

Global Initiative for Asthma (GINA)

What's new in GINA 2016?

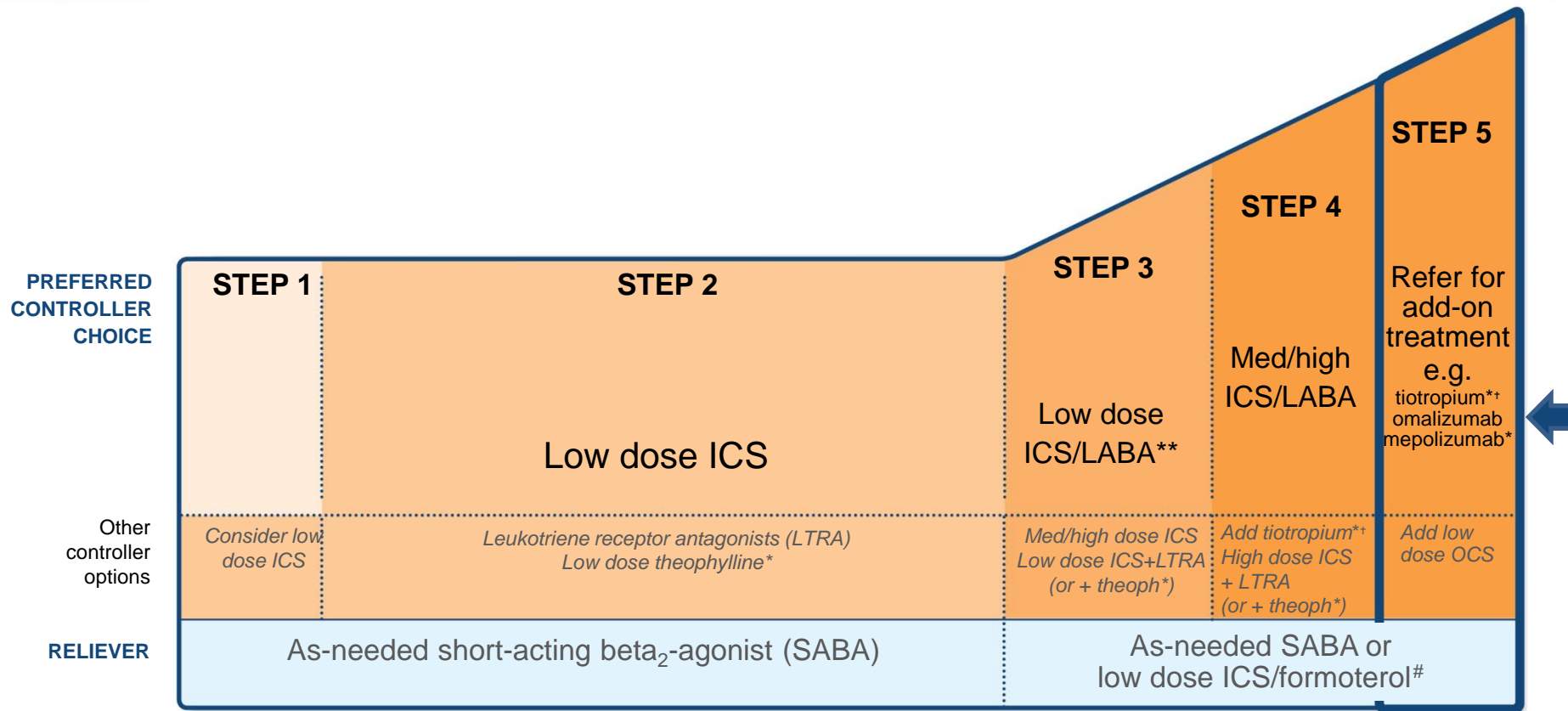


GINA Global Strategy for Asthma
Management and Prevention

Stepwise treatment for adults and adolescents

- Step 3
 - Low-dose fluticasone furoate/vilanterol an option for Step 3
- Step 4
 - Tiotropium now an add-on option for adolescents (age ≥ 12 years) as well as adults, with a history of exacerbations
- Step 5: refer for expert investigation and add-on treatment, such as:
 - Add-on tiotropium by mist inhaler for patients age ≥ 12 years with a history of exacerbations
 - Add-on omalizumab (anti-IgE) for severe allergic asthma
 - Add-on mepolizumab (anti-IL5) for severe eosinophilic asthma (≥ 12 years)
 - Sputum-guided treatment, if available
- Low, medium and high ICS doses
 - Fluticasone furoate: 100mcg (low dose); 200mcg (high dose)
- Stepping down ICS when asthma well-controlled now Evidence A
 - (*Hagan et al, Allergy 2014*)

GINA 2016 – changes to Step 5



*Not for children <12 years. **For children 6–11 years, the preferred Step 3 treatment is medium dose ICS.

Low dose ICS/formoterol is the reliever medication for patients prescribed low dose budesonide/formoterol or low dose beclometasone/formoterol for maintenance and reliever therapy.

