

FIGURE 18. ESTIMATED COMPARATIVE DAILY DOSAGES FOR INHALED CORTICOSTEROIDS

Drug	Low Daily Dose			Medium Daily Dose			High Daily Dose		
	Child 0–4 Years of Age	Child 5–11 Years of Age	≥12 Years of Age and Adults	Child 0–4 Years of Age	Child 5–11 Years of Age	≥12 Years of Age and Adults	Child 0–4 Years of Age	Child 5–11 Years of Age	≥12 Years of Age and Adults
Beclomethasone HFA 40 or 80 mcg/puff	NA	80–160 mcg	80–240 mcg	NA	>160–320 mcg	>240–480 mcg	NA	>320 mcg	>480 mcg
Budesonide DPI 90, 180, or 200 mcg/inhalation	NA	180–400 mcg	180–600 mcg	NA	>400–800 mcg	>600–1,200 mcg	NA	>800 mcg	>1,200 mcg
Budesonide Inhaled Inhalation suspension for nebulization	0.25–0.5 mg	0.5 mg	NA	>0.5–1.0 mg	1.0 mg	NA	>1.0 mg	2.0 mg	NA
Flunisolide 250 mcg/puff	NA	500–750 mcg	500–1,000 mcg	NA	1,000–1,250 mcg	>1,000–2,000 mcg	NA	>1,250 mcg	>2,000 mcg
Flunisolide HFA 80 mcg/puff	NA	160 mcg	320 mcg	NA	320 mcg	>320–640 mcg	NA	≥640 mcg	>640 mcg
Fluticasone HFA/MDI: 44, 110, or 220 mcg/puff	176 mcg	88–176 mcg	88–264 mcg	>176–352 mcg	>176–352 mcg	>264–440 mcg	>352 mcg	>352 mcg	>440 mcg
DPI: 50, 100, or 250 mcg/inhalation	NA	100–200 mcg	100–300 mcg	NA	>200–400 mcg	>300–500 mcg	NA	>400 mcg	>500 mcg
Mometasone DPI 200 mcg/inhalation	NA	NA	200 mcg	NA	NA	400 mcg	NA	NA	>400 mcg
Triamcinolone acetonide 75 mcg/puff	NA	300–600 mcg	300–750 mcg	NA	>600–900 mcg	>750–1,500 mcg	NA	>900 mcg	>1,500 mcg

Key: DPI, dry power inhaler; HFA, hydrofluoroalkane; MDI, metered-dose inhaler; NA, not available (either not approved, no data available, or safety and efficacy not established for this age group)

Therapeutic Issues:

- The most important determinant of appropriate dosing is the clinician's judgment of the patient's response to therapy. The clinician must monitor the patient's response on several clinical parameters and adjust the dose accordingly. Once control of asthma is achieved, the dose should be carefully titrated to the minimum dose required to maintain control.
- Preparations are not interchangeable on a mcg or per puff basis. This figure presents estimated comparable daily doses. See EPR—3 Full Report 2007 for full discussion.
- Some doses may be outside package labeling, especially in the high-dose range. Budesonide nebulizer suspension is the only inhaled corticosteroid (ICS) with FDA-approved labeling for children <4 years of age.
- For children <4 years of age: The safety and efficacy of ICSs in children <1 year has not been established. Children <4 years of age generally require delivery of ICS (budesonide and fluticasone HFA) through a face mask that should fit snugly over nose and mouth and avoid nebulizing in the eyes. Wash face after each treatment to prevent local corticosteroid side effects. For budesonide, the dose may be administered 1–3 times daily. Budesonide suspension is compatible with albuterol, ipratropium, and levalbuterol nebulizer solutions in the same nebulizer. Use only jet nebulizers, as ultrasonic nebulizers are ineffective for suspensions. For fluticasone HFA, the dose should be divided 2 times daily; the low dose for children <4 years of age is higher than for children 5–11 years of age due to lower dose delivered with face mask and data on efficacy in young children.

Potential Adverse Effects of Inhaled Corticosteroids:

- Cough, dysphonia, oral thrush (candidiasis).
- Spacer or valved holding chamber with non-breath-actuated MDIs and mouthwashing and spitting after inhalation decrease local side effects.
- A number of the ICSs, including fluticasone, budesonide, and mometasone, are metabolized in the gastrointestinal tract and liver by CYP 3A4 isoenzymes. Potent inhibitors of CYP 3A4, such as ritonavir and ketoconazole, have the potential for increasing systemic concentrations of these ICSs by increasing oral availability and decreasing systemic clearance. Some cases of clinically significant Cushing syndrome and secondary adrenal insufficiency have been reported.
- In high doses, systemic effects may occur, although studies are not conclusive, and clinical significance of these effects has not been established (e.g., adrenal suppression, osteoporosis, skin thinning, and easy bruising). In low-to-medium doses, suppression of growth velocity has been observed in children, but this effect may be transient, and the clinical significance has not been established.