Global Initiative for Asthma (GINA)

What’s new in GINA 2015?

GINA Global Strategy for Asthma Management and Prevention

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What’s new in GINA 2015 (1)

- Add-on tiotropium by soft-mist inhaler is a new ‘other controller option’ for Steps 4 and 5, in patients ≥18 years with history of exacerbations
  - Tiotropium was previously described in GINA as an add-on option on the basis of clinical trial evidence.
  - It is now included in recommendations and the stepwise figure following approval for asthma by a major regulator.
GINA 2015 – changes to Steps 4 and 5

*For children 6-11 years, theophylline is not recommended, and preferred Step 3 is medium dose ICS
**For patients prescribed BDP/formoterol or BUD/formoterol maintenance and reliever therapy
# Tiotropium by soft-mist inhaler is indicated as add-on treatment for patients with a history of exacerbations; it is not indicated in children <18 years.
Management of asthma in pregnancy

- Monitor for respiratory infections and manage them appropriately, because of increased risk of exacerbations
- Management of asthma during labor and delivery
  - Give usual controller, and SABA if needed, e.g. following hyperventilation
  - Watch for neonatal hyperglycaemia (especially in preterm babies) if high doses of SABA used in previous 48 hours

Breathing exercises

- Evidence level down-graded from A to B following review of quality of evidence and a new meta-analysis (*Freitas, Cochrane 2013*)
- The term ‘breathing exercises’ is used, rather than ‘breathing techniques’, to avoid any perception that a specific technique is recommended
What’s new in GINA 2015 (3)

- **Mild or moderate exacerbations**
  - Dry powder inhalers as effective as puffer and spacer for delivery of SABA in worsening asthma or exacerbations (*Selroos, Ther Deliv. 2014*)
  - Note that studies did not include patients with severe acute asthma

- **Life-threatening or severe acute asthma in primary care**
  - While arranging transfer to acute care facility, give inhaled ipratropium bromide as well as SABA, systemic corticosteroids, and oxygen if necessary

- **Pre-school children with acute exacerbations or wheezing episodes**
  - Clarification that parent-administered oral steroids or high dose ICS are not generally recommended for pre-school children with acute wheezing or exacerbations
    - Respiratory infections and wheezing occur very frequently in this age-group
    - There is substantial concern about the risk of systemic side-effects, especially with repeated use
  - A new flow-chart for pre-school children is included in GINA 2015
Other changes for clarification in GINA 2015 update

- **Assessment of risk factors: over-usage of SABA**
  - High usage of SABA is a risk factor for exacerbations *(Patel et al, CEA 2013)*
  - Very high usage (e.g. >200 doses/month) is a risk factor for asthma-related death *(Haselkom, JACI 2009)*

- **Beta-blockers and acute coronary events**
  - If cardioselective beta-blockers are indicated for acute coronary events, asthma is not an *absolute* contra-indication.
  - These medications should only be used under close medical supervision by a specialist, with consideration of the risks for and against their use

- **Asthma-COPD Overlap Syndrome (ACOS)**
  - The aims of the chapter are mainly to assist clinicians in primary care and non-pulmonary specialties in diagnosing asthma and COPD as well as ACOS, and to assist in choosing initial treatment for efficacy and safety
  - A specific definition cannot be provided for ACOS at present, because of the limited populations in which it has been studied
  - ACOS is not considered to represent a single disease; it is expected that further research will identify several different underlying mechanisms
Other changes in GINA 2015

- The work of GINA is now supported only by income generated from the sale of GINA products

GINA resources are available at [www.ginasthma.org](http://www.ginasthma.org)