

BTS/NICE/SIGN asthma guideline 2024



First steps to implement the guidance

Introduction

This is a high-level summary of what the 2024 BTS/NICE/SIGN Asthma: diagnosis monitoring and chronic asthma management guideline means for you as a primary healthcare professional and what steps you need to take to implement it effectively. [The full guideline is available here.](#)

This document is a distillation of the guidance to provide distinct advice on the changes on the diagnosis and management to asthma. It is not intended to be a comprehensive guide of the guideline, neither does it cover all non-pharmacological treatments or on-going monitoring. We recommend you use the links to resources provided throughout to obtain more detailed information and guidance.

It focuses on the following aspects of the patient journey for both adults and children and young people:

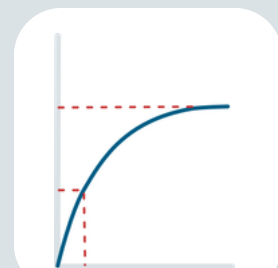
Diagnosis of asthma	Treatment of asthma	Management and treatment of asthma	Management and treatment of asthma	Monitoring and self-management
<i>In newly diagnosed patients</i>	<i>In adults and CYP (5+) with an existing diagnosis</i>		<i>In children under 5</i>	<i>In all patients</i>

Monitoring and self-management for all patients

All adults, young people and children with diagnosed or suspected asthma must have:

- An **asthma action plan** which includes treatment regime, triggers, warning signs and who to contact when they need help.
- Regular (at least annual) **asthma reviews*** which are conducted by appropriately trained healthcare professionals. At these:
 - Consider using age-appropriate validated tools e.g **Asthma Control Test (ACT)**
 - Confirm adherence to prescribed treatment and review **inhaler technique**
 - Identify any risk associated with short-acting beta-agonist (**SABA**) overuse
 - A review/update of their asthma action plan
- A review of **smoking**/vaping status, and referral to smoking cessation if appropriate
- Access to **education** and self-management programmes/information. This includes working alongside schools and community workers to ensure support in all settings.

**Use proactive alerts to ensure routine reviews of asthma, involve the multidisciplinary team in asthma care and optimise the use of telephone, email and IT to support asthma management.*



Diagnosis of asthma

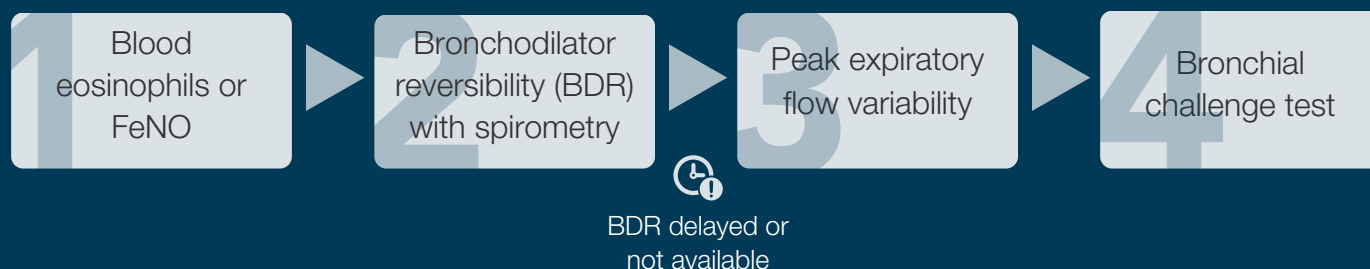
An objective test must be used to support a clinical suspicion of asthma.



