

# The NEW GINA 2021

## The Summary and Context of Asthma Management in Thailand

The Panel Discussion endorsed by Thai Asthma Council

11.40-11.45		<b>Opening and Welcome</b> Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC
11.45-12.00	Episode 1	<b>Guidance for managing COVID-19 and asthma</b> - Is COVID-19 increased in asthma patients? - Is asthma treatment (ICS, OCS, biologic) affecting COVID-19? - Dealing with asthma exacerbation coexisting with COVID-19 Moderator: Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC Speaker: Nittha Oer-areemitr MD Pulmonary and Critical Care Physician
12.00-12.15	Episode 2	<b>What is new in GINA 2021?</b> - Mild asthma does it matter and intermittent asthma is significant? - How to define severe asthma in 2021? - Is GINA 2021 new figure easy for clinical practice? Moderator: Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC Speaker: Theerasuk Kawamatawong MD, FCCP Pulmonary and Critical Care Physician
12.15-12.35	Episode 3	<b>Asthma guidelines: Adult vs. pediatric and local vs. global perspectives</b> - Asthma control and future risk assessment - Asthma management guidelines: Difference and similarity between adults and children - GINA and other guideline include TAC Moderator & Speaker: Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC
12.35-13.00	Episode 4	<b>Panel Discussion: Asthma management in Thailand for all age groups: Real life Practice</b> Moderator: Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC Speaker 1: Watchara Boonsawat MD, PhD, President of EACC network Thailand Speaker 2: Nittha Oer-areemitr MD Pulmonary and Critical Care Physician Speaker 3: Thitiwat Sriprasart MD Pulmonary and Critical Care Physician Speaker 4: Harutai Kamalaporn MD Pediatric Pulmonary Physician Speaker 5: Theerasuk Kawamatawong MD, FCCP Pulmonary and Critical Care Physician
		<b>Closing remark</b> Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC

### Guidance for managing COVID-19 and asthma

- Is COVID-19 increased in asthma patients?
- Is asthma treatment (ICS, OCS, biologic) affecting COVID-19?
- Dealing with asthma exacerbation coexisting with COVID-19

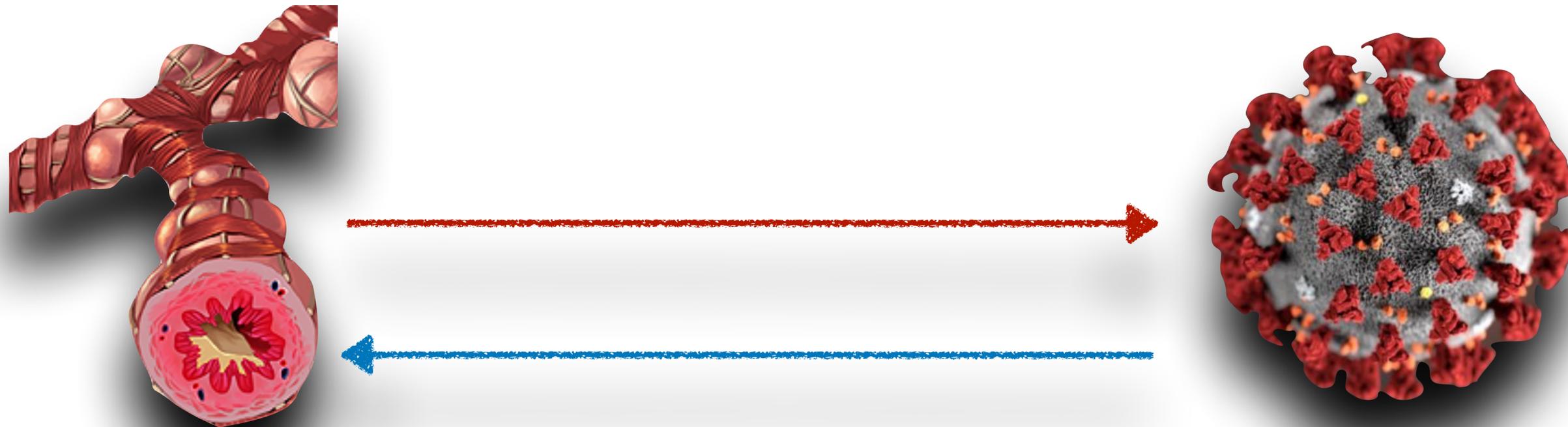
Moderator: Orapan Poachanukoon MD, PhD. TU-CAAP, President of TAC

Speaker: Nittha Oer-areemitr MD Pulmonary and Critical Care Physician

# COVID19 increase in Asthma patient?

Asthma not increase risk of COVID19 infection  
and no evidence of increase risk of severe COVID19 or COVID19 related death

**BUT!!** increase risk in those who “recently need OCS”



**reduce asthma exacerbation during pandemic**

## **SARS-CoV-2 infection and COVID-19 in asthmatics: a complex relationship**

Chrysanthi Skevaki, Antonina Karsonova, Alexander Karaulov, Daria Fomina, Min Xie, Sharon Chinthrajah, Kari C. Nadeau & Harald Renz 

*Nature Reviews Immunology* **21**, 202–203 (2021) | [Cite this article](#)

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COVID-19 (ref.<sup>2</sup>). Conversely, a Korean cohort of 7,340 individuals who tested positive for SARS-CoV-2 revealed that the rate of severe clinical outcomes of COVID-19 was 6.9% in patients with asthma, compared with 4.5% in those without asthma. This study also reported that individuals with non-allergic asthma had a greater risk for severe outcomes of COVID-19 than those with allergic (type 2) asthma. Finally, whether SARS-CoV-2 infection triggers asthma exacerbation, as other respiratory viruses do, is an important question; so far, data indicate that it does not induce severe asthma exacerbation.

# OPD setting

- difficult to follow up
- PEFr monitoring and asthma action plan
- step down treatment

**Is asthma treatment effect COVID19?**

# COVID-19 and asthma - medications



- Advise patients to continue taking their prescribed asthma medications, particularly inhaled corticosteroids (ICS)
  - For patients with severe asthma, continue biologic therapy or oral corticosteroids if prescribed
- Are ICS protective in COVID-19?
  - In one study of hospitalized patients aged  $\geq 50$  years with COVID-19, ICS use in those with asthma was associated with lower mortality than in patients without an underlying respiratory condition (*Bloom, Lancet RM 2021*)
- Make sure that all patients have a written asthma action plan, advising them to:
  - Increase controller and reliever medication when asthma worsens (see GINA report Box 4-2)
  - Take a short course of OCS when appropriate for severe asthma exacerbations
- Avoid nebulizers where possible, to reduce the risk of spreading virus
  - Pressurized metered dose inhaler via a spacer is preferred except for life-threatening exacerbations
  - Add a mouthpiece or mask to the spacer if required

# real life practice...

- Since Apr 2021, N = 310
- 8 asthma patients with asthma
  - well controlled asthma = 2
  - occasionally used controller = 6
- no exacerbation during admission
- 2 asthma patient had mild pneumonia
- 1 asthma patient had severe pneumonia (non allergic, uncontrolled asthma)

# **Dealing with asthma exacerbation co-existing with COVID19**

# practical point

- asthma medication
- detect wheezing
- how to differentiate COVID19 pneumonia with wheezing

# asthma medication

- continue controller
- ICS/LABA for all patient
  - start with low dose ICS/LABA
  - VDO clip
- systemic steroid as indicated for COVID19 pneumonia

# how to detect exacerbation

- symptom
- signs
- CXR

