2022 Global Initiative for Asthma

(GINA) Report



Key Points for Practice:

- As-needed SABA therapy alone is not recommended because of severe exacerbations and mortality risks
- As-needed use of a low-dose ICS-formoterol combination is preferred in adults and adolescents age 12 and older with mild asthma
- ICS-formoterol combination for both as-needed and controller therapy is recommended to reduce risk of severe exacerbations in moderate to severe persistent asthma

Limit Albuterol Overuse

The latest update to GINA guidelines includes significant changes to treatment recommendations, especially a recommendation against using albuterol, a short-acting beta 2 agonist (SABA), as sole therapy. SABA use alone can increase the risk of severe exacerbations and death. Use of ICS-formoterol combination as both reliever and controller is the preferred strategy (track 1) to reduce the risk of exacerbations. When compared to SABA-alone for as-needed therapy, the risk of exacerbations was reduced by 60-64%. The alternative strategy (track 2) of adding ICS to SABA for rescue therapy is less effective than using ICS-formoterol and has the risk of the patient receiving SABA-only treatment if they are nonadherent to the ICS.

Adults & adolescents 12+ years Personalized asthma management

Assess, adjust, review for individual patient needs

Symptoms
Exacerbations
Side-effects
Lung functions
Patient Satisfaction

Confirmation of diagnosis if necessary Symptom control & modifiable risk factors Comorbidities Inhaler technique & adherence

Patient preferences and goals

Treatment of modifiable risk factors and comorbidities Non-pharmacological strategies Asthma medications (adjust down/up/between tracks) Education & skills training

CONTROLLER and PREFERRED RELIEVER

(Track 1). Using ICS-formoterol as reliever reduces the risk of exacerbations compared with using a SABA reliever

STEPS 1–2 As-needed low dose ICS-formoterol

STEP 3 Low dose maintenance ICS-formoterol STEP 4 Medium dose maintenance ICS-formoterol STEP 5
Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS formoterol, ± anti-IgE, anti-IL5/5R, anti-IL4R, anti-TSLP

RELIEVER: As-needed low-does ICS-formoterol

CONTROLLER and ALTERNATIVE RELIEVER

(Track 2). Before considering a regimen with SABA reliever, check if the patient is likely to be adherent with daily controller

Other controller options for either track (limited indications, or less evidence for efficacy or safety)

STEP 1 Take ICS whenever SABA taken

STEP 2 Low dose maintenance ICS STEP 3 Low dose maintenance ICS-LABA STEP 4 Medium/high dose maintenance ICS-LABA Add-on LAMA Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-IgE, anti-IL5/5R, anti-IL4R, anti-TSLP

RELIEVER: As-needed short-acting beta,-agonist

Low dose ICS whenever SABA taken, or daily LTRA, or add HDM SLIT Medium dose ICS, or add LTRA, or add HDM SLIT Add LAMA or LTRA or HDM SLIT, or switch to high dose ICS

Add azithromycin (adults) or LTRA. As last resort consider adding low OCS but consider side-effects

If you have questions, please contact us by phone at **1(415) 547-7818 ext. 7085** or fax at **1(415) 547-7819**

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Focus on Single Maintenance and Reliever Therapy (SMART)

GINA 2022 recommends SMART therapy for patients with moderate or severe persistent asthma. SMART therapy combines the use of one inhaler for both daily asthma controller and reliever. ICS-formoterol is a combination inhaler of corticosteroid (ICS) to help reduce inflammation in the lungs and long-acting bronchodilator (LABA) that quickly helps open the airways. With SMART therapy, patients continue taking maintenance dose of ICS-formoterol twice daily and one puff of the same inhaler as needed for reliever. Studies have shown that patients using ICS-formoterol as a single maintenance and reliever inhaler had better asthma control and less need for emergency medical treatment.

Some actions you can consider to reduce albuterol use and improve asthma control:

- Review the therapeutic regimen and determine if step-up therapy is necessary.
- Switch to ICS-formoterol for both rescue and controller inhaler.
- Limit the number of albuterol refills.
- Write prescriptions that allow only one albuterol inhaler to be dispensed at a time.
- If your clinic has clinical pharmacists, please refer your patient to their services for dose adjustments, adherence assistance, and inhaler teaching.
- Provide members with SFHP's asthma education handout for members available in multiple languages on our website at sfhp.org/health-ed

Resources

Member education handout about asthma with translations can be found on our website at sfhp.org/health-ed

References

- 1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, updated 2022. **ginasthma.org/reports**
- 2. American Academy of Family Physician. "Asthma: Updated Diagnosis and Management Recommendations from GINA." American Family Physician. Vol 101 (12). June 15, 2020.
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