Adult (16 years+)

(with a history of suggestive asthma)

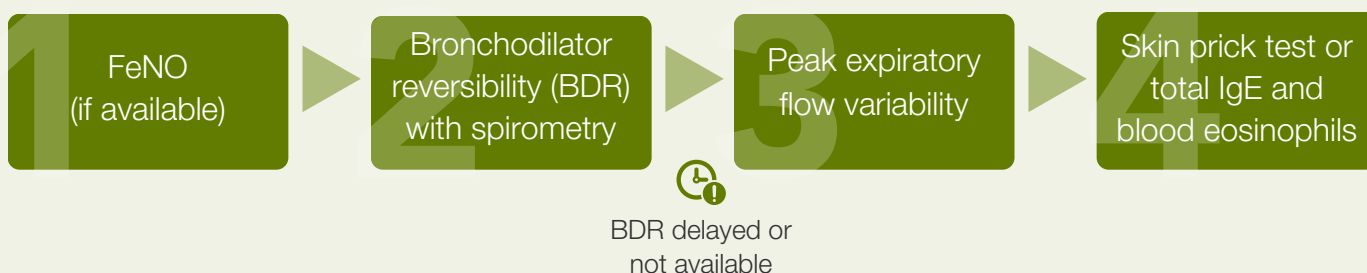
Recommended objective tests for diagnosing asthma in adults and young people (16+)



Children and young people (5-16)

(with a history of suggestive asthma)

Recommended objective tests for diagnosing asthma in children and young people (5-16)



Children (under 5)

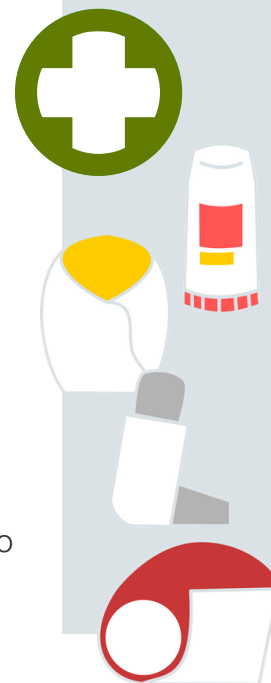
(with a history of suggestive asthma)

Objective tests are not usually possible in children under 5, so diagnosis should be based on clinical suspicion, test of treatment (using a low dose inhaled corticosteroid (ICS)) and regular review.

For more information on test results and when to diagnosis asthma for each objective test, please see pages 6 – 9 of the asthma guidelines and/or algorithms A and B.

Treatment for people newly diagnosed with asthma

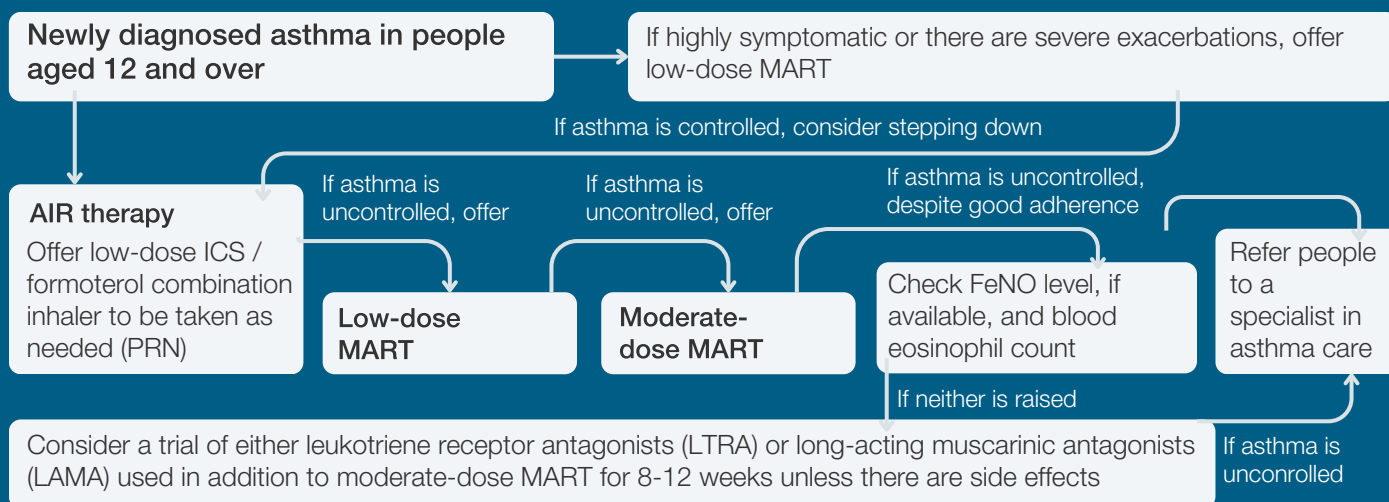
Asthma treatment/inhaler should be based on individual patient criteria and part of a shared decision-making process with the patient. See PCRS's [Tailored Inhaler Devices](#) for more information.



