

Americans with asthma get first updated guidelines in over a decade

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(HealthDay)—The U.S. National Institutes of Health has updated

guidelines for treating asthma.

The update is the first in 13 years and takes into account new medications and other advances in [asthma](#) care. It focuses on treatment tailored for different age groups and severity of disease.

But better asthma care won't come from new guidelines alone, according to the American Lung Association's chief medical officer.

"Patients need to realize that open communication with their physician is the key to controlling asthma," said Dr. Albert Rizzo, who was not involved in creating the guidelines.

Depending on the severity of disease, there are many options for treating asthma. There are ways of increasing—or decreasing—therapy if needed, but Rizzo said doctors need to be aware of new approaches to treatment and be attuned to how their patients are feeling and coping with the condition.

Asthma causes the airways to narrow, making breathing difficult. An estimated 25 million Americans suffer from asthma, including nearly 6 million children, according to the U.S. Centers for Disease Control and Prevention.

Without treatment, asthma can limit activities and cause flare-ups that can result in hospitalization or even death.

Dr. Michelle Cloutier is head of the National Asthma Education Prevention Program Expert Panel Working Group, which developed the new guidelines. At a briefing on Wednesday she told reporters that the guidelines focus on six areas:

- Using inhaled corticosteroids and short-acting bronchodilators, as

needed, for recurrent wheezing or persistent asthma. This is a major change in asthma treatment, according to Cloutier. "This treatment approach not only results in improved asthma outcomes, such as the reduction in the number of asthma exacerbations, but it achieved these positive outcomes at a reduced total exposure to corticosteroids," she said.

- Using allergy shots to treat some people with allergic asthma. Cloutier said, however, that oral immunotherapy, in which an allergen is placed under the tongue, is not supported by the current evidence.
- Reducing exposure to indoor asthma triggers for patients who react to specific allergens. The new recommendations are not for people whose asthma is not triggered by allergens, Cloutier said.
- Using an exhaled nitric oxide test to confirm an asthma diagnosis in some patients when the diagnosis is unclear. The test can also be useful in long-term asthma management, Cloutier said. Elevated levels of nitric oxide can determine whether a patient might need more or different therapy.
- Using bronchial thermoplasty—in which heat is used to reduce the muscle surrounding airways—to treat some adults with persistent asthma.
- Using long-acting antimuscarinic agents (LAMAs) with inhaled corticosteroids for long-term asthma management. LAMAs are bronchodilators, medicines that help keep airway muscles relaxed.

"If someone is on inhaled corticosteroids and LAMAs already, and their asthma is not controlled, then adding a long-acting muscarinic antagonist offers some benefits," Cloutier said.

While Rizzo welcomed the new guidelines, he expressed concern that access to asthma treatment remains limited for many of those who need it most, including poor Blacks and Hispanics.

He added that the COVID-19 pandemic has caused many people to avoid visiting their doctor's office, and many may not have access to online telemedicine appointments.

"We have to be really attuned to the fact that any improvement in [asthma care](#) has to also get rid of the inequities in the access to care that unfortunately exist," Rizzo said.

The [new guidelines](#) were published Dec. 3 in the *Journal of Allergy and Clinical Immunology*.

More information: For more on asthma, visit the [U.S. National Heart, Lung, and Blood Institute](#).

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