**What is step-down?**

The BTS/SIGN guideline recommends considering stepping down asthma treatment when patients have been well controlled for at least 3 months and to reduce the inhaled corticosteroid (ICS) dose by 25–50% at each review, but does not provide detailed practical advice on how best to do this.

**When is asthma controlled?**

- No daytime symptoms
- No need for rescue medications
- No night-time awakening due to asthma
- No exacerbations
- No limitation on activity including exercise
- Normal lung function with minimal side effects
- Good treatment compliance and inhaler technique

**Why step down?**

Over 60% of asthma patients report concerns about the long-term effects of ICSs.

Some of the side effects associated with prolonged (especially high dose) ICS use are:

- Glaucoma
- Cataracts
- Anxiety
- Depression
- Sleep disturbances
- Skin thinning
- Bruising
- Weaker bones
- Abnormal voice changes and/or difficulty in speaking
- Thrush
- Throat irritation
- Glaucoma
- Cataracts
- Anxiety
- Depression
- Sleep disturbances
- Skin thinning

**Some key factors to consider when stepping down**

- Avoid making too many changes to asthma treatment in one visit
- Maintaining the same ICS when reducing dosage will reduce risk
- Considering trigger factors for each patient, such as seasonal changes

**Tools to help step down**

Step down algorithms provide detailed guidance to healthcare professionals on how to conduct step-down confidently and accurately.

**References:**

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5. Chalmers J, Daly C, Holmes S, Siddaway D. Practical considerations when stepping up, stepping down, and changing treatments in asthma: focus on BTS/SIGN steps 3, 4, and 5. June 2016. Available at: Guidelines.co.uk/asthma-changing-treatment-algorithm

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