

# TAMANG SAGOT

## PhilHealth Circular No. 2016-004

### “Policy Statements on the Diagnosis and Management of Asthma in Adults”

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#### 1. What is PhilHealth Circular No. 2016-004?

It is the updated Policy statements on the diagnosis and management of Asthma in adults.

#### 2. What is the objective of PC 2016-004?

PC 2016-004 primarily aims to provide guidance to doctors, hospitals and patients as to what tests, medicines, and procedures are strongly recommended if benefits clearly outweigh the harms.

It shall be used also by the Corporation as one of its references in assessing the quality of care rendered by PhilHealth-accredited HCPs to members through performance monitoring and other activities when necessary.

#### 3. What are the manifestations that should be sought in the patient’s history to make a diagnosis of Asthma?

- a. On-and-off cough that gets worse at night or in the early morning
- b. Wheezing
- c. Episodic breathlessness
- d. Chest tightness
- e. Symptoms are triggered by exercise, allergen or irritant exposure, change in weather, or viral respiratory infections
- f. A history of asthma and atopic disease in the family, and
- g. Improvement of condition with the use of anti-asthma medications.

#### 4. What are the acceptable methods in diagnosing Asthma as it provides objective measures?

- a. Spirometry
- b. Peak expiratory flow (PEF)

#### 5. How should Asthma be managed in the hospital?

Patients with status asthmaticus and those who do not respond to treatment of acute asthmatic attacks in the emergency room should be admitted.

Long term treatment of asthma can be started while the patient is still admitted in the hospital.

Patients with stable vital signs for 24 hours and have the ability to maintain oral intake may be discharged.

## **6. What is the recommended treatment for Asthma?**

1. Classify first all patients with asthma attacks (exacerbations) according to severity to help determine need for therapy
2. The following medications may be administered to patients with asthmatic attacks:
  - 2.1. Inhaled corticosteroids
  - 2.2. Fixed dose combination of long-acting B2 antagonists and inhaled corticosteroids to control symptoms and improve lung function.
3. The following medications may be administered to patients with persistent asthma:
  - 3.1. Inhaled B2 antagonists
  - 3.2. Systemic or oral steroids
  - 3.3. Inhaled ipratropium bromide + inhaled B2-agonists
4. The recommended step-care approach in the management of asthma is as follows:

| Step: | Medication:   |
|-------|---|
| 1     | Consider low dose inhaled corticosteroids (ICS)   |
| 2     | Low dose ICS, Low dose ICS or montelukast   |
| 3     | Low dose ICS/ LABA, Low dose ICS or Moderate or high dose ICS                                   |
| 4     | Moderate or high dose ICS/LABA or medium dose ICS or High dose ICS + 2 <sup>nd</sup> controller |
| 5     | High dose ICS/LABA + OCS or High dose ICS/LABA + other add-on agents                            |

## **7. How will PhilHealth monitor the performance of health care providers and facilities?**

PhilHealth will monitor the performance of all accredited health care providers through conduct of monitoring activities such as, but not limited to facility visits, domiciliary investigations, and/ or chart review.

## **8. When will PC 2016-004 take effect?**

The Circular shall take effect fifteen (15) days after publication in any newspaper of general circulation.