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)
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**
  - 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**
  - 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

2016 Pocket Guide for Asthma Management and Prevention: For Adults and Children Older than 5 Years

by Global Initiative For Asthma

Paperback – February 19, 2016

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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.