Asthma in Adults
GP Update, 2025

Your shortcut to the latest learnings from the *Australian Asthma Handbook*: practical steps for general practice.

Why it matters

- Adult asthma remains common and is often poorly controlled.
- Every adult with asthma should be prescribed an ICS-containing regimen, even with infrequent symptoms.
- Poor control leads to preventable exacerbations, hospitalisations, and long-term lung damage.

Key changes at a glance

- SABA-only therapy is considered unsafe, increases risk of severe attacks and death.
- First-line: As-needed low-dose ICS–formoterol for mild asthma.
- Use ICS–formoterol as both preventer and reliever where available = Maintenance & Reliever Therapy (MART).
- Step down only if well controlled ≥3 months. Never stop ICS entirely.
- High-risk patients should be identified early, especially those with ICU history, frequent reliever use, or poor adherence.
- Asthma action plans are mandatory, written or digital for all patients.

Diagnosis

- Confirm with spirometry: FEV1 increase ≥200 mL and ≥12% post-bronchodilator.
- Differentiate from COPD (fixed obstruction, smoking history) and consider mimics like vocal cord dysfunction, GORD, or cardiac disease.
- Use PEF monitoring if spirometry unavailable.

Treatment steps

- **Step 1:** As-needed low-dose ICS–formoterol (preferred).
- **Step 2:** Low-dose ICS–formoterol MART or daily ICS/LABA.
- **Step 3:** Medium/high-dose ICS/LABA ± LAMA; biologics for severe asthma under specialist care.
    - **Step down** once stable ≥3 months, but never stop ICS.

Monitoring & control

- Check inhaler technique at every visit as 80% of patients make administration errors.
- Address adherence barriers: cost, fear of steroids, myths.

Comorbidities & special cases

- Treat rhinitis, obesity, smoking, GORD, anxiety/depression.
- ICS is safe in pregnancy. Poor control is more harmful than treatment.
- Consider occupational asthma if symptoms vary with work.

Practical tips for GPs

- **Always ask:** "How many blue puffers (salbutamol) have you used this year?" — >3 is a red flag.
- Provide a written **asthma action plan** for every patient.
- **Reassure:** "Preventers protect your lungs long-term, even if you feel fine today."

Where to next