



## Australian Asthma Guidelines 2025: The End of Blue Puffer-Only Treatment

Read time: 5 minutes

The National Asthma Council Australia has released a landmark update to the Australian Asthma Handbook, marking what experts are calling “a major change of practice” in asthma management. Released on September 16, 2025, the new guidelines represent the biggest shift in asthma treatment in a generation, moving away from reliance on blue puffers (SABA) alone toward anti-inflammatory treatment from day one.

### The Major Change: SABA Alone No Longer Adequate

The updated handbook’s most significant recommendation: short-acting beta2 agonists (SABA) alone are now considered inadequate treatment for asthma in adults and adolescents. This affects approximately 2.8 million Australians living with asthma, with about half having poorly controlled asthma at any given time.

Inhaled corticosteroids (ICS) are now indicated for all adults and adolescents with asthma. The guidelines recommend that all patients require ICS as part of their treatment to reduce inflammation and prevent exacerbations.

### New First-Line Treatment: Anti-Inflammatory Relievers

Following asthma diagnosis, adults and adolescents should start treatment with low-dose budesonide-formoterol taken as needed when symptoms occur—known as anti-inflammatory reliever (AIR) therapy. Only formoterol-containing combinations are approved for this indication, as formoterol works as quickly as salbutamol (3-5 minutes) while treating underlying inflammation.

Professor Nick Zwar, Chair of the NAC Guidelines Committee, explained: “Research over the last few years has shown that SABA alone has its risks. People who use that alone are more at risk of exacerbations – which are sometimes severe – and their asthma control is sometimes suboptimal.”

**The evidence is compelling:** AIR therapy reduces the risk of severe exacerbations requiring oral corticosteroids by 55% compared with SABA alone. With more than 31,000 asthma hospitalisations and 474 deaths in 2023 – more than 90% considered potentially preventable – the stakes are high.

### MART: The Preferred Step-Up Therapy

For patients requiring daily maintenance treatment, maintenance-and-reliever therapy (MART) is now the preferred pathway. MART uses the same budesonide-formoterol inhaler for both regular prevention and symptom relief, reducing exacerbation rates compared with fixed-dose regimens and simplifying treatment adjustments.

Patients should start at higher intensity (low-dose or medium-dose MART) if they have frequent symptoms, a recent severe exacerbation requiring systemic corticosteroids, or known risk factors for severe exacerbations.

### **What This Means for General Practice**

Professor Zwar noted that asthma patients going to the pharmacist for blue puffers will likely be directed to their GP for anti-inflammatory reliever prescriptions. “That’s a major change in practice.”

Dr. Anita Muñoz, Chair Victoria Faculty RACGP, emphasised the community education challenge: “Many Australians are managing their own asthma just with blue puffers that they buy over the counter, but that is no longer recommended and encourages risky over-reliance.”

### **Key Implementation Points:**

#### **Initial Treatment:**

- Start adults and adolescents with low-dose budesonide-formoterol (AIR therapy) as needed
- Low-dose ICS maintenance plus salbutamol remains an alternative for newly diagnosed patients
- Written asthma action plans are essential for all patients prescribed AIR or MART

**Specialist Referral:** The guidelines lower the threshold for referring difficult-to-control asthma to respiratory physicians, given new biologic therapies that effectively treat severe asthma while avoiding high-dose ICS and recurrent oral steroids. This helps minimise oral steroid use, given clearer evidence of risks to bone health and other adverse effects.

**Diagnosis:** The handbook emphasises spirometry’s importance, though primary care rates have dropped since COVID-19. Guidelines also include advice on fractional exhaled nitric oxide (FENO) testing referrals to differentiate asthma from other conditions.

### **Important Age Considerations**

These changes apply to adults and adolescents aged 12 and over. Anti-inflammatory relievers are not yet recommended for children under 12, as studies are underway to prove their effectiveness in this age group. Effective preventer options remain available for children to reduce asthma flare-up risk.

### **The Philosophy Shift**

The updated guidelines reflect a fundamental shift in asthma management philosophy, led by GINA (Global Initiative for Asthma) in 2019. Asthma is a chronic inflammatory condition—educating patients that they have it all the time, not just during attacks, helps them understand the rationale for treatment targeting inflammation rather than simply treating symptoms.

Dr. Chris Pearce, Asthma Australia Board Member and GP, explained: “The new anti-inflammatory relievers work just as fast to relieve symptoms but also reduce airway inflammation at the same time. The goal is fewer flare-ups, fewer hospital visits, and more Australians able to live confidently with their asthma.”

With 15 million SABA inhalers dispensed annually in Australia (including for COPD) – more than 4 per person – many patients are at increased risk of exacerbations. The implementation will require significant patient education, practice workflow adjustments, and collaboration between GPs, pharmacists, and other healthcare providers.

### **Resources and Support**

Health Minister Mark Butler stated: “The updated Australian Asthma Handbook will support primary health professionals to better diagnose, treat and manage their patients with the condition, helping those living with asthma to breathe easier and live well.”

The updated Australian Asthma Handbook is available online at [www.astmahandbook.org.au](http://www.astmahandbook.org.au). This includes medication management guidance for acute and long-term control treatment levels for adults and adolescents. A CPD-approved recording of the launch webinar provides detailed implementation guidance. Asthma Australia’s clinical team supports practices in understanding these changes, contact Asthma Educators at 1800 ASTHMA (1800 278 462).

