

Global Initiative for Asthma (GINA)

What's new in GINA 2015?



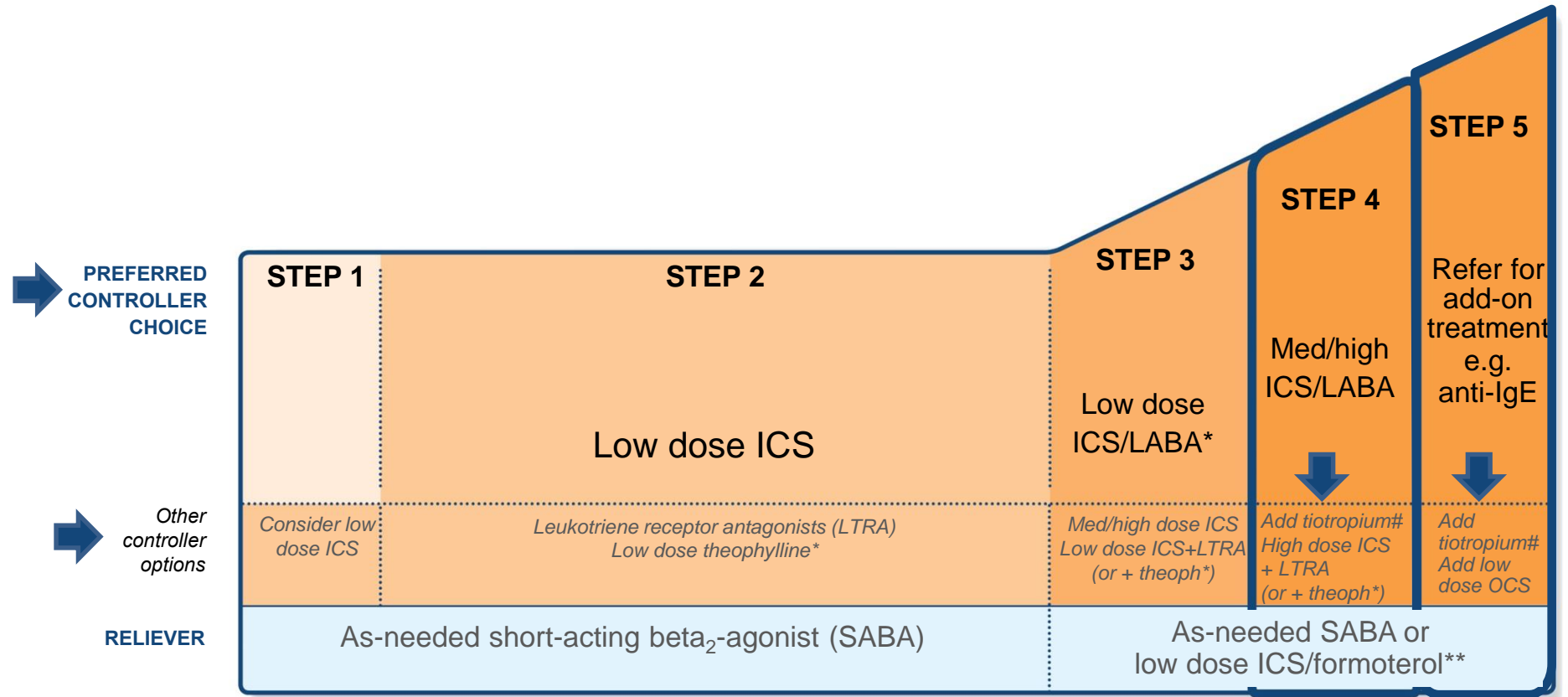
GINA Global Strategy for Asthma
Management and Prevention



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.

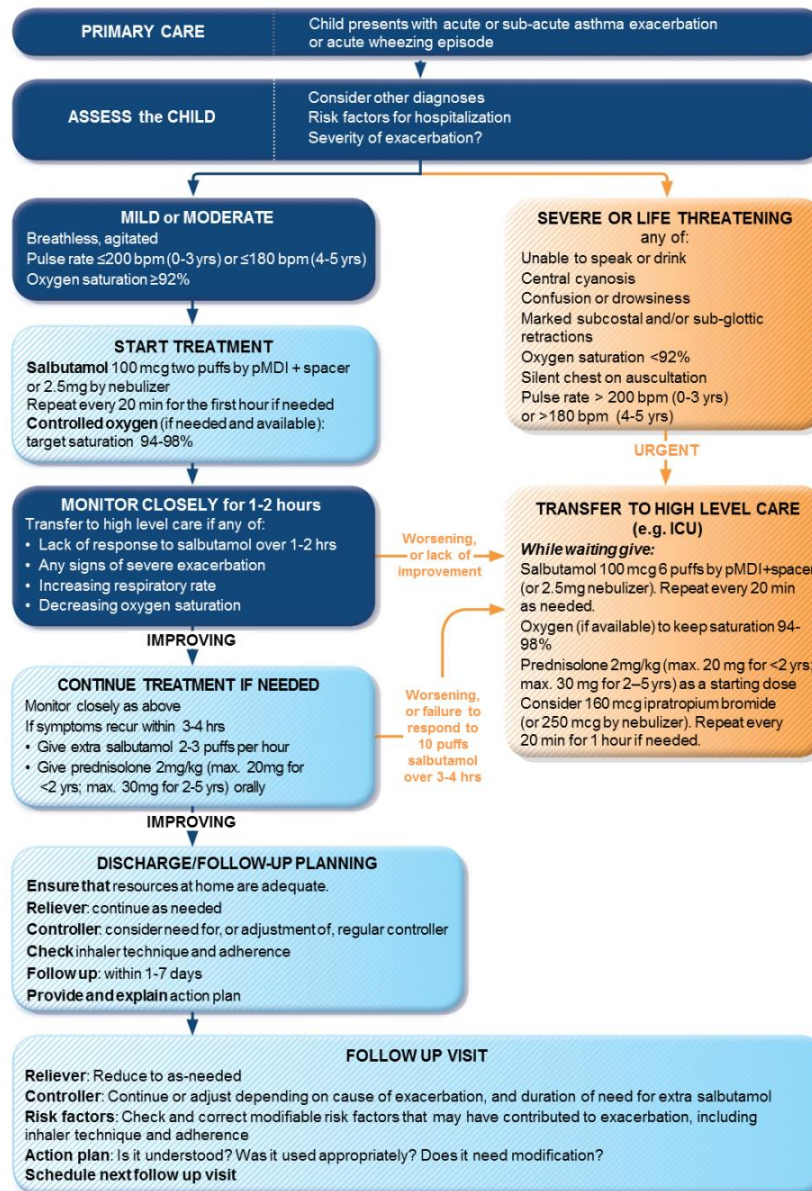
What's new in GINA 2015 (2)

- 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

Managing exacerbations or wheezing in pre-schoolers



For more detail,
see GINA 2015
slide kit

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