

Interventions for uncontrolled and severe asthma

Remit for a new guideline

1. Background

In 2024 the British Thoracic Society (BTS), the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) published a joint guideline:

[Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN 245\)](#)

At the same time, a revised edition of the [British guideline on the management of asthma \(SIGN 158, BTS/SIGN\)](#) was published which included the remaining guidance on management of acute asthma.

The new guideline on interventions for severe asthma, for adults, young people and children, will replace section 10: Difficult asthma, in SIGN 158. It will provide the next step in the pathways for chronic asthma (see [Algorithm C](#) and [Algorithm D](#)), signposting to advice on assessment, and providing evidence-based recommendations on therapies for patients with uncontrolled and severe asthma..

BTS, NICE, SIGN 245 recommends moving patients from treatment with a short-acting beta2 agonist (SABA) to maintenance and reliever therapy (MART). Previously those who had uncontrolled asthma on SABA were offered high-dose ICS. High-dose ICS is unlicensed for use in MART. Consultation on the remit for this update suggested that the role of high-dose ICS, and that of azithromycin, are areas of uncertainty. A number of monoclonal antibodies (biologic therapies) are also available for treatment of people with severe asthma.

The Global Initiative for Asthma ([GINA](#)) defines severe asthma as asthma symptoms that remain difficult to control despite adherence to high-dose ICS therapy and management of contributory comorbidities and psychosocial factors. It is estimated that approximately 5% of people with asthma have severe asthma. ([GINA, 2024](#))

Severe asthma in children and young people can be defined as those who experience a high number of attacks or a high level of symptoms that impact their daily life (for example, reduced school attendance). This may be caused by one, or a mix of, factors:

- lack of adherence treatment; poor inhaler technique
- exposure to environment triggers
- severity of the illness.

Severity of asthma can fluctuate. Because of this, and because children and young people are not always in control of adherence to treatment or environmental triggers, some children and young people may benefit from biologic therapies, irrespective of whether they are taking their standard therapies or not. It is important to understand the underlying causes and address any modifiable environmental factors.

The new guideline will focus on pharmacological therapies, but highlight the need for a holistic approach, signposting to advice on adherence to treatment, inhaler technique, and environmental factors in SIGN 158, BTS, NICE, SIGN 245 and the consensus pathways published by [Health Innovation Oxford](#) and the [Scottish Centre for Sustainable Delivery](#). It will include a section outlining the steps needed for assessment, based on the consensus pathways.



2. Aims of the guideline

To provide evidence-based advice for the optimal pharmacological management of patients with uncontrolled and severe asthma to help them manage their asthma and reduce the frequency of exacerbations.

The focus of the guideline will be to address areas of uncertainty or variation in practice in the use of pharmacological therapies.

3. Population

3.1 Groups that will be covered

- Adults who have asthma symptoms that remain uncontrolled despite adherence to optimised treatment for chronic asthma.
- Children and young people who have uncontrolled or severe asthma.

3.2 Groups that will not be covered

The guideline will not cover the diagnosis and management of patients with acute or chronic mild-to-moderate asthma. Advice for people with chronic asthma is included in [Asthma: diagnosis, monitoring and chronic asthma management](#) (BTS, NICE, SIGN 245). Advice for management of people with acute asthma is included in [SIGN 158: British guideline on the management of asthma](#). Non-pharmacological management of asthma, including modifiable environmental factors, is included in [SIGN 158: British guideline on the management of asthma](#).

3.3 Comorbidities

Comorbidities are common in patients with severe asthma. These comorbidities may:

- cause increased respiratory symptoms that are distinct from asthma (eg breathing pattern disorder, chronic obstructive pulmonary disease (COPD), gastro-oesophageal reflux disease (GORD), laryngeal dysfunction, obstructive sleep apnoea (OSA), inducible laryngeal obstruction (ILO), excessive dynamic airway collapse (EDAC))
- increase the severity of asthma (eg allergic bronchopulmonary aspergillosis (ABPA), eosinophilic granulomatosis with polyangiitis (EGPA) and eosinophilic esophagitis (EoE))
- be associated with more severe asthma phenotypes (eg nasal polyposis)
- influence the effect of a pharmacological therapy (eg high body mass index, depression, anxiety).

The guideline will note that it is important to identify comorbidities and consider their impact when managing symptoms and selecting appropriate therapies. The guideline will signpost to guidelines on the management of comorbidities, where available.

4. Healthcare setting

Patients with uncontrolled asthma may be managed in primary care, secondary care or specialist asthma clinics. Patients with severe asthma should be under the shared care of specialist asthma clinics and primary care.

5. Target users

This guideline will be of interest to healthcare professionals in specialist asthma clinics, primary and secondary care, and interface settings involved in the management of patients with asthma.

6. Equality impact assessment

Issues identified in the equality impact assessment (EQIA):

- Socioeconomic deprivation is associated with the development of persistent asthma in

adolescents, poor symptom control in children, and increased hospitalisation in adults.

- Patients with severe asthma from minority ethnic groups have a higher disease burden with poorer lung function and worse asthma control compared with white patients. These populations are underrepresented in research studies.
- Management of patients with severe asthma has improved outcomes when it is delivered by specialist centres. This may be challenging for people who live in remote and rural communities.

7. Key questions

The research questions will cover the following, for adults, children and young people:

- Biomarkers
- Azithromycin
- High-dose inhaled corticosteroids
- Monoclonal antibodies
- Down titration of background therapies when using monoclonal antibodies
- Remote monitoring

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