

## Adults & adolescents 12+ years

### Personalized asthma management:

Assess, Adjust, Review response

Symptoms  
Exacerbations  
Side-effects  
Lung function  
Patient satisfaction



Confirmation of diagnosis if necessary  
Symptom control & modifiable risk factors (including lung function)  
Comorbidities  
Inhaler technique & adherence  
Patient preferences and goals

Treatment of modifiable risk factors and comorbidities  
Non-pharmacological strategies  
Asthma medications (adjust down or up)  
Education & skills training

ICS-formoterol is the preferred reliever for patients prescribed maintenance and reliever therapy. For other ICS-LABAs, the reliever is SABA

### Asthma medication options:

Adjust treatment up and down for individual patient needs

#### PREFERRED CONTROLLER

To prevent exacerbations and control symptoms

Other controller options

#### STEP 1

As-needed low dose ICS-formoterol \*

Low dose ICS taken whenever SABA is taken †

#### STEP 2

Daily low dose inhaled corticosteroid (ICS), or as-needed low dose ICS-formoterol \*

Daily leukotriene receptor antagonist (LTRA) or low dose ICS taken whenever LABA taken †

#### STEP 3

Low dose ICS-LABA

Medium dose ICS, or low dose ICS+LTRA †

#### STEP 4

Medium dose ICS-LABA

High dose ICS, add-on tiotropium, or add-on LTRA †

#### STEP 5

High dose ICS-LABA  
Refer for phenotypic assessment & add-on therapy e.g. tiotropium, anti-IgE, anti-IL5/4R, anti-IL13

Add low dose OCS, but consider side-effects

#### PREFERRED RELIEVER

Other reliever option

As-needed low dose ICS-formoterol \*

As-needed low dose ICS-formoterol for patients prescribed maintenance and reliever therapy‡

As-needed short-acting  $\beta_2$ -agonist (SABA)

\* Data only with budesonide-formoterol (bud-form)

† Separate or combination ICS and SABA inhalers

‡ Low-dose ICS-form is the reliever only for patients prescribed bud-form or BDP-form maintenance and reliever therapy

§ Consider adding HDM SLIT for sensitized patients with allergic rhinitis and FEV1 >70% predicted

# Bronchial Asthma Gina Guidelines 24

**Peter J. Barnes**



## **Bronchial Asthma Gina Guidelines 24:**

**Clinical Asthma** Jonathan A. Bernstein, Mark L. Levy, 2014-02-06 Enormous progress in asthma research has been made in the past 50 years including a greater understanding of its complex pathogenesis and new and more effective therapies. Consequently the scientific literature has grown vast and can be difficult to integrate. With contributions from a distinguished panel of world renowned authors *Clinical Asthma Theory and Practice* presents a comprehensive study of both the common and the more challenging problems faced by all health care personnel who treat patients with asthma. The book is divided into seven sections starting with the basics of asthma and ending with a discussion on the approach to asthma worldwide and in the primary care setting. Reflecting a strong clinical emphasis each chapter begins with a patient case study supported by essential background information on the basic science and clinical decision making process. This is followed by a discussion of clinical evaluation and management. The multidisciplinary coverage explores a range of topics including genetics, inflammation, immunology and the identification of different endotypes. Using a bench to bedside approach the book links basic science to the clinical management of asthma and explores options for improvement. The carefully selected authorship from experts worldwide presents a truly global outlook. [Textbook of Pulmonary and Critical Care Medicine Vols 1 and 2](#)

SK Jindal, PS Shankar, Suhail Raoof, Dheeraj Gupta, 2011-03-20 Book includes the basic principles of Pulmonology as well as the recent advances in allied clinical sciences relevant to pulmonology. Includes valuable inputs on tuberculosis, other pulmonary infections, environmental and occupational medicine, sleep disorders and general systemic diseases affecting the respiratory system. Although critical care is relevant for most of the medical and surgical specialties the pulmonologist has a more vested interest than other specialists. Assisted respiration which forms the core of most critical care lies in the primary domain of pulmonologists. **Textbook of Pulmonary and Critical Care Medicine Vols 1 and 2** SK Jindal, PS

