European Respiratory Society short guidelines for the use of as-needed ICS/formoterol in mild asthma


Respiratory Medicine, University of Ferrara, Ferrara, Italy. Private Practice, Allergy and Immunology, Belo Horizonte, Brazil. Faculty of Medicine, Transylvania University, Brasov, Romania. Department of Women’s and Children’s Health, University of Padova, Institute of Pediatric Research “Città della Speranza”, Padova, Italy. Medical Research Institute of New Zealand, Wellington, New Zealand. Department of Respiratory Medicine, Ghent University Hospital, Ghent, Belgium. European Lung Foundation, Sheffield, UK. Athens Chest Hospital, Athens, Greece. Pulmonology Department, IIS-Fundación Jiménez Díaz, ISCIII, CIBERES, Madrid, Spain. Department of Clinical Science and Education Södersjukhuset, Karolinska Institutet, Södersjukhuset, Karolinska Children’s Hospital, Stockholm, Sweden. Respiratory Medicine Unit and Oxford Respiratory NIHR BRC, Nuffield Department of Clinical Medicine, University of Oxford, Oxford, UK. Asthma Patient Representative, London, UK. Respiratory Division, Vrije Universiteit Brussel (VUB), Universitair Ziekenhuis Brussel (UZ Brussel), Brussels, Belgium. Department of Medicine and Surgery, University of Insubria, Varese, Italy. Istituti Clinici Scientifici Maugeri IRCCS, Department of Medicine and Cardiopulmonary Rehabilitation, Tradate Institute, Tradate, Italy. Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland. Respiratory Medicine, CHU Liege, Liege, Belgium. GIGA-I3, University of Liege, Liege, Belgium. A. Papi and D.S. Ferreira contributed equally to this work. T. Tonia and F. Schleich contributed equally to this work. A. Papi, D.S. Ferreira and F. Schleich are Task Force co-chairs.

Corresponding author: Alberto Papi (ppa@unife.it)

Abstract
Recent clinical trials of as-needed fixed-dose combination of inhaled corticosteroid (ICS)/formoterol have provided new evidence that may warrant a reconsideration of current practice. A Task Force was set up by the European Respiratory Society to provide evidence-based recommendations on the use of as-needed ICS/formoterol as treatment for mild asthma. The Task Force defined two questions that were assessed using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) approach. The Task Force utilised the outcomes to develop recommendations for a pragmatic guideline for everyday clinical practice. The Task Force suggests that adults with mild asthma use as-needed ICS/formoterol instead of regular ICS maintenance treatment plus as-needed SABA and that adolescents with mild asthma use either as-needed ICS/formoterol or ICS maintenance treatment plus as-needed SABA (conditional recommendation; low certainty of evidence). The recommendation for adults places a relatively higher value on the reduction of systemic corticosteroid use and the outcomes related to exacerbations, and a relatively lower value on the small differences in asthma control. Either treatment option is suggested for adolescent patients as the balance is very close and data more limited. The Task Force recommends that adult and adolescent patients with mild asthma use as-needed ICS/formoterol instead of as-needed SABA (strong recommendation; low certainty of evidence). This recommendation is based on the benefit of as-needed ICS/formoterol in mild asthma on several outcomes and the risks related to as-needed SABA in the absence of anti-inflammatory treatment. The implementation of this recommendation is hampered in countries (including European Union countries) where as-needed ICS/formoterol is not approved for mild asthma.