



ชมรมโรคระบบหายใจและเวชบำบัดวิกฤตในเด็กแห่งประเทศไทย

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# Role of Theophyllines in control of Asthma

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# Clinical Asthma Control (GINA 2006)

- No (twice or less/week) daytime symptoms
- No limitation of daily activities, including exercise
- No nocturnal symptoms or awakening because of asthma
- No (twice or less/week) need for reliever treatment
- Normal or near-normal lung function results
- No exacerbations

# Asthma management program

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**Component 1. Develop patient/doctor partnership**

**Component 2. Identify and reduce exposure to risk factors**

**Component 3. Assess, treat, and monitor asthma**

**Component 4. Manage asthma exacerbations**

**Component 5. Special Considerations**

# Levels of Asthma Control (GINA 2006)

Characteristic	Controlled (All of the followings)	Partly Controlled (Any measure present in any week)	Uncontrolled
Daytime symptoms	None (twice or less / week)	More than twice/week	Three or more features of partly controlled asthma present in any week
Limitations of activities	None	Any	
Nocturnal symptoms/awakening	None	Any	
Need for reliever/ rescue treatment	None (twice or less / week)	More than twice/week	
Lung function (PEF or FEV1)***	Normal	<80% predicted or personal best (if known)	
Exacerbations	None	One or more/year*	One in any week**

\* Any exacerbation should prompt review of maintenance treatment to ensure that it is adequate

\*\* By definition, an exacerbation in any week makes that an uncontrolled asthma week

\*\*\* Lung function is not a reliable test for children 5 years and younger

# Asthma Control Test

	Score 1	Score 2	Score 3	Score 4	Score 5
Activities	all the time	most of the time	some of the time	little of the time	none of the time
Shortness of breath	> 1/day	1/day	3-6/wk	1-2/wk	not at all
Symptoms at night / morning	$\geq 4$ /wk	2-3/wk	1/wk	1-2/wk	not at all
Use of beta-2 agonists	$\geq 3$ /day	1-2/day	2-3/wk	$\leq 1$ /wk	not at all
Control rate	not controlled	poorly controlled	somewhat controlled	well controlled	completely controlled