



# GINA recommendations in adults with symptomatic mild asthma and a smoking history

Neil C. Thomson and Rekha Chaudhuri

**Affiliation:** Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow, UK.

**Correspondence:** Neil C. Thomson, Institute of Infection, Immunity and Inflammation, University of Glasgow, Glasgow, G12 0YN, UK. E- mail: [neil.thomson@glasgow.ac.uk](mailto:neil.thomson@glasgow.ac.uk)

 @ERSpublications

**The GINA recommendation to use as-required ICS-formoterol in symptomatic mild asthma is applicable to smokers with a low cumulative smoking history, but evidence is lacking for its effectiveness in smokers with medium and high tobacco use** <http://bit.ly/2Xqqluu>

**Cite this article as:** Thomson NC, Chaudhuri R. GINA recommendations in adults with symptomatic mild asthma and a smoking history. *Eur Respir J* 2020; 55: 1902043 [<https://doi.org/10.1183/13993003.02043-2019>].

This single-page version can be shared freely online.

*To the Editor:*

The Global Initiative for Asthma (GINA) 2019 report makes a major change in asthma management by recommending that adults and adolescents with mild symptomatic asthma (Step 1) receive as-needed low-dose inhaled corticosteroid (ICS)-formoterol rather than a short-acting  $\beta_2$ -agonist alone [1]. At step 2, daily low-dose ICS is recommended, and GINA 2019 considers low-dose ICS-formoterol reliever as an alternative “preferred controller”. The main evidence supporting these recommendations is provided by two large randomised controlled trials of inhaled budesonide-formoterol as-needed in mild asthma (SYGMA 1 and 2) [2, 3] and from two “real-life” open label randomised controlled trials (Novel START and PRACTICAL) [4, 5]. The strategy is considered generalisable across the spectrum of mild to moderate asthma, based on consistent findings from analysis of subgroups related to age, gender, smoking status and other factors [5].