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**Title:** How well can we practically apply asthma guidelines?

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**Body:** Much effort is expended to create Asthma clinical practice guidelines (CPGs) which compile the best evidence currently available. Their implementation is limited by complexity, lack of clarity, and failure to address various practical aspects of daily patient management. We analyzed pharmacotherapy recommendations in the latest Canadian Thoracic Society (CTS) asthma CPG (2010 guidelines/2012 update) from the primary care perspective, in order to identify practice-based gaps. We reviewed therapeutic initiation, escalation, and de-escalation in adults, and identified questions which arose when attempting to implement recommendations practically. We also searched for guidance provided by other recent international asthma guidelines (BTS/SIGN and GINA) in these specific areas. The following three clinical questions arose from the CTS guideline (where recommendations were made but provided insufficient guidance): 1) when to initiate controller therapy; 2) how long after treatment initiation or escalation to evaluate for effect; and 3) when and how to de-escalate therapy when control is established. We also attempted to create a set of decision rules for therapeutic escalation and de-escalation amongst currently available asthma therapies. Though some of these issues addressed in other guidelines, none provided practical guidance as to how to manage all possible clinical scenarios. Day to day clinical dilemmas are often not explicitly addressed in the current CPGs which limits their practical implementability in daily patient care. One potential solution to this issue would be the active involvement of primary care end-users in the guideline writing process to help authors to identify these areas at the guideline development stage.