COVID-19: GINA Answers to Frequently Asked Questions on asthma Management

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- People with *asthma* should continue all of their inhaled medication, including inhaled corticosteroids, as prescribed by their doctor.

- In *acute asthma attacks* patients should take a short course of oral corticosteroids if instructed in their asthma action plan or by their healthcare provider, to prevent serious consequences.

- In rare cases, patients with severe *asthma* might require long-term treatment with oral corticosteroids (OCS) on top of their inhaled medication(s). This treatment should be continued in the lowest possible dose in these patients at risk of severe attacks/exacerbations. Biologic therapies should be used in severe asthma patients who qualify for them, in order to limit the need for OCS as much as possible

- Nebulisers should, where possible, be avoided for acute attacks due to the increased risk of disseminating COVID-19 (to other patients AND to physicians, nurses and other personnel).
    - Pressurized metered dose inhaler (pMDI) via a spacer is the preferred treatment during severe attacks. (Spacers must not be shared at home)
    - While a patient is being treated for a severe attack, their maintenance inhaled asthma treatment should be continued (at home AND in the hospital).

- Patients with *allergic rhinitis* should continue to take their nasal corticosteroids, as prescribed by their clinician.

- Routine *spirometry* testing should be suspended to reduce the risk of viral transmission, and if absolutely necessary, adequate infection control measures should be taken.