

Persistent Moderate Asthma

Asthma is a chronic airway disease involving bronchial inflammation and hyperresponsiveness that leads to airway obstruction and the symptoms of difficulty breathing, cough, and wheezing. Common triggers include cigarette smoke, dust, exercise, and exposure to cold air. Patients with moderate persistent asthma have symptoms requiring a rescue inhaler daily, with nocturnal awakenings at least once a week but not nightly. Pulmonary function tests show a decrease to 60-80% of the predicted normal. Pharmacologic management in step 3 of the asthma management protocol calls for the addition of a long-acting beta-agonist to the step 2 medications or an increase to medium-dose inhaled glucocorticoids.



PLAY PICMONIC

Diagnosis

Symptoms (Bronchoconstriction) and Rescue Inhaler Use Daily

[Broccoli-constrictor](#) and [Inhaler with Girl in Daily-sundress](#)

Patients with moderate persistent asthma have symptoms of cough, difficulty breathing, and wheezing every day. Use of a rescue inhaler (short-acting beta-agonist) is required daily to control symptoms.

Nighttime Awakening > 1 / Week

[Knight Awakened with > \(1\) Wand and Weekly-newspaper](#)

Symptoms awaken the patient from sleep at least once per week but do not occur every night.

60-80% Predicted FEV1

[\(60\) Minutes-reporter with \(80\) Eating lungs Spirometer](#)

Pulmonary function tests begin to show a decrease in moderate persistent disease. Forced expiratory volume in one second (FEV1) is between 60% and 80% of the predicted normal.

FEV1/FVC Decreased 5%

[FEV1/FVC with Down-arrow \(5\) Hand](#)

The FEV1:FVC (forced vital capacity) ratio is reduced by up to 5%.