CANADIAN JOURNAL OF RESPIRATORY, CRITICAL CARE, AND SLEEP MEDICINE
2021, VOL. 5, NO. 4, 205–245
https://doi.org/10.1080/24745332.2021.1877043

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CTS GUIDELINES AND POSITION STATEMENTS

2021 Canadian Thoracic Society Guideline – A focused update on the management of very mild and mild asthma

Connie L. Yang[a], Elizabeth Anne Hicks[b], Patrick Mitchell[c], Joe Reisman[d], Delanya Podgers[e], Kathleen M. Hayward[f], Mark Waite[g], and Clare D. Ramsey[h]

[a]Department of Pediatrics, British Columbia Children's Hospital, University of British Columbia, Vancouver, British Columbia, Canada; [b]Pediatric Department, University of Alberta, Edmonton, Alberta, Canada; [c]University of Calgary, Department of Medicine, Calgary, Alberta, Canada; [d]Pediatric Department, University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada; [e]Kingston Health Sciences Centre, Kingston, Ontario, Canada; [f]Calgary COPD & Asthma Program, Alberta Health Services, Calgary, Alberta, Canada; [g]Department of Family Medicine, The Moncton Hospital, Moncton, New Brunswick, Canada; [h]Department of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada

ABSTRACT

Background: This asthma guideline update focuses on the management of individuals with asthma at the mild end of the spectrum. It applies to children 1 year of age and over and adults. This update was initiated to address new clinical trials in this patient group as well as changes in the recommendations from the Global Initiative for Asthma (GINA) asthma strategy group. This guideline applies the current evidence to the Canadian context.

Methods: A representative multidisciplinary panel of experts undertook a formal clinical practice guideline development process. A total of 9 key clinical questions were defined according to the Patient/problem, Intervention, Comparison, Outcome (PICO) approach. The panel performed an evidence-based, systematic literature review, assessed and graded the relevant evidence to synthesize 11 key recommendations. These recommendations were reviewed in the context of the existing Canadian Asthma Guidelines and changes from previous guidelines are highlighted.

Results: The updated evidence demonstrated that daily inhaled corticosteroids (ICS) + PRN short-acting beta-agonist (SABA) decrease exacerbations and improve asthma control compared to PRN SABA in individuals with very mild and mild asthma. There is new evidence in children ≥12 years of age and adults that PRN budesonide/formoterol (bud/form) decreases exacerbations in comparison to PRN SABA, with different levels of evidence in those with very mild versus mild asthma. Individuals with very mild asthma at higher risk of exacerbation should be given the option of switching from PRN SABA to daily ICS + PRN SABA (all ages) or PRN bud/form (≥12 years of age). In individuals with mild asthma, daily ICS + PRN SABA are still recommended as first line controller therapy. However, in individuals ≥12 years of age with poor adherence to daily medication despite substantial asthma education and support, PRN bud/form is an alternative. Intermittent use of very high dose ICS for acute loss of asthma control is not suggested in preschoolers given potential for harm.

Discussion: This guideline provides a detailed review of the evidence and provides recommendations for the treatment of very mild and mild asthma within the Canadian context for preschoolers, children and adults. The Canadian Thoracic Society 2021 Asthma Guideline update will amalgamate these recommendations with previous guidelines to provide a document that address diagnosis and management of asthma.

INTRODUCTION

Asthma has a national prevalence of 10.8% and affects 3.8 million Canadians over the age of 1 year.[1]

The last Canadian Thoracic Society (CTS) asthma position statement focused on the treatment and management of those with severe asthma,[2] which is estimated to affect 5-10% of those with asthma. This guideline update focuses on those with asthma at the milder end of the spectrum, which represents approximately 28-41% of the asthma population in Canada.[3,4] Although the per patient cost of asthma is 2.6 to 5 times higher in an individual with severe compared to mild asthma, given the high prevalence of mild asthma, the total cost of asthma care for these patients is substantial.[5] The majority of Canadians with asthma continue to have suboptimal control, with surveys finding that 53-90% of patients had 1 or more criteria for poorly-controlled asthma.[6,7] They also continue to have severe asthma exacerbations with the rate of Emergency Department (ED) visits for asthma estimated at 19-21 per 1,000 patients with 6-11% of those presenting to the ED requiring admission to hospital.[8] Asthma specific mortality rates have decreased over time but there continue to be deaths from asthma at a rate of 6.2 per 100,000 asthma population.[9]

The severity of an individual's asthma is classified by the intensity of treatment needed to **maintain** asthma control.

CONTACT Connie L. Yang Connie.Yang@cw.bc.ca Department of Pediatrics, British Columbia Children's Hospital, Address: 4480 Oak Street, Rm 1C17, Canada, Vancouver, BC V6H 3V4 Canada.