

Table 3: Evidence in Support of Education for Proper Use of New Medication Delivery Devices for Children with Asthma

TYPE OF EVIDENCE	KEY FINDINGS	LEVEL OF EVIDENCE (USPSTF RANKING*)	CITATION(S)
Clinical guidelines	The Expert Panel recommends that clinicians demonstrate, review, evaluate, and correct inhaler technique and, if appropriate, the use of a valved holding chamber or spacer, at each visit, because these skills can deteriorate rapidly.	III	National Heart, Lung and Blood Institute. Expert Panel Report 3 (2007) Guidelines for the Diagnosis of Asthma: Summary Report. National Asthma Education and Prevention Program. Available at: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm ; accessed February 19, 2016.
Clinical guidelines	Checking and correcting inhaler technique using a standardized checklist takes only 2-3 minutes and leads to improved asthma control. A physical demonstration is essential to improve inhaler technique. This is easiest if the health care provider has placebo inhalers and a spacer. After training, inhaler technique falls off with time, so checking and re-training must be repeated regularly. This is particularly important for patients with poor symptom control or history of exacerbations.	III	Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2014. Available at: http://www.ginasthma.org/ ; accessed: February 19, 2016.

Note: USPSTF criteria for assessing evidence at the individual study level are as follows: I) Properly powered and conducted randomized controlled trial (RCT); well-conducted systematic review or meta-analysis of homogeneous RCTs. II) Well-designed cohort or case-control analytic study. III) Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees.