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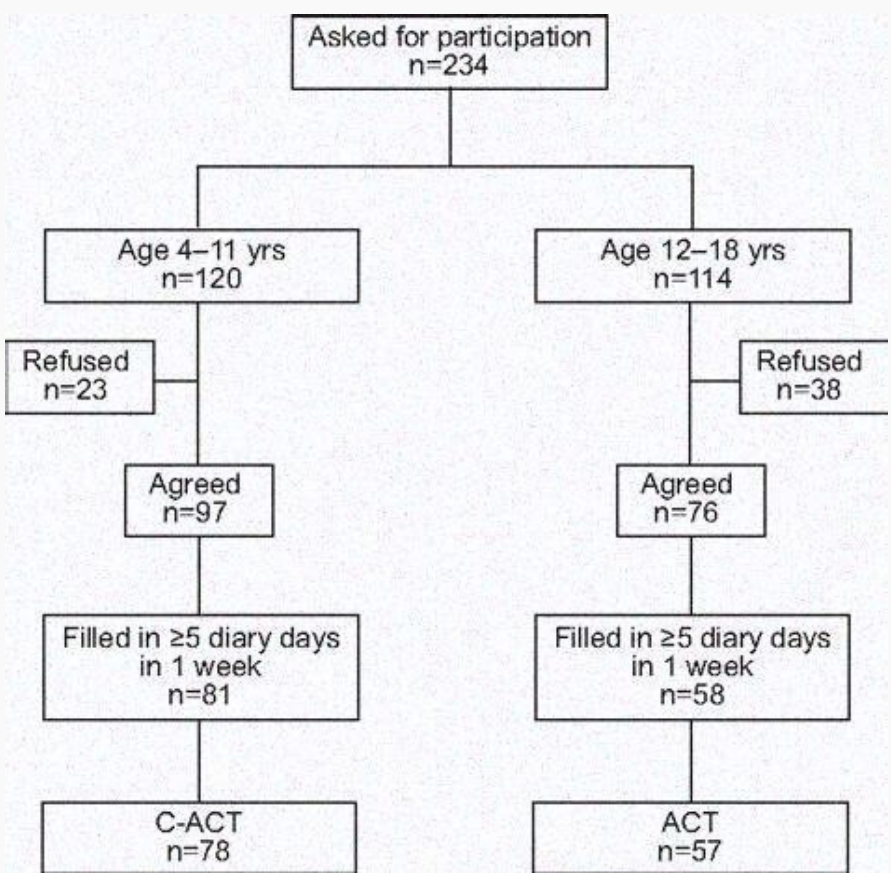
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The Global Strategy for Asthma Management and Prevention has been updated to incorporate new scientific findings on asthma management. The update is based on a comprehensive review of recent scientific literature by an international panel of experts. This resource provides information on one of the most common chronic lung diseases worldwide, containing extensive citations from the scientific literature. The 2024 GINA Report has been published, featuring an updated version that clarifies some medication dosages.

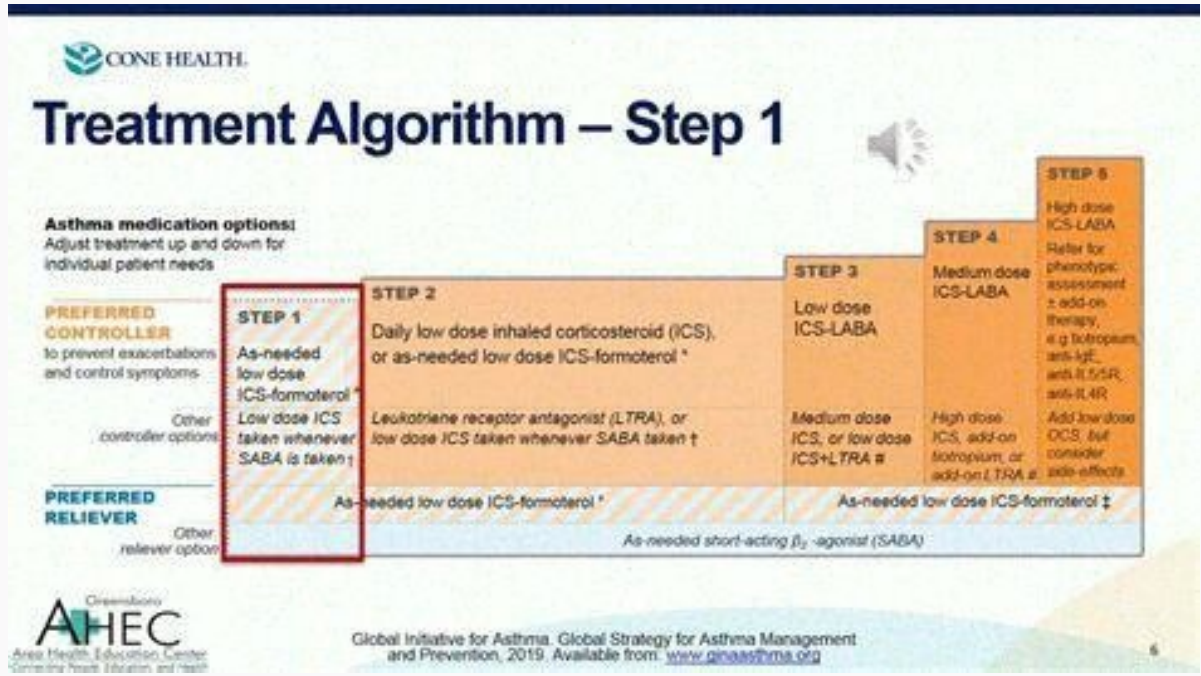
The report forms the basis for other GINA documents and programs. Asthma causes respiratory symptoms such as wheezing, shortness of breath, chest tightness, and cough, which vary in frequency and intensity over time. These symptoms are associated with variable expiratory airflow limitations. Suspecting asthma involves identifying certain symptoms that occur with reversibility. The diagnosis of asthma typically involves a combination of symptoms such as chest tightness, shortness of breath, coughing, and wheezing. Symptoms are often worse at night or upon waking, and vary in time and intensity. Evidence of variable expiratory airflow limitation can be demonstrated through spirometry or peak flow measurements. Special considerations include the use of spirometry to support a diagnosis of asthma, as well as trials of asthma medication and bronchoprovocation testing in certain cases. A diagnosis is confirmed when symptoms improve with treatment. Strongly suggestive of asthma when symptoms resolve. Confirmation is based on three key elements: demonstration of variable air flow limitation, preferably by spirometry; documentation of reversible obstruction; and exclusion of alternative diagnoses such as bronchiolitis, foreign body, tumours, vascular compression ring, bronchopulmonary dysplasia, and GERD. Detailed history and examination suggest asthma. Patient already using ICS treatment? No. Begin treatment for asthma. Spirometry with reversible test results support asthma. Clinically urgent: initiate empiric treatment and reassess within 1 week. Repeat reversibility test during symptoms or mild exacerbation. Start asthma treatment: * Never use SABA as monotherapy; it must always be accompanied by ICS. * In patients with mild asthma, consider using ICS-formoterol (Symbicort, Budesonide-Formoterol) instead of ICS-SABA. * Be cautious with the overuse of SABA (~ 3 canisters per year increases risk of asthma death). Step 1-2: As-needed low dose ICS-Formoterol.

Step 3: Low dose ICS-Formoterol, Step 4: Medium dose ICS-Formoterol.



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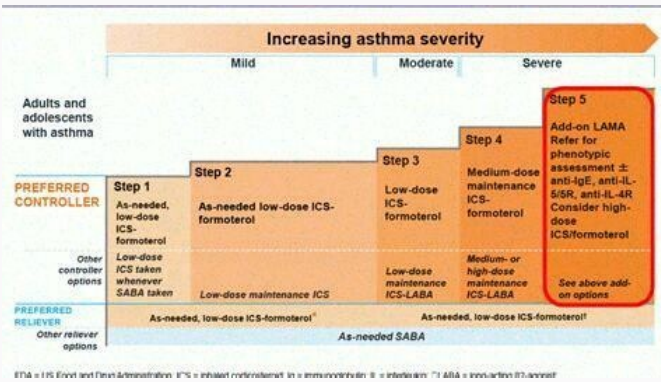


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Components of Severity		Classification of Asthma Severity ≥12 years of age			
		≥12 years of age			
		Intermittent	Mild	Persistent Moderate	Severe
Impairment	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2/month	3–4/month	>1x/week but not nightly	Often 7x/week
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not daily, and not more than 1x on any day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
Normal FEV ₁ /FVC: 8–19 yr 85% 20–59 yr 80% 60–80 yr 70%					
	Lung function	• Normal FEV ₁ between exacerbations • FEV ₁ >80% predicted • FEV ₁ /FVC normal	• FEV ₁ >80% predicted • FEV ₁ /FVC normal	• FEV ₁ >60% but <80% predicted • FEV ₁ /FVC reduced ≥5%	• FEV ₁ <60% predicted • FEV ₁ /FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year (see note)	≤2/year (see note)	Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV ₁ .	
		Step 1	Step 2	Step 3	Step 4 or 5
Recommended Step for Initiating Treatment (See figure 4–5 for treatment steps.)		In 2–6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly.			

