

Editorial

Asthma clinical practice guidelines: Time for an update

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Asthma continues to be a worldwide health burden. Its global nature has led various organizations to introduce their own asthma management guidelines. The 3 most recognized and quoted guidelines are the National Institute for Health and Care Excellence (NICE; United Kingdom), the Global Initiative for Asthma (GINA), and the Expert Panel Report of the National Asthma Education and Prevention Program (NAEPP) from the US National Institutes of Health/National Heart, Lung, and Blood Institute (NHLBI). GINA guidelines are targeted toward primary care providers and available as management guidance for countries to use in designing their own guidelines, taking socioeconomic issues in consideration. NICE guidelines are focused on mild-to-moderate asthma and primary care providers. GINA guidelines are revised annually. The NICE guidelines were last updated in November 2017.¹⁻³

The NAEPP asthma guidelines were first published in 1991. The NHLBI convened subsequent expert panels periodically to update the guidelines in 1997, 2002, and 2007. There have been many developments in the diagnosis and management of asthma since 2007 that need to be integrated with the prior recommendations. The NHLBI convened a needs assessment working group to identify the topics warranting an update. Based on this process, the guidelines will be updated to generate evidence-based recommendations for such issues as fraction of exhaled nitric oxide, immunotherapy, indoor allergen reduction, bronchial thermoplasty, and intermittent inhaled corticosteroids and long-acting muscarinic antagonists.

In this issue Szefer⁴ has a Rostrum addressing the need to consider asthma across the lifespan. Dr Szefer argues for a paradigm shift in managing asthma and suggests that we need to address lung function trajectories, composite asthma severity index, development of a biomarker panel, and adoption of a strategy to prevent seasonal exacerbation and monitor adherence.

In a Current Perspectives article in this issue, Mensah et al⁵ address the need and process for generating evidence to inform an update of the asthma clinical practice guidelines. Clinical practice guidelines are not unique to asthma and cover many other

medical disciplines. As Mensah et al⁵ indicate, the NHLBI made a commitment to support a rigorous process to generate the evidence base that informs the development of guidelines useful to all the stakeholders of any given disease.

Given that the pharmaceutical industry both supports asthma research and has products that are used to care for patients with asthma, maintaining the integrity of the participants who contribute to any new recommendations is of utmost importance. The NHLBI has convened a Working Group of the NAEPP Coordinating Committee Federal Advisory Committee. This working group will use an evidence-based approach informed by the 2011 Institute of Medicine's "Clinical practice guidelines we can trust" to update the guidelines. The working group intends to promote the integrity of the guideline development process by collaborating with the *Journal of Allergy and Clinical Immunology* (JACI) as a platform of transparency. The JACI has obtained financial and conflict of interest disclosures from all members of the working group. All 19 members have filed their disclosure information with the JACI. The list of members of the working group can be accessed at <https://go.usa.gov/xUNGd>.

The JACI is committed to a collaborative partnership with the NHLBI to generate timely and trustworthy guidelines and ensure their prompt publication once finalized. We envision that this collective effort by many key stakeholders will accelerate progress in reducing the global burden of asthma.

REFERENCES

1. National Heart, Lung, and Blood Advisory Council Asthma Expert Working Group. Draft needs assessment report for potential update of the Expert Panel Report-3(2007): guidelines for the diagnosis and management of asthma, April 2014. Available at: <https://www.nhlbi.nih.gov/files/docs/resources/lung/NHLBAC-Asthma-WG-Report.pdf>. Accessed February 3, 2018.
2. Global Initiative for Asthma. Global strategy for asthma management and prevention, 2017. Available at: <http://www.ginasthma.org/>. Accessed December 2, 2017.
3. National Institute for Health and Care Excellence. Asthma: diagnosis, monitoring and chronic asthma management. Available at: <https://www.nice.org.uk/guidance/NG80/evidence>. Accessed December 2, 2017.
4. Szefer S. Asthma across the lifespan: time for a paradigm shift. *J Allergy Clin Immunol* 2018;142:XXX-XXX.
5. Mensah GA, Kiley JP, Gibbons GH. Generating evidence to inform an update of asthma clinical practice guidelines: perspectives from the National Heart, Lung, and Blood Institute. *J Allergy Clin Immunol* 2018;142:XXX-XXX.

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