Adults and young people (12 years+)

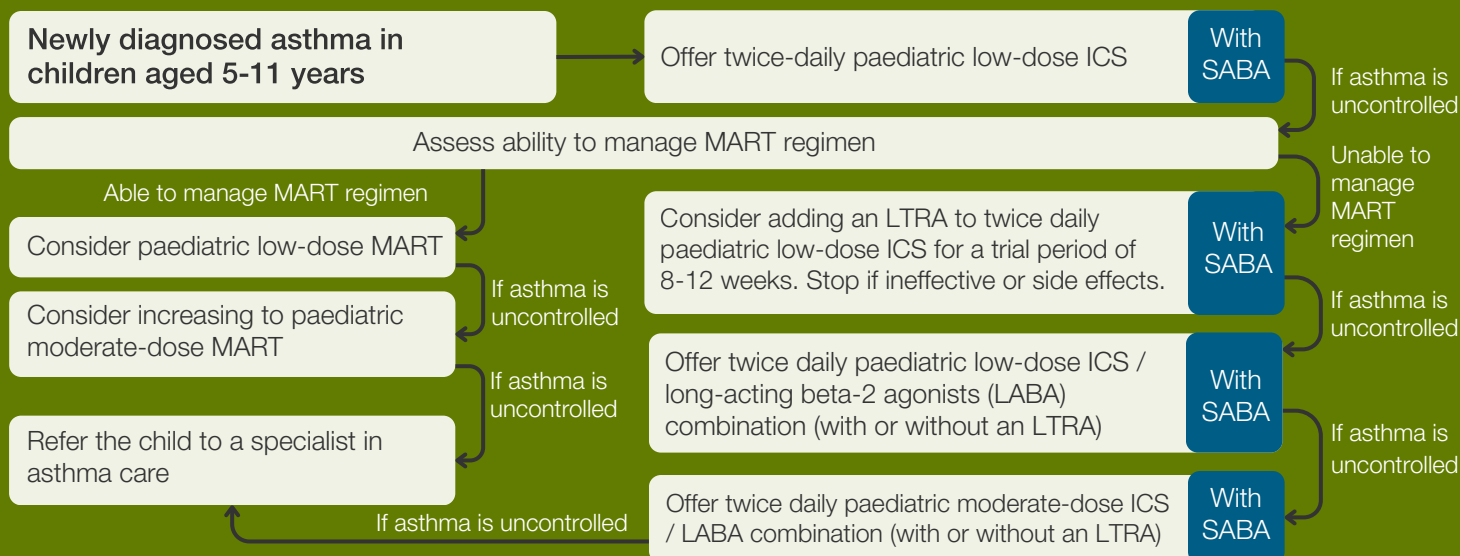
Key points

1. The 2024 NICE/BTS/SIGN asthma guideline recommends SABA free pathways to reduce the risks associated with SABA overuse. These are anti-inflammatory reliever (AIR) and maintenance and reliever therapy (MART) which use a combination of ICS/formoterol.
2. Only certain ICS/formoterol inhalers are licensed for reliever therapy.



Children and young people (5 -11)

In 2025 a MART inhaler was licenced for children of 6 to 11 years of age. To access PCRS's summary on this, please go to: <https://www.pcrs-uk.org/resource/current/pcrs-summary-new-maintenance-and-reliever-therapy-mart-license-children-aged-6-11>



Management and treatment of people with an existing diagnosis of asthma



Adults and young people (12 years+)

Key points

- Identify adults and children 12+ who could be transferred to SABA free treatment, particularly where asthma is not controlled.
- Use tools like [SPECTRA](#) and Ardens to support these searches.
- At their next review, initiate a discussion with the patient about switching their treatment regime. This is particularly relevant if they remain symptomatic.
 - If they are not symptomatic and remain stable on their current treatment pathway, switching is not a priority but should be considered as part of a shared decision making conversation when their asthma is reviewed.



