

**Should you increase corticosteroids or exacerbations in chronic asthma?**

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<b>Clinical Question</b>	Is it clinically effective and safe to increase doses of inhaled corticosteroids as part of a patient-initiated action plan for home management of exacerbations in children and adults with persistent asthma?
<b>Bottom Line</b>	Evidence from double-blind trials of adults and children with mild to moderate asthma suggests there is unlikely to be an important reduction in the need for oral steroids from increasing a patient's inhaled corticosteroids (ICS) dose at the first sign of an exacerbation. Other clinically important benefits and potential harms of increased doses of ICS compared with keeping the dose stable cannot be ruled out due to wide confidence intervals, risk of bias in the trials, and assumptions made to permit synthesis.
<b>Caveat</b>	The included studies, conducted between 1998 and 2018, reflect evolving clinical practice and study methods, and the data did not support thorough investigation of effect modifiers such as baseline dose, fold increase, asthma severity and timing. The review does not include recent evidence from pragmatic, unblinded studies that suggest a benefit of larger dose increases in those with poorly controlled asthma.
<b>Context</b>	People with asthma may experience exacerbations, or 'attacks', during which their symptoms worsen and additional treatment is required. Written action plans sometimes advocate a short-term increase in the dose of inhaled corticosteroids (ICS) at the first sign of an exacerbation to reduce the severity of the attack and to prevent the need for oral steroids or hospital admission.
<b>Cochrane Systematic Review</b>	Kew KM, Flemyng E, Quon BS, Leung C. Increased versus stable doses of inhaled corticosteroids for exacerbations of chronic asthma in adults and children. Cochrane Database of Systematic Reviews 2022, Issue 9. Art. No.: CD007524. DOI: 10.1002/14651858.CD007524.pub5. This review contains 9 trials with a total of 1923 participants.

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**Pearls No. 711, October 2022, written by Assoc Professor Vanessa MB Jordan.**

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007524.pub5/full>