## Supplemental Appendix 1. Summary of key terminology

## Term Definition

Short/acute	40-50 mg/day for 3-7 days	
courses		
Long-term use	Dosing exceeding 7 days	The GINA report recommends
Low dose	OCS: typically ≤7.5 mg/day	that long-term, low-dose OCS
		is used as an add-on
		maintenance therapy in
		patients with uncontrolled
		severe asthma (defined as
		poor control despite optimal
		therapy with high-dose ICS)
		with or without LABA and
		other controllers, but only if
		contributing factors and side
		effects are taken into account
High-dose ICS*	From 200 to >2000 mcg/day	Total daily high-dose ICS
	depending on which ICS is	examples according to GINA
	prescribed in adults	recommendations:
		Fluticasone furoate (DPI)
		200 mcg/day
		Beclomethasone dipropionate
		(pMDI, standard particle,
		HFA) >1000 mcg/day
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Medium-dose	From 100 to 1000 mcg/day	Total daily medium-dose ICS
ICS*	depending on which ICS is	examples according to GINA
	prescribed in adults	recommendations:
		Fluticasone furoate (DPI)
		100 mcg/day
		Beclomethasone dipropionate
		(pMDI, standard particle,
		HFA) >500–1000 mcg/day
Low-dose ICS*	From 80 to 5000 mcg/day	Total daily low-dose ICS
	depending on which ICS is	examples according to GINA
	prescribed in adults	recommendations:
		Ciclesonide (pMDI, extrafine
		particle, HFA) 80–160
		mcg/day
		Beclomethasone dipropionate
		(pMDI, standard particle,
		HFA) 200–500 mcg/day
Cumulative use	OCS: ≥450 mg within a	
	90-day period	
	(corresponding to ≥5 g/day)	
Inappropriate use	Courses of SCS that are not	
	clinically justified	

\*Daily ICS doses are shown as metered doses. See product information for delivered doses DPI, dry powder inhaler; GINA, Global Initiative for Asthma; HFA, hydrofluoroalkane propellant; ICS, inhaled corticosteroid(s); LABA, long-acting  $\beta_2$ -agonist(s); mcg, micrograms; OCS, oral corticosteroid(s); pMDI, pressurized metered dose inhaler; SCS, systemic corticosteroid(s)