



## The management of mild asthma

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In the management of mild asthma, an ICS-containing reliever medication is superior to SABA as reliever alone, and is equivalent to maintenance ICS and SABA as reliever, particularly in reducing risks of severe asthma exacerbations https://bit.ly/3dovSKc

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ABSTRACT Inhaled corticosteroids (ICSs) have been recommended as a maintenance treatment, either alone or together with long-acting inhaled  $\beta_2$ -agonists, for all asthma patients. Short-acting  $\beta_2$ -agonists (SABAs) are rapid-onset bronchodilators, which provide symptom relief, but have no anti-inflammatory properties, yet are the most widely used as-needed reliever treatment for asthma and often the only treatment prescribed. Asthma patients can find adhering to daily preventative medication with ICS difficult and will often revert to using as-needed SABA as their only treatment, increasing their risk of exacerbations. The purpose of this review is to evaluate the efficacy of reliever medications that contain ICS compared with SABA as reliever, or with maintenance ICS and SABA as reliever, in mild asthma patients.

Nine studies were identified that have evaluated the use of ICS as a component of an as-needed reliever in patients with mild asthma. Four of the most recent studies compared the combination of ICS/ formoterol to SABA as reliever.

ICS-containing reliever medication was superior to SABA as reliever alone, and was equivalent to maintenance ICS and SABA as reliever, particularly in reducing risks of severe asthma exacerbations, in studies which compared these reliever options.

SABAs should not be used as a reliever without ICS. The concern about patients with mild asthma not being adherent to maintenance ICS supports a recommendation that ICS/formoterol should be considered as a treatment option instead of maintenance ICS, to avoid the risk of patients reverting to SABA alone.