Shankar, Suhail Raoof, Dheeraj Gupta, 2011-01-31 This book published in two volumes. Both volume divided in twenty three sections all sections and chapters are most important. The *Textbook of Pulmonary and Critical Care Medicine* also offers a unique exposure to the problems in many parts of the world. Tuberculosis the number one treatable condition has been extensively covered and special topics such as multi drug resistance, directly observed therapy, TB prevention, nonpharmacologic approaches and extrapulmonary tuberculosis are particularly relevant. Many countries are facing a growing burden of noncommunicable respiratory diseases. They have become the second leading cause of death after injuries and their impact on indirect costs such as loss of work and home productivity is enormous. These problems are addressed and measures of prevention such as smoking cessation are included. Other special challenges including topics such as indoor and outdoor air pollution, climate change, poisoning with pesticides, snakebite, toxicity, pulmonary manifestations of tropical infections and industrial accidents such as the tragedy seen in Bhopal, Madhya Pradesh with methyl isocyanate have been well covered. However as globalization flattens the playing field and countries leap to industrialization cultural beliefs, natural

resources climate and geography have slowed the pace of development in many parts of the world Poverty leads to malnutrition homelessness lack of education and poor access to health care Overcrowded cities and rural underdevelopment are other challenges that impact health in the various parts of the world Moreover epidemics of HIV drug abuse and smoking addiction take a greater toll on the population Yes the world is flat but the terrain is filled with mountains and valleys and local problems demand local solutions And these local problems need to be explored and presented with a scholarly perspective The Textbook of Pulmonary and Critical Care Medicine has successfully incorporated these sociodemographic factors into the subject matter The text is well written and the chapters are carefully referenced with subjects found in all traditional pulmonary and critical care textbooks e g airway diseases interstitial lung disease pleural disease pulmonary neoplasia pulmonary infection sleep and critical care There are several nontraditional sections as well that are practical and especially helpful to the practicing physician These include a section on the symptom approach to lung disease an overview of the pharmacologic agents used to treat lung disease and a comprehensive review of methods in lung diagnosis from the simple history and physical examination to the latest complex tools of interventional pulmonology The textbook is especially unique because of the abundance of illustrations flow charts and tables There are many radiographic and pathologic reproductions that are especially helpful

**Childhood Asthma and Beyond** L. A. Reynolds, E. M. Tansey, 2001 **Sleep Disorders and Airway Diseases** Sy Duong-Quy, Naricha Chirakalwasan, Timothy CRAig, Vinh Nhu Nguyen, 2023-09-15

**Rehabilitation of the Patient with Respiratory Disease** Neil S. Cherniack, Murray D. Altose, Ikuo Homma, 1999 The first comprehensive and authoritative reference on pulmonary rehabilitation written specifically for physicians An introductory section covers basic science aspects and provides the foundation for the understanding of the basis of respiratory impairment and disability Specific pathophysiological mechanisms of respiratory impairments are covered in chapters dealing with the full spectrum of respiratory diseases or disease categories Subsequent chapters cover approaches to assessment of respiratory function and performance measurement of impairment and disability determination and evaluation of dyspnea A comprehensive review of rehabilitation management and treatment regimens follows covering pharmacological approaches improvement of muscle function exercise training and nutritional supplementation Final chapters focus on psychosocial factors as well as relevant medical economic and bioethical issues [Monaldi Archives for Chest Disease](#) ,2005 **American Journal of Respiratory and Critical Care Medicine** ,2009 [SAMJ](#) ,2007 [Yonsei Medical Journal](#) ,2009 **Rudolph's Pediatrics, 24th Edition** Mark W. Kline, Jordan S. Orange, Angelo P. Giardino, Mahesh M. Rathore, Z Leah Harris, Antonio Cabrera, 2026-01-30 The landmark pediatrics reference updated with timely new content and more clinically relevant than ever Rudolph s Pediatrics has virtually defined the pediatric field for over a century becoming one of the most important and well respected pediatrics texts ever published Renowned for its balance of clinical features and treatment of disease with underlying biological principles this classic sourcebook has helped generations of

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Hundreds of full color illustrations and tables **Rau's Respiratory Care Pharmacology - E-Book** Douglas S.