Current treatment

Switch

SABA only	Low-dose ICS/formoterol PRN (AIR)
Regular low-dose ICS + SABA PRN	Low-dose MART
Regular low-dose ICS/LABA + SABA PRN	
Regular low-dose ICS + LTRA and/or LAMA + SABA PRN	
Regular low-dose ICS/LABA + LTRA and/or LAMA + SABA PRN	
Regular moderate-dose ICS + SABA PRN	Moderate-dose MART
Regular moderate-dose ICS/LABA + SABA PRN	
Regular moderate-dose ICS + LTRA and/or LAMA + SABA PRN	
Regular moderate-dose ICS/LABA + LTRA and/or LAMA + SABA PRN	
High dose ICS containing regime	Refer to specialist asthma care

Stepping down (adults, young people and children 12+)

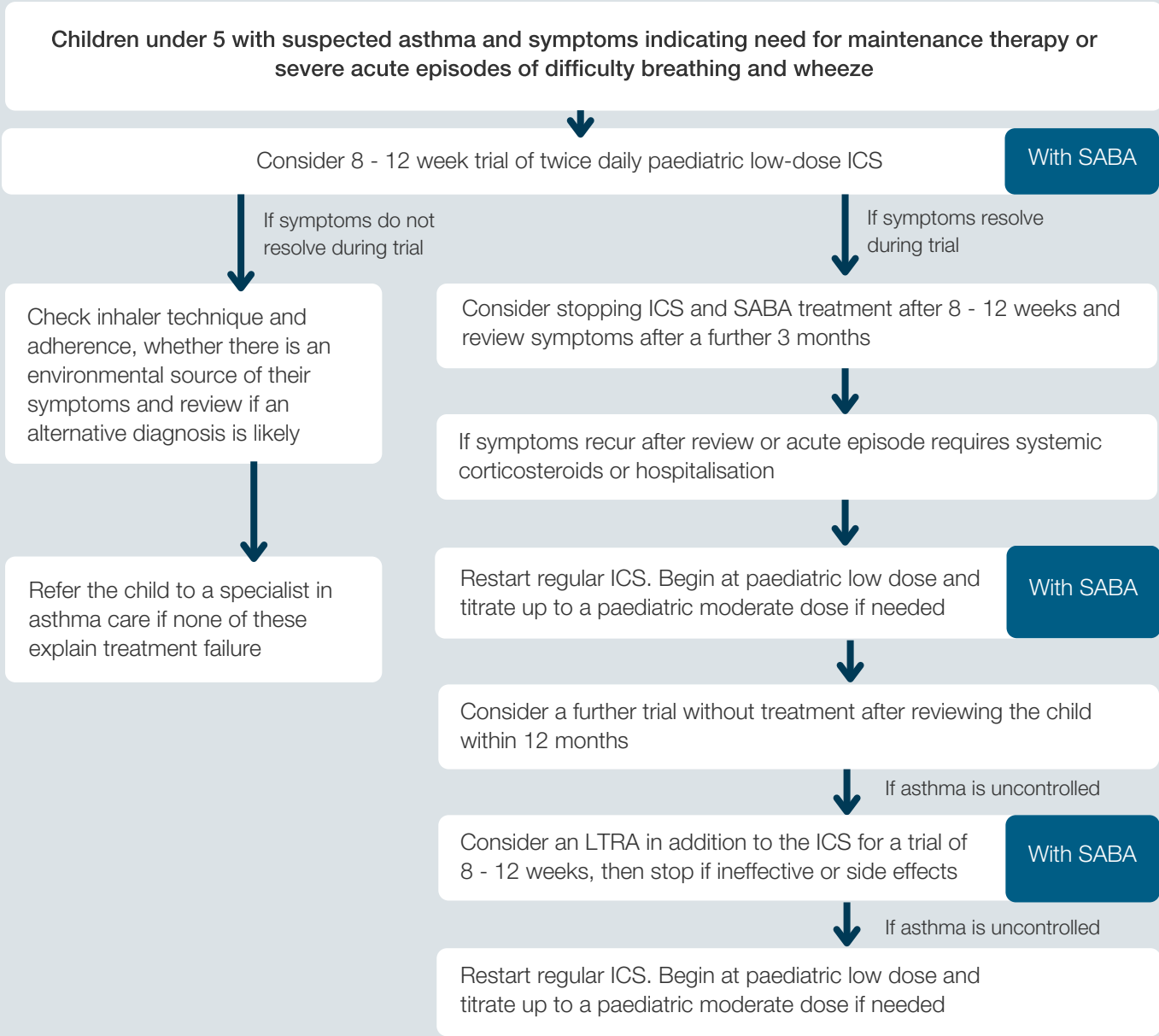
- Consider stepping down therapy when asthma is well controlled for a three-month timeframe
- Discuss the potential risks and benefits of decreasing therapy
- When reducing maintenance therapy consider: clinical effectiveness when introduced, side effects and the person's preference
- If stepping down in those using low dose ICS alone or low dose MART, step down to low dose ICS/formoterol PRN
- Agree how the step down will be (self-)monitored, reviewed, and followed-up
- Review and update the person's asthma action plan