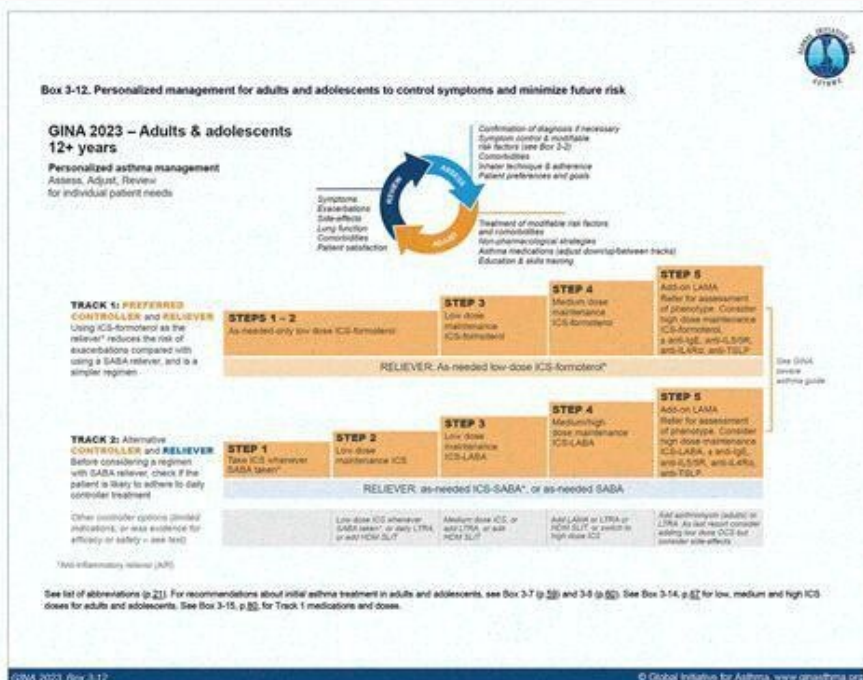
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Step 5: * Add on treatments: + LAMA for patients >18 yo (>6y for tiotropium), + Anti IgE (SC omalizumab >6yo) for severe allergic asthma, + Anti IL5 (SC mepolizumab >6yo) for severe eosinophilic type 2 asthma, + Anti TSLP (SC Tezepelumab) for severe asthma. * Add on azithromycin three days a week reduces exacerbations but increases antibiotic resistance. Reviewing response: 1-3 months after starting treatment, then every 3-12 months. During pregnancy: every 4-6 weeks. After exacerbation review visit within 1 week after event. Good controlled Asthma: * Avoid troublesome day and night time symptoms. * Patient uses little to no reliever medication. * Patient has an active and physical life. * Patient has a normal to near-normal pulmonary function tests. * Patient avoids serious exacerbations. Assessing a patient with Asthma: 1. Asthma control - Assess both symptom control and risk factors. 2. Assess symptoms control over the last 12 months. 3. Evaluate lung function using spirometry or FEV1. 4. Review medication use, including SABA and ICS. 5. Check for signs of poor asthma control, such as frequent exacerbations or night-time awakening due to symptoms. **Asthma Management: Modifying Risk Factors and Treatment Plans** 1. **Identify and Manage Risk Factors**: Determine modifiable risk factors for poor outcomes, such as lung function decline. 2. **Monitor Lung Function**: Measure lung functions before starting treatment, every 3-6 months, and periodically thereafter (e.g., annually). 3. **Assess Comorbidities**: Recognize co-existing conditions like rhinitis, chronic sinusitis, GERD, obesity, OSA, depression, and anxiety, which may contribute to respiratory symptoms. 4. **Record Treatment and Monitoring**: Document patient treatment, inhaler use, and action plans. **Stepping Up** 1. **Short-term Step-up (1-2 weeks)**: During viral infections or exposure to allergens. 2. **Sustained Step-up (2-3 months)**: If symptoms persist despite ICS-containing treatment, assess issues before considering a step up. **Stepping Down** 1. **Consider Stepping Down**: Once asthma control is achieved and maintained for 2-3 months, find the lowest effective dose to minimize side effects. 2. **Choose Appropriate Time**: No upper respiratory tract infections, no pregnancy, and no low lung function. Schedule a follow-up appointment. **Acute Asthma Exacerbation** 1. **SABA + SAMA every 20 minutes for 1 hour** 2. **Magnesium Sulfate IV** 3. **Oxygen and Bipap if needed** 4. **Systemic oral or IV corticosteroids** **GINA Report Update (2024)**: A comprehensive resource on asthma management, incorporating new scientific information and updates from the GINA Science Committee.