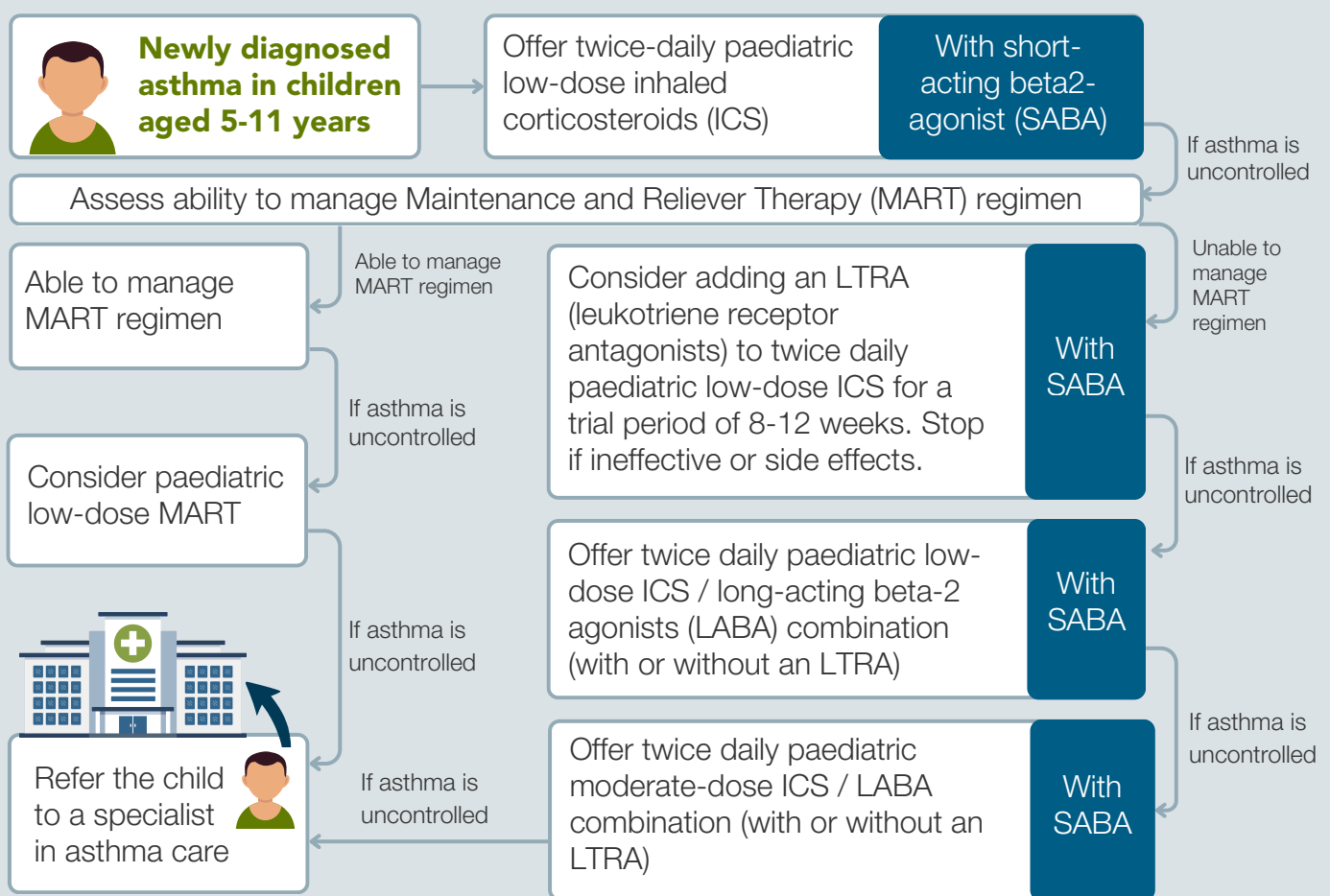
# A Simple Guide to the Management of Asthma in Children



## Up to and including 11 years of age

In November 2024, the updated Asthma Guideline (NG 245) launched [nice.org.uk/guidance/ng245](https://www.nice.org.uk/guidance/ng245)

This introduced some exciting changes for the management of asthma in children and recommended the following pathway for children aged 5–11 years.



At the time the guideline launched there were no inhalers licensed for maintenance and reliever therapy (MART) in children of this age range. This has since changed and there is now a licensed MART inhaler specifically for children aged 6–11: the Symbicort Turbohaler 100/6.



# Considerations for changing to MART in children

Education is essential to the safe and effective implementation of MART, and this guide (see right) will support you in implementing the MART regimen for children in your clinical practice.

## Who (children)

- Children aged 6–11 with asthma who are uncontrolled despite low-dose paediatric ICS plus SABA after:
  - inhaler technique with appropriate spacer
  - adherence, and
  - modifiable risk factors/triggers have been assessed and optimised.
- Children who can use a dry powder inhaler (DPI) effectively and consistently (see considerations and assessing for DPI use on page 3).
- Children and their parents/carers who understand the MART regimen and its use.



**Uncontrolled = needing short-acting beta-2 agonists (SABA) 3+ times a week or more; waking at night once a week with asthma symptoms; emergency department presentation; or needing oral corticosteroids (OCS) in the previous 12 months.**

## Who (healthcare professionals (HCPs))

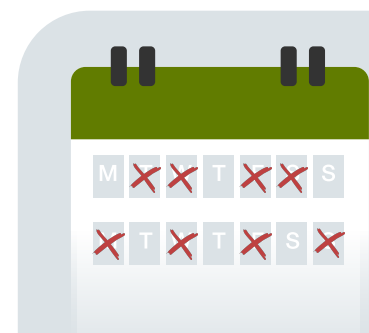
- We recommend that HCPs explaining, prescribing and implementing MART in children are competent and trained to Tier 3 or above according to the National Capabilities Framework for Professionals who Care for Children and Young People with Asthma. (Access at <https://bit.ly/4u9Fzmj>).
- As with all asthma management in children, they should be able to ensure extra time for consultations to enable adequate explanation and education related to the MART regimen to patients and carers.

