

GLOBAL STRATEGY FOR ASTHMA MANAGEMENT AND PREVENTION 2006 – A SYNOPSIS

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ABSTRACT

Asthma is a major public health concern and according to current estimates, 300 million people are affected worldwide. In children, asthma is the most common chronic disease. A new Global Strategy for Asthma Management and Prevention was released on November 13, 2006 by the Global Initiative for Asthma (GINA). This set of guidelines replaces the 2002 GINA guidelines. The new guidelines put the emphasis on asthma control. The goal of asthma treatment is to achieve and maintain clinical control with a pharmacologic intervention strategy developed in partnership between the patient/family and the doctor. The new GINA guidelines base its asthma management strategy on three levels of control: Controlled, Partly Controlled, or Uncontrolled. This is a departure from the 2002 strategy, which was based on disease severity. By emphasizing control, the new strategy recognizes that asthma management should be based not only on the severity of the underlying disease but also on the patient's response to treatment.

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INTRODUCTION

Asthma is a major public health concern and according to current estimates, 300 million people are affected worldwide. In children, asthma is the most common chronic disease.

A new *Global Strategy for Asthma Management and Prevention* was released on November 13, 2006 by the Global Initiative for Asthma (GINA). This set of guidelines replaces the 2002 GINA guidelines.

The GINA leadership urges all family physicians and other healthcare professionals to read and implement the new guidelines. Understanding and applying these guidelines will mean that the goal of truly controlling asthma can be reached and maintained.

CONTENTS OF THE 2006 GUIDELINES

The 2006 guidelines have 5 chapters. They are:

1. Definition and overview
2. Diagnosis and classification

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3. Asthma medications
4. Asthma management and prevention program
5. Implementation of Asthma Guidelines in Health Systems

KEY POINTS

Each of the five chapters has key points for the reader to take note.

WHAT IS NEW?

What is new? Asthma is an inflammatory disorder of the airways with symptoms that include recurrent episodes of wheezing, coughing, breathlessness and chest tightness. If asthma is controlled with appropriate treatment, flare-ups and exacerbations should be minimized.

The new guidelines put the emphasis on asthma control. And then, assess asthma control. Achieve and maintain clinical control with a pharmacologic intervention strategy developed in partnership between the patient/family and the physician.

Three levels of control: Controlled, Partly Controlled, or Uncontrolled

The new GINA guidelines base its asthma management strategy on three levels of control: Controlled, Partly Controlled, or Uncontrolled (Figure 1). This is a departure from the 2002 strategy, which was based on disease severity. By emphasizing control, the new strategy recognizes that asthma management should be based not only on the severity of the underlying disease but also on the patient's response to treatment.

Furthermore, it is now known that severity is not an unvarying feature of an individual patient's asthma but may change over months or years. The previous classification of asthma by severity into Intermittent, Mild Persistent, Moderate Persistent, and Severe Persistent is now recommended only for research purposes.

If we implement the management approaches described in the GINA report, there is a real chance of reducing morbidity and mortality associated with asthma. Most patients should be able to achieve and maintain control of all of the clinical manifestations of asthma, including symptoms, sleep disturbances, limitations of daily activity, impairment of lung function, and use of rescue medications.

Other key changes

Other key changes within the 2006 guidelines include:

1. Treatment should be adjusted in a continuous cycle depending on the patient's level of control of assessing asthma control; treating to achieve control; and monitoring to maintain control.

Figure 1. Levels of Asthma Control

Characteristic	Controlled (All of the following)	Partly Controlled (Any measure present in any week)	Uncontrolled
Daytime symptoms	None (twice or less/week)	More than twice/week	Three or more features of partly controlled asthma present in any week
Limitations of activities	None	Any	
Nocturnal symptoms/ awakening	None	Any	
Need for reliever/rescue treatment	None (twice or less/week)	More than twice/week	
Lung function (PEF or FEV1)‡	Normal	< 80% predicted or personal best (if known)	
Exacerbations	None	One or more/year	* One in any week†

Footnotes

* Any exacerbation should prompt review of maintenance treatment to ensure that it is adequate.

† By definition, an exacerbation in any week makes that an uncontrolled asthma week.

‡ Lung function is not a reliable test for children 5 years and younger.

Source: GINA, 2006.

2. Treatment should be stepped up when control is lost then brought back down when control is achieved.
3. Measurement of airway variability is key to both asthma diagnosis and the assessment of asthma control.
4. Effective management of asthma requires the development of a partnership between the person with asthma and his/her health care professionals (and parents/caregivers in the case of children with asthma).
5. Long-acting beta₂-agonists must only be used in combination with an appropriate dose of inhaled glucocorticosteroid. Long-acting oral beta₂-agonists alone are no longer presented as an option for add-on treatment at any step of therapy, unless accompanied by inhaled glucocorticosteroids.
6. Although most people with asthma should be able to reach and maintain asthma control, some patients with difficult-to-treat asthma may be unable to achieve the same level of control.
7. Special considerations are required in the diagnosis and treatment of children with asthma who are five years of age and younger.

WHAT IS CONTINUED FROM 2002?

A theme continued from the 2002 guideline is that medications to treat asthma can be classified into controllers (medications taken daily on a long-term basis to maintain control) and relievers (used for a short time to relieve symptoms). Inhaled glucocorticosteroids are the most effective controller medications currently available. Other controller options include leukotriene modifiers and sustained release-theophylline.

FULLTEXT OF THE 2006 GUIDELINES

An online version is available on the GINA website, www.ginasthma.org.

ABOUT GINA

GINA was formed in 1993 to work with healthcare professionals and public health officials around the world to reduce asthma prevalence, morbidity, and mortality. GINA consists of a network of individuals and organisations interested in asthma care, working together to design, implement and evaluate asthma care programs to meet local needs.

REFERENCE

GINA. Global Strategy for Asthma Management and Prevention. 2006.