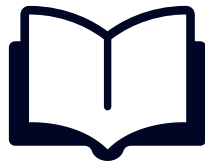


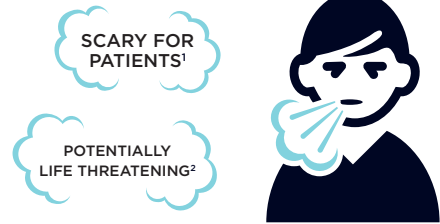
## About asthma exacerbations

### Asthma exacerbations

= worsening of asthma symptoms\*



### Exacerbations are:



\*defined as a deterioration of asthma symptoms that requires initiation or at least a doubling of systemic glucocorticoids for  $\geq 3$  days

## Real-life impact of asthma exacerbations

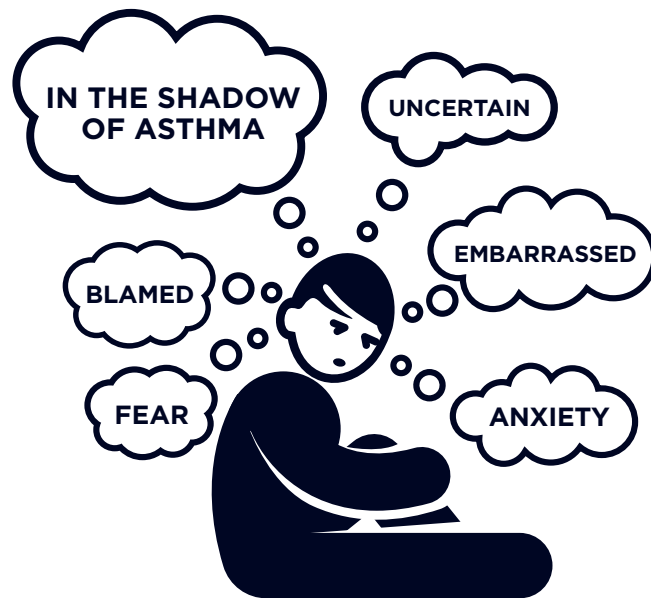
**Asthma exacerbations** can make people with asthma feel  
deflated over a battle they feel can never be won

**Asthma exacerbations** have a **significant impact** on people with asthma:



## Real-life impact of asthma exacerbations

Some of the words people with asthma use **to describe how they feel:**



Having **symptom free days** has been found to be the **most important aspect** for people with asthma<sup>5</sup>



Symptomatic asthma patients have **~x6 greater chance of having an asthma attack** in the next few weeks than those with minimal to no daytime symptoms<sup>6</sup>

## Reducing the risk of asthma exacerbations

The **long-term goals of asthma management** are to **achieve good symptom control**, and to **minimise future risk of exacerbations, fixed airflow limitation and side-effects of treatment**<sup>7</sup>

The Royal College of Physicians (RCP) recommends using **three key questions** to identify patients who experience **persistent symptoms** and who may need to **revisit their treatment plan**.<sup>8</sup>

### RCP three questions:\*

In the last month/week

- 1. Have you had difficulty sleeping due to your asthma (including cough symptoms)?
- 2. Have you had your usual asthma symptoms (eg cough, wheeze, chest tightness, shortness of breath) during the day?
- 3. Has your asthma interfered with your usual daily activities (eg school, work, housework)?



Despite current treatment options, **almost one in two patients** with asthma still **experience symptoms**.<sup>9-11</sup> New treatment innovations are needed to address the **current unmet medical need** in asthma.

## References

- Fuhlbrigge A, Peden D, Apter A, et al. National Institute of Health. Asthma Outcomes: Exacerbations. *J Allergy Clin Immunol*. 2012; 129(3 Suppl): S34-S48
- Partridge MR, Van der Molen T, Myrseth SE, Busse W. Attitudes and actions of asthma patients on regular maintenance therapy: the INSPIRE study. *BMC Pulmonary Medicine* 2006, 6:13
- World Health Organization. World Health Report. 2011. Asthma Fact Sheet pdf <http://www.who.int/mediacentre/factsheets/fs307/en/index.html> [Accessed 30/07/14]
- Bai TR, Vonk JM, Postma DS, Boezen HM. Severe exacerbations predict excess lung function decline in asthma. *Eur Respir J* 2007; 30:452-456
- Lloyd A, et al. Patient preferences for asthma therapy: a discrete choice experiment. *Prim Care Respir J*. 2007;16:241-248
- Bateman ED, et al. Overall asthma control: the relationship between current control and future risk. *J Allergy Clin Immunol*. 2010 Mar;125(3):600-8
- Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention. Available from: [http://www.ginasthma.org/local/uploads/files/GINA\\_Report\\_2014\\_Jun11.pdf](http://www.ginasthma.org/local/uploads/files/GINA_Report_2014_Jun11.pdf) [Accessed 30/07/14]
- Pearson, MG, Bucknall CE eds. *Measuring Clinical Outcome in Asthma: a Patient-focused Approach*. London: Royal College of Physicians. 1999
- Bateman ED, et al. GOAL Investigators Group. Can guideline-defined asthma control be achieved? The Gaining Optimal Asthma Control study. *Am J Respir Crit Care Med*. 2004;170:836-844
- Partridge MR, et al. Understanding patients with asthma and COPD: insights from a European study. *Prim Care Respir J* 2011; 20 (3): 315-323
- Demoly P, et al. Prevalence of asthma control among adults in France, Germany, Italy, Spain and the UK. *Eur Respir Rev* 2009; 18: 105-112

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