With approximately one in ten Australians having asthma and 56,600 emergency department visits annually, these evidence-based guidelines offer substantial potential to improve outcomes. Addressing inflammation from day one, rather than masking symptoms, represents the future of asthma management in Australia.

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#### References

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## Social media age restrictions on young people: what's the evidence?

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**Read time: 2 minutes**

From the of 10th December of this year, social media platforms will be required to restrict access to users under the age of 16. According to the eSafety Commissioner. The platforms include those where:

- the sole purpose, or a significant purpose, of the service is to enable online social interaction between two or more end-users
- the service allows end-users to link to, or interact with, some or all other end-users
- the service allows end-users to post material on the service. (source: [eSafety Commissioner](#))

Tik Tok, YouTube, Instagram, Facebook and Snapchat are among the major platforms covered by this legislation. Key for parents to know is that neither they, nor their children under 16, will be committing an offence by simply accessing these sites. **The obligation is entirely on the platforms themselves.**

If you've been following the debate on this world-leading legislation, you'll know it's been controversial and contested. The first thing to say is that pretty much anytime a new public health measure is proposed, the affected industry launches a public relations campaign to seed doubt and call for solid evidence.

What's at play here is the **Precautionary Principle**. This applies to potential health or environmental threats where there are reasonable grounds for concern, but solid scientific evidence is either years away or very hard to obtain and where removing that threat is unlikely to do harm.

The evidence that this age restriction policy is worth pursuing is an unprecedented rise in both anxiety and eating disorders in children and young people, which looks as though it began at almost the same time as social media took off and accelerated. This association does not prove cause and effect, but the timing is striking.

Online bullying, and something called 'upward comparison' are at the core of the concern. Bullying speaks for itself, but upward comparison is where you compare yourself to your peers, or in the case of social media - influencers. There's always someone richer, better looking, more physically fit, more charismatic than you - and that creates anxiety, depression and conditions such as eating disorders.

There has always been upward comparison, but social media platforms amplify it at scale. And this is at a time when young people's brains are highly plastic and can be moulded for the rest of their lives.

However, these rises in mental health issues are far more complex, and parents shouldn't believe that the social media age restriction is going to make all these problems go away. Today's kids are growing up in a challenging world: anxiety about climate change and natural disasters, witnessing the financial and housing affordability stress of their parents, not to mention relationship breakdown. For many young people, the future looks uncertain.

The bottom line is that it makes sense to age restrict social media, but it doesn't get us out of the responsibility to make our kids' futures more positive.

## A blood fat you should be aware of

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**Read time: 1 minute**

You'll have the story before: a person who's been physically fit, not overweight, and never smoked, suddenly dies of a heart attack. They may even have had their cholesterol checked and found it was normal.

In a significant proportion of these cases, they've had an elevated blood fat called Lp(a) - "lipoprotein little a". Lp(a) levels are determined by your genes, rather than lifestyle, so you only need one test to find out your level, as it remains relatively stable throughout life.

There are two reasons why GPs tend not to test for Lp(a). One is that patients have to pay for it out-of-pocket - Medicare doesn't cover it and it can cost around \$70. The other reason is that there aren't targeted medications yet which lower Lp(a), although [low dose aspirin](#) may have an effect.

[A recent study](#) suggests that there are reasons for people to know their Lp(a) in addition to their other blood fats (eg. LDL and triglycerides), and therefore a strong case for the government to subsidise Lp(a) tests.

It has to do with identifying your overall risk of a heart attack and stroke. If you discover you have a raised Lp(a), then you can make sure all your other risk factors – particularly blood pressure and LDL cholesterol, are as low as possible to minimise the additive impact of Lp(a). This knowledge allows for more proactive management of the risk factors you can control.

This is worth a conversation between patients and their GPs, particularly when there's a family history of early heart attacks or stroke.

## Mental Health and the Nation's Health

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**Read time: 1 minute**

A recent [survey of over 2400 general practitioners and GPs in training](#) by the Royal Australian College of General Practitioners (RACGP) has found that mental health conditions continue to be the most common reason that people see their GP.

This finding is reinforced by supplementary data from major national bodies, including the [Australian Institute of Health and Welfare](#) (AIHW) and the Australian Bureau of Statistics (ABS).

GPs reported that the top three reasons for people coming to see them had shifted in recent times. While musculoskeletal problems such as back pain are still common, and women's health consultations have increased - mental health is consistently leading, and many doctors are concerned about what it means for the future. The main mental health issues reported were anxiety and depression, followed by emotional or behavioural responses to stressful situations. Additional [data sources](#) suggest that substance use is a closely related concern that frequently co-occurs with other mental health conditions.

Mental health challenges are inherently complex, often take root during adolescence, and can be amplified when substance use is involved. Which is why another finding of the survey is important: a growing number of GPs see themselves as working within multidisciplinary teams which bring together various kinds of expertise. Addressing mental health, substance use, and behavioural issues, requires a comprehensive assessment of a person's situation and needs.

Seeking help from a GP for early identification is crucial, as intervention delivered sooner in life consistently leads to better long-term outcomes.

Online and telephone support and information are available from [Beyond Blue](#) and Lifeline on 13 11 14.