

MAIN UPDATES IN PEDIATRICS ASTHMA MANAGEMENT ACCORDING TO GINA 2026: NEW PERSPECTIVES ON ANTI-INFLAMMATORY RELIEVER THERAPY AND EXACERBATION CONTROL

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RESUMO

Introduction: Asthma is one of the most prevalent chronic diseases in childhood and remains a leading cause of emergency visits, hospitalizations, and reduced quality of life worldwide. The Global Initiative for Asthma (GINA) is an international scientific organization that annually updates evidence-based recommendations for asthma management and prevention, serving as the primary global reference for healthcare providers. The 2026 GINA update introduced significant operational and therapeutic changes focused on reducing exacerbations and improving long-term inflammatory control in pediatric patients. **Objective:** To review the main updates in pediatric asthma management proposed by the GINA 2026 strategy report, emphasizing anti-inflammatory reliever therapy, acute exacerbation management, and new assessment tools. **Methods:** A narrative bibliographic review was conducted based on the GINA 2025 and 2026 Global Strategy for Asthma Management and Prevention reports as primary inclusion criteria, focusing on pediatric recommendations for children and adolescents, including acute exacerbation protocols, anti-inflammatory reliever strategies, and severity assessment tools. **Results:** The GINA 2026 report introduced four new operational flowcharts for asthma exacerbation management stratified by age group and healthcare setting. Key updates include revised oxygen supplementation thresholds, more conservative use of short-acting beta₂-agonists (SABA), and the incorporation of inhaled corticosteroid-formoterol as a therapeutic option for mild exacerbations in children aged 6-11 years. The strategy reinforced anti-inflammatory reliever (AIR) therapy, recommending inhaled corticosteroids combined with bronchodilators to reduce severe exacerbations and future risks. Evidence from the CARE study demonstrated that low-dose budesonide-formoterol used as needed reduced severe exacerbations by approximately 45% compared with isolated SABA use in pediatric patients. The Pediatric Respiratory Assessment Measure (PRAM) was strongly recommended for severity assessment during exacerbations. Additional updates addressed airway remodeling prevention through early anti-inflammatory intervention, new biologic therapies, emphasis on inhaler technique, and reduction of cumulative oral corticosteroid exposure. **Conclusion:** The GINA 2026 recommendations represent a paradigm shift in pediatric asthma management by prioritizing inflammatory control, exacerbation prevention, and individualized disease management strategies, with the incorporation of anti-inflammatory reliever therapy and standardized assessment tools contributing to safer and more effective asthma care in children and adolescents.

Palavras-chave: Asthma; Airway Remodeling; Disease Management; Inhaled Corticosteroid; Pediatric Respiratory Assessment.