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Asthma rescue treatments, time to reboot

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Short-acting β_2 -agonists (SABAs) are inseparable from asthma. The word “Ventolin” has not only entered common language, but it profoundly symbolises relief from breathing distress, quite similar to how “nitroglycerin” supposedly rescues the heart. After the Second World War, synthetic corticosteroids revolutionised asthma management and gained nobility once an inhaled formulation was available [1]. Intriguingly, despite the fact that chronic airway inflammation is inherent to the definition of asthma, as needed SABA was kept in guidelines as the preferred option for the mildest patients, and this until the very recent latest update from the Global Initiative for Asthma (GINA) [2]. Erroneous conclusions were driven from pharmaco-epidemiological studies when it was reported that more than half of asthma patients fell into this “first-step”. In hindsight, the latter classification seems overly facile and in denial of any notion of chronicity, not to mention the possibility of addressing a more difficult inflammation management strategy requiring treatment adherence or patient education. Simultaneously, the medical community was faced with a diagnostic paradox given that spirometry improvement (forced expiratory volume in 1 s) during a SABA challenge should indicate the appropriateness of an ICS. The resulting “pro-irresponsible-SABA” environment may help explain why SABA continues to beat all records as the top anti-asthma drug consumed worldwide.