

Table 3D. Asthma Treatment: Prevention of Morbidity

Referral Guideline	Rationale	Evidence Type
Patients with asthma who require Emergency Department care for acute episode	Allergist care reduces subsequent asthma emergency department visits. ¹⁻	Direct outcome evidence
	Allergist care reduces subsequent hospitalization. ²⁻¹⁰	
Patients with uncontrolled asthma	Allergist care reduces asthma symptoms and improves physical functioning and asthma-related quality of life. ^{1,3,11} Asthma specialist care is associated with improved asthma control. ¹²	Direct outcome evidence
Patients with persistent asthma, particularly moderate-severe persistent asthma	Inhaled corticosteroid use leads to reduction in asthma symptoms, exacerbations, hospitalizations, and asthma death. ¹⁰	Indirect outcome evidence (controllers)
	Allergist care is more likely to lead to use of asthma controller medications (particularly inhaled corticosteroids). ^{5, 7, 10,11,13-15}	
	Allergists administer anti-IgE, which prevents exacerbations, improves symptoms, and reduces the use of inhaled steroids in patients with moderate-severe asthma. ^{16,17}	Indirect outcome evidence (anti-IgE)
Patients who need education on asthma and guidance in techniques for self-	Use of written action plans improves asthma self-management. ^{3, 14,15}	Indirect outcome evidence
management	Allergist care is more likely to lead to provision of a written management plan and objective monitoring of asthma using peak flow meters. ^{3, 14,15}	(education, action plan)
	Asthma self-management education improves outcomes in children and adults. ^{18,19}	
	Allergist care is associated with more effective self-management education and knowledge ^{3,20-22} .	
Patients who use excessive amounts of reliever medications	Excessive short acting beta agonist use indicates uncontrolled asthma. Allergist care reduces overuse of short acting beta agonists. ¹⁴	Direct outcome evidence
Patients with severe asthma	Allergist care reduces cost of care for asthma. ^{7,9,10,23}	Direct outcome evidence

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