## When

- Once you have assessed the child as uncontrolled on paediatric low-dose ICS + SABA reliever.
- When the child has been assessed as able to use a DPI effectively and consistently (see assessing for DPI use on page 3), and they and their carers are able to understand a MART regimen.


## Why

- SABA over-reliance is a significant problem in the UK and is associated with an increased risk of asthma attacks and death [pcrs-uk.org/online-asthma-slide-rule](https://pcrs-uk.org/online-asthma-slide-rule).
- SABA over-reliance is  $\geq 3$  SABA inhalers in 12 months and/or needing to use SABA  $\geq 3$  times a week.



- 87% of children whose deaths were reviewed by the Child deaths due to Asthma or Anaphylaxis National Child Mortality Database Programme Report 2024 (<https://bit.ly/3PIJEVc>) were over-reliant on SABA.
- You identify a child who cannot or will not use a pressurised metered dose inhaler (pMDI) correctly with a spacer, and a DPI regimen might be more appropriate.

## What

Inhaler	Regular daily dose	Extra reliever doses	Total max daily doses	When to seek medical advice
 <p>Symbicort Turbohaler 100/6*</p>	<p>1 puff OD (once daily)</p> <p>Some may need 1 puff BD (twice a day)</p>	<p>1 puff as needed</p> <p>Max 4 puffs on 1 occasion</p>	<p>Usually 4 puffs max</p> <p>Up to 8 puffs for a limited period (recommended 2 days)</p>	<p>Needing 4 puffs per day: Strongly recommend to seek medical advice</p> <p>Needing additional doses 3 or more times a week: Advise to seek a non-urgent review</p>

\*Symbicort Turbohaler 100/6 is currently the only licensed medication inhaler for MART in children and young people between 6 and 11 years of age

- A MART-specific personalised asthma action plan (PAAP) should be provided – share with family and school. It is essential that maximum daily doses must be clearly explained to families and documented in the child's PAAP (Tip: Find out if your area has an Asthma Friendly School initiative).
- As with all asthma management in children, extra time should be allocated for consultations to allow for adequate explanation and education of the MART regimen to patients and carers. This is key to success.
- A 3-way partnership between the child, family and HCP is essential with the appropriate infrastructure and monitoring in place (regular review including re-assessment of inhaler technique, adherence and symptom control and any possible overuse).
- Once a young person turns 12 years old, the management and treatment guidance for adults and young people of 12 years of age and older should be followed.



## What if MART isn't suitable?

MART might not be suitable if a child: ✗ Can't use a DPI (see 'assessing for DPI use').  
 ✗ Can't understand a MART regimen. ✗ Can't tolerate formoterol.

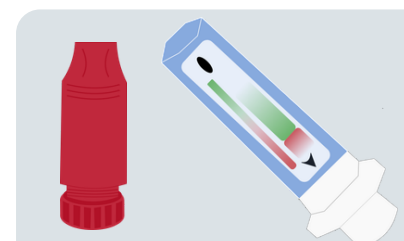
For this group, continue the non-MART pathway. Reassess annually and revisit/consider MART as part of the annual asthma review if appropriate.

## Assessing for DPI use

There are a variety of tools which can be used to help assess whether a child is able to use a DPI<sup>1</sup>:

- In Check G16 device
- Inhaler whistles (which can be fun for children to try – available from local pharma reps)

Children should demonstrate correct technique on their own device under supervision before MART is prescribed.



# Other things to consider

## Health inequalities

- Always consider things such as language barriers and groups of people who may find it more challenging to access healthcare.
- Key drivers of symptoms like damp and mould in the home or high levels of pollution if they live in dense urban locations or next to busy/congested main roads.
  - Local air quality data can be accessed at: [uk-air.defra.gov.uk/forecasting/](https://uk-air.defra.gov.uk/forecasting/).
  - The RCPCH has a template letter (available here <https://bit.ly/4nn9X9X>) which can be individually personalised for your patients if you have concerns that a child's housing situation is having a negative impact on their health.
  - Shelter also has template letters for housing problems: <https://bit.ly/3PevSUo>.

## Greener respiratory healthcare

The greenest device is the one that the patient can use and is willing to use. Access our greener respiratory hub to explore this topic further.



## Don't forget the under 5s

It is important to consider accurate diagnosis and treatment as there are limitations in terms of objective testing. Key points to remember for the under 5s:

- Objective testing is not available.
- Clinical history including atopy is key.
- Consider a 8-12-week trial of treatment with paediatric low dose ICS and objective review to assess response (stopping the trial of treatment allows for assessment or re-emergence of symptoms to support a diagnosis).
- Early referral to secondary care where the diagnosis is not clear.
- MART is NOT an option.
- DPIs are not suitable.
- See our 'first steps' guide: <https://bit.ly/PCRSFirstSteps>.

[1] Dry-powder inhaler use in primary school-aged children with asthma: a systematic review. Available at: [pmc.ncbi.nlm.nih.gov/articles/PMC11626612/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC11626612/) (Accessed Feb 2026)



## Authors and acknowledgements

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