

Current Guidelines for the Management of Asthma

Bimal Roy Krishna
Touro University, USA

Asthma is considered to be primarily an inflammatory disorder with secondary bronchoconstriction. Patient manifestations usually are shortness of breath, wheezing, cough and chest tightness. The intensity may vary over time and become exacerbated with external factors that further irritate the airway.

While bronchial hyperactivity and airway inflammation may likely be present they are not the only factors that determine diagnosis. Identification of external and other factors that exacerbate asthma is crucial and smoking is also a modifiable factor.

High risk patients including geriatric and pediatric patients may require more aggressive treatment.

The long term goals of management are to achieve long term symptomatic relief which may include the use of prophylactic agents. Management of asthma initially supported the use of a short acting bronchodilator and prophylactic management where deemed necessary.

The categories of asthma medications include controller, reliever, prophylactic and add-on medications.

Effective 2019 the GINA guidelines no longer support the use of short acting bronchodilators as preferred initial therapy. Preferential therapy now favors the use of inhaled corticosteroids with a short acting bronchodilator. A step-up approach is initiated when necessary, which includes dosage adjustment of inhaled corticosteroids with bronchodilators and eventually to include adjunct medications and monoclonals.

This presentation outlines the pathogenesis of asthma, patient presentation and diagnosis and current treatment guidelines.