†Tiotropium by mist inhaler is an add-on treatment for patients with a history of exacerbations (not for children <12 years)

Management of asthma in low-resource settings

- Where?
 - Low-resource settings may be found not only in low and middle income countries (LMIC), but also in affluent nations
- Diagnosis in low-resource settings
 - Up to 50% asthma undiagnosed, up to 34% over-diagnosed (*José 2014*)
 - Ask about symptoms suggestive of chronic respiratory infections e.g. TB
 - Peak flow meters recommended by WHO as essential tools for Package of Essential Non-communicable Diseases Interventions (WHO-PEN)
- Management of asthma in low-resource settings
 - GINA strategy for stepwise treatment includes options for low-resource settings
 - Prioritize the most cost-effective approach; include ICS and SABA
 - Build capacity of primary health care teams, including nurses and pharmacist
 - WHO-PEN recommends inclusion of peak flow meters as essential tools, and oximeters if resources permit

Primary prevention of asthma (GINA Chapter 7)

■ Maternal diet in pregnancy

- No firm evidence that ingestion of any specific foods in pregnancy increases risk for asthma
- Instead, maternal intake of foods commonly considered allergenic (peanut, milk) is associated with a decrease in allergy and asthma in offspring (*Bunyavanich et al, JACI 2014; Maslova et al, JACI 2012, 2013*)
- Therefore, no dietary changes are recommended during pregnancy for prevention of allergies or asthma

■ Maternal obesity in pregnancy

- Maternal obesity and maternal weight gain in pregnancy are associated with an increased risk for asthma in children (*Forno et al, Pediatrics 2014*)
- However, no recommendations can be made at present, as unguided weight loss in pregnancy should not be encouraged

■ Dampness and mold

- For children at risk of asthma, dampness, visible mold and mold odor in the home are associated with increased risk of developing asthma (*Quansah et al, PLoS ONE 2012*)

Other changes in GINA 2016

- Non-pharmacological strategies for people with asthma
 - Remediation of dampness or mold in homes reduces asthma symptoms and medication use in adults (Evidence A) (*Sauni et al, Cochrane 2015*)
- Other therapies
 - In randomized controlled trials, Vitamin D supplementation has not been associated with improvement in asthma symptom control or reduction in exacerbations
 - This statement was included in the GINA report because there had been wide expectation from cross-sectional studies that Vitamin D supplementation would be beneficial for asthma control
 - Sections on allergen immunotherapy, vaccinations and bronchial thermoplasty have been included in the main report (previously only in Appendix)
- Methodology
 - More details provided about GINA methodology, including the number of articles identified at each step

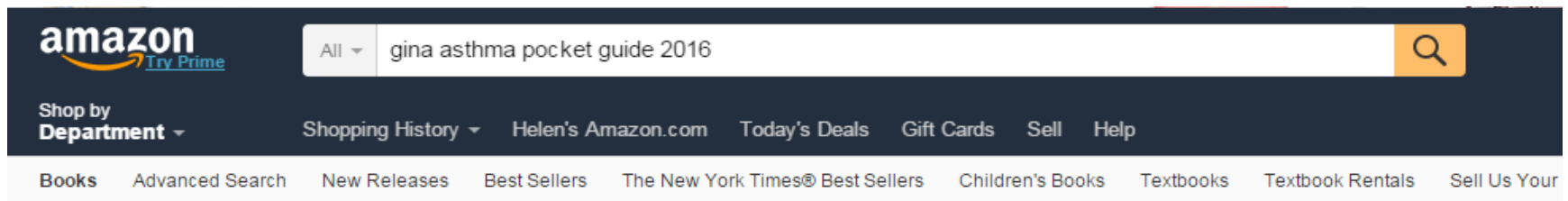
Peer-reviewed articles about GINA

- GINA 2014: a global asthma strategy for a global problem
 - Reddel HK *et al.* Int J Tuberc Lung Dis 2014; 18: 505-6 (free full text)
 - Emphasizing the distinction between population-level and individualized patient-level decisions
- The revised 2014 GINA strategy report: opportunities for change
 - Boulet LP *et al.* Curr Opin Pulm Med 2015; 21: 1-7
 - Describes the context that prompted key changes in the GINA report
- The GINA asthma strategy report: what's new for primary care?
 - Reddel HK, Levy ML. NPJ Prim Care Respir Med 2015; 25: 15050 (free full text)
 - Summary of key changes in the GINA report for primary care
- A summary of the new GINA strategy: a roadmap to asthma control
 - Reddel HK *et al.* Eur Respir J 2015; 46: 622-39 (free full text)
 - Summarizes key changes in GINA 2014-15, with their rationale
 - We recommend that this article should be read as a companion piece to the GINA report itself

GINA eBooks

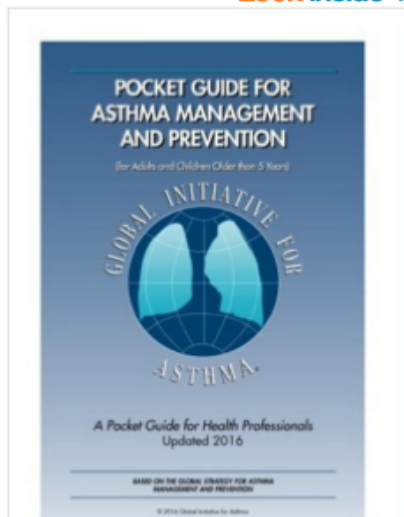


- GINA 2016 Pocket Guide eBook now available on Amazon



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2016 Pocket Guide for Asthma Management and Prevention: For Adults and Children Older than 5 Years Paperback – February 19, 2016

by Global Initiative For Asthma (Author)

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The Global Initiative for Asthma (GINA) was established to increase awareness about asthma among health professionals, public health authorities and the community, and to improve prevention and management through a coordinated worldwide effort. GINA prepares scientific reports on asthma, encourages dissemination and implementation of the recommendations, and promotes international collaboration on asthma research.

www.ginasthma.org



GINA Global Strategy for Asthma Management and Prevention