

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/IL4R, 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 β_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

**SK Jindal, PS Shankar, Suhail Raoof,
Dheeraj Gupta**



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 have 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 pediatricians

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Rau's Respiratory Care Pharmacology - E-Book Douglas S. Gardenhire,2013-08-07

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Current Medical Research and Opinion ,2006 **Asthma: Inducers and triggers** Peter J. Barnes,1997 **Indian Journal of Biochemistry & Biophysics** ,2014

Journal of Korean Medical Science ,2009 *Chest* ,2009 The Medical Journal of Malaysia ,2003 Clinical

Management of Chronic Obstructive Pulmonary Disease William MacNee, Richard L. ZuWallack, Joseph Keenan, 2005

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

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web in the chemistry lab it is most common to use liquid liquid extraction a process that occurs in a separatory funnel a solution containing dissolved components is placed in the funnel and an immiscible solvent is added resulting in two layers that are shaken together

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