Management and treatment of children under 5 years old

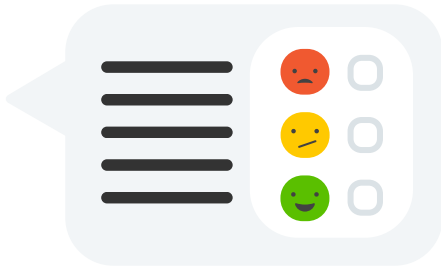


Children (under 5)

on-going treatment if symptoms reoccur



For more information on treatment pathways and management, please see pages 14 - 22 of the asthma guideline and/or Algorithms C - E.



Where can I find more information?

Knowledge and training of healthcare professionals in asthma care

 [Fit to Care](#)

Diagnosis

FeNO

-  [At a glance – FeNO testing in primary care](#)
-  [Making a business case for FeNO testing in practice](#)
-  [FeNO in asthma – e-learning programme](#)

Spirometry

-  [PCRS position statement: Spirometry in primary care](#)

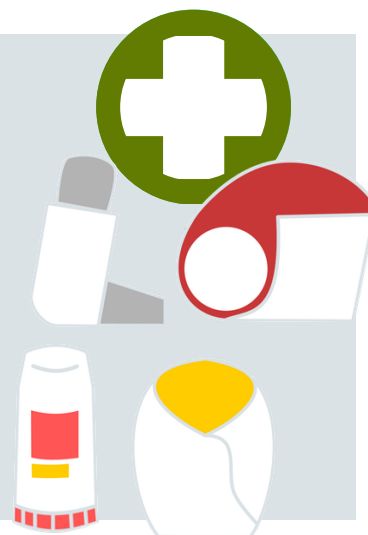
Diagnostic tests

-  [PCRS Consensus on how to calculate and interpret PEFR variability and reversibility for asthma diagnosis](#)



Treatment

-  [The GINA approach to managing asthma \(AIR\)](#)
-  [MART top tips article](#)
-  [Allowing more AIR in asthma care](#)
- [Ensuring optimal treatment for asthma management](#)
-  [Tailoring inhaler devices](#)
-  [Asthma management – tackling SABA overreliance](#)
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Monitoring and self-management

-  [A good asthma review](#)
-  [Good building blocks of an asthma review](#)
-  [PCRS tobacco dependency hub](#)
-  [PCRS MART action plan](#)
-  [PCRS AIR action plan](#)
-  Calculate the number of reliever inhalers and courses of oral corticosteroids used in the past year - [Asthma Slide Rule](#)



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This document was updated in September 2026 to reflect the new MART license for children of 6 to 11 years old and PCRS AIR resources.