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Research and Opinion ,2006 **Asthma: Inducers and triggers** Peter J. Barnes,1997 *Indian Journal of Biochemistry & Biophysics* ,2014 *Journal of Korean Medical Science* ,2009 **The Medical Journal of Malaysia** ,2003

**Pharmacotherapy: A Pathophysiologic Approach, Eleventh Edition** Joseph T. DiPiro, Gary C. Yee, L. Michael

Posey, 2020-07-03 Publisher's Note: Products purchased from Third Party sellers are not guaranteed by the publisher for quality, authenticity, or access to any online entitlements included with the product. 25 additional chapters available online. The classic guide to driving optimal patient outcomes using evidence-based medication therapies, updated with the latest advances and guidelines. Presented in full color. Pharmacotherapy: A Pathophysiologic Approach, 11th Edition helps you deliver the highest quality patient care through evidence-based medication therapy derived from sound pharmacotherapeutic principles. It takes you beyond drug indications and dosages, showing how to properly select, administer, and monitor drugs, everything you need to provide safe, effective drug therapy across all therapeutic categories. With all new monitoring tables and authoritative content from 300 expert contributors, this new edition has been fully updated to reflect the latest evidence-based information and recommendations. You'll find Key Concepts at the beginning of each chapter, Clinical Presentation tables that summarize disease signs and symptoms, and Clinical Controversies boxes that examine the complicated issues faced by students and clinicians in providing drug therapy. Why Pharmacotherapy: A Pathophysiologic Approach is perfect for students, pharmacists, and other healthcare providers. All chapters provide the most current, reliable, and relevant information available. Key concepts kick off every chapter. Clinical Presentation Tables summarize disease signs and symptoms. The majority of sections include personalized pharmacotherapy content. Clinical Controversies Boxes clarify the most complex drug therapy issues you'll face. Diagnostic flow diagrams, treatment algorithms, dosing recommendations, and monitoring approaches have been updated in full color to distinguish treatment pathways. Most disease-oriented chapters are enhanced by updated evidence-based treatment guidelines, which often include ratings of the level of evidence to support key therapeutic approaches. Instructors who adopt this text are eligible for a PowerPoint presentation of all images and answers to Self-Assessment Questions. The most trusted guide of its kind for decades, Pharmacotherapy: A Pathophysiologic Approach is the go-to text for students and practitioners seeking clear, objective coverage of core pathophysiologic and therapeutic elements.

**Clinical Management of Chronic Obstructive Pulmonary Disease** William MacNee, Richard L.

ZuWallack, Joseph Keenan, 2005 Harrison's Principles of Internal Medicine, Twenty-Second Edition (Vol.1 & Vol.2) Joseph Loscalzo, Anthony S. Fauci, Dennis L. Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson, 2025-07-18 The acclaimed landmark guide to internal medicine, updated to reflect the latest guidelines and recommendations. The Voice of Clinical Reason. For more than seven decades, Harrison's Principles of Internal Medicine has provided healthcare professionals with the informational foundation needed to provide optimal patient care. The world's leading authority on applied pathophysiology and clinical medicine, this trusted resource has covered countless advances and developments across the full span of medicine. Fully updated, the new 22nd edition has been modified extensively in its structure and content and offers a standardized format for each disease chapter. The authors and editors have curated and synthesized the vast amount of

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