Asthma in Adults
GP Update, 2025

Frequently Asked Questions, with Dr Simone Gonzo

Q: Should I ever prescribe a SABA-only inhaler for adults?
A: No. All adults with asthma should be on an ICS-containing regimen. SABA-only increases the risk of severe exacerbations and mortality.

Q: How do I distinguish adult asthma from COPD?
A: Asthma has variable symptoms and reversible obstruction on spirometry. COPD typically shows fixed obstruction with a strong smoking history. In older adults, overlap may occur — consider referral if unclear.

Q: What is the best first-line option for mild asthma?
A: As-needed low-dose ICS–formoterol is preferred. If unavailable, prescribe daily low-dose ICS plus as-needed SABA.

Q: When should I step up preventer therapy?
A: Step up if symptoms occur more than two days per week, there is night waking, activity limitation, or frequent reliever use. Use Maintenance & Reliever Therapy (MART) (ICS–formoterol as both preventer and reliever) is preferred where available.

Q: When is it safe to step down treatment?
A: If asthma is well controlled for at least 3 months, step down gradually but always maintain ICS. Never stop preventer therapy completely.

Q: What's the role of biologics in adult asthma?
A: For severe, persistent asthma not controlled on high-dose ICS/LABA ± LAMA. Initiated and reviewed by specialists.

Q: How do I identify patients at high risk of severe attacks?
A: Red flags include ICU admission/intubation for asthma, ≥1 course of oral corticosteroids in the last 12 months, frequent SABA use, or poor adherence to preventer therapy.

Q: How do I approach asthma in pregnancy?
A: Continue ICS. Inhaled corticosteroids are safe in pregnancy. Poorly controlled asthma is more dangerous than preventer therapy.

Q: How do I manage poor inhaler technique?
A: Ask patients to demonstrate their inhaler use, correct their technique, and consider a spacer. Recheck regularly — errors are common.

Q: Do all patients need an asthma action plan?
A: Yes. Written or electronic action plans improve self-management, reduce emergency visits, and give patients confidence in managing flare-ups.

Q: How often should I review inhaler technique?
A: At every opportunity. Technique errors are present in up to 80% of patients.

Q: What role does vaccination play?
A: Annual influenza vaccination is strongly recommended. Consider pneumococcal vaccination in patients with severe asthma, those on long-term oral steroids, or older adults.

Q: What comorbidities are most important to address?
A: Rhinitis, obesity, smoking, GORD, anxiety, and depression. Managing these improves asthma control.

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