

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

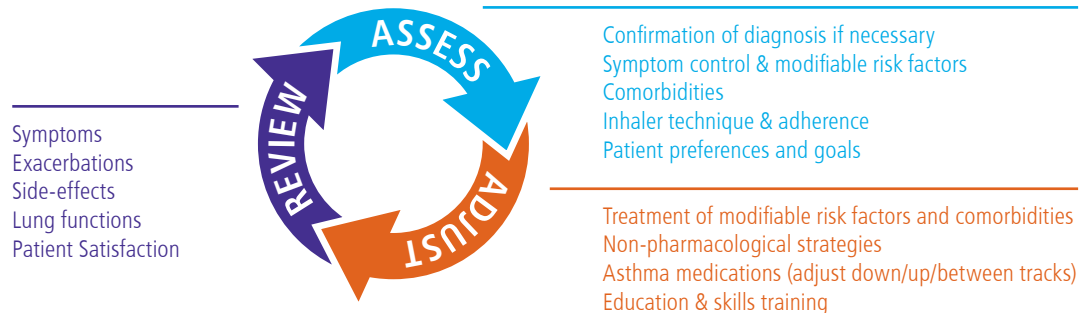
The latest update to GINA guidelines includes significant changes to treatment recommendations, especially a recommendation against using albuterol, a short-acting beta 2 agonist (SABA), as sole therapy. SABA use alone can increase the risk of severe exacerbations and death. Use of ICS-formoterol combination 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

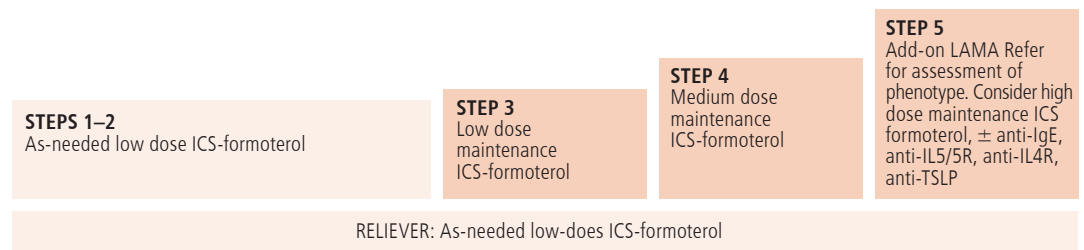
Personalized asthma management

Assess, adjust, review for individual patient needs



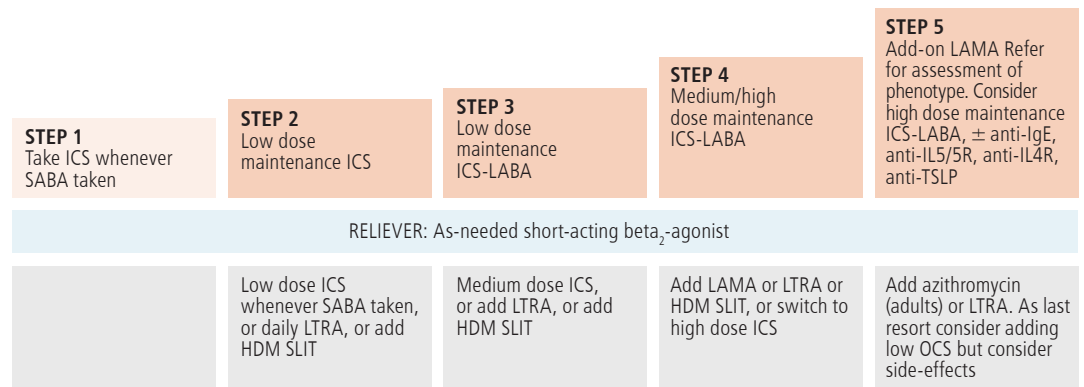
CONTROLLER and PREFERRED RELIEVER

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



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



See Severe GINA asthma guide

2022 Global Initiative for Asthma (GINA) Report

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. **aafp.org/dam/brand/aafp/pubs/afp/issues/2020/0615/p762.pdf**