The Copernican Revolution of Rescue Treatment in Asthma

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Educational background

1990	Specialization in Respiratory Medicine (70/70 Summa Cum Laude), University of Parma
1985	Degree in Medicine and Surgery (110/110 Summa Cum Laude), University of Ferrara

Professional experience

2001-Present	Professor and Chair, Respiratory Medicine, University of Ferrara, Director, Respiratory Unit, Emergency Department, University Hospital S. Anna
2001-2004	Associate Professor of Respiratory Medicine, University of Ferrara
1990-2001	Assistant Professor of Medicine, Institute of Respiratory Diseases, University of Ferrara
1994-1997	Research Fellow, University Medicine, University of Southampton
1991-1992	Visiting Scientist, Institute of Occupational Medicine, University of Padua

For a long time, international asthma guidelines have been developed and implemented in order to identify the proper maintenance treatment for different steps of asthma severity. As a consequence, the rescue medication was not even mentioned in the algorithms representing asthma management, strictly limited to include only the maintenance treatments. Consistently, the evidence generated during this period was focused on therapeutic options exclusively testing maintenance treatments; with the rescue medication relegated as a mere “appendix” of the management.
Traditionally, short-acting beta-agonists (SABAs) have been used as rescue medication.
The concept that has progressively developed in the last decades encompasses the use of inhaled corticosteroids (ICS) along with rapid bronchodilators for rescue therapy to address both inflammation and symptoms. Several studies including SYGMA, Novel START, BEST, MANDALA and BATURA have demonstrated the superiority of ICS-containing rescue treatments over SABA alone across all asthma severities. Accumulating efficacy and safety evidence has shifted guidelines toward the use of ICS combined with fast-acting bronchodilators, rather than SABAs alone. Following this solid evidence guidelines recommendation has evolved to recommend the anti-inflammatory reliever strategy as the preferred treatment option, providing improved control and reducing exacerbation risk. It has been a Copernican Revolution moving the rescue ICS strategy at the core of the track decision choices.
Overall, this will lead to a unified asthma management approach, ensuring all patients benefit from an anti-inflammatory component in rescue therapy.