



<b>Title</b>	<b>Discrepancy between patient-perception and guideline-defined asthma control in Asia: a survey of over 2400 patients</b>
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## **DISCREPANCY BETWEEN PATIENT-PERCEPTION AND GUIDELINE-DEFINED ASTHMA CONTROL IN ASIA: A SURVEY OF OVER 2400 PATIENTS**

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**BACKGROUND/AIM:** A recent survey (REALISE™) has revealed that patients in Europe perceive their asthma to be well-controlled despite the presence of symptoms. We report data from a similar survey of patients to assess if such discrepancy is seen in Asia. **METHODS:** Online surveys were completed by patients (aged 18-50 years, X2 prescriptions for asthma in the past two years), recruited via validated consumer panels from 8 countries in Asia. **RESULTS:** A total of 2,467 patients participated, split across the following geographies: Mainland China (30%), Hong Kong (8%), Indonesia (7%), Korea (20%), Malaysia (6%), Philippines (6%), Singapore (8%), and Taiwan (12%). Mean age of respondents was 34 years, with relatively equal proportion of males (54%) and females (46%). While 89% considered their asthma to be well-controlled, only 18% were classified as such according to GINA guidelines, the rest being partly controlled (32%) and uncontrolled (50%). In the past 7 days before completing the survey, 35% used their reliever inhaler X3 times, 38% experienced symptoms X3 days in a week, 64% had symptoms that interfere with normal activities, and 71% had night-time awakening due to asthma symptoms. In the past year, 33% have been hospitalized, 38% of the respondents had emergency visits, and 73% required oral steroids for worsening asthma. Despite symptoms and exacerbations, 82% did not consider their asthma as serious, 80% regarded their state of health as similar as or better than other people their age, and 82% described themselves as confident in managing their asthma. Interestingly, more than 2/3 of the respondents related 'control' to managing attacks rather than absence or minimal symptoms. Patients' definitions of well controlled asthma included: attacks are controllable with medical help, reduction of attacks within a time-frame, and prevention of attacks through lifestyle modification or alternative medicines (e.g., traditional Chinese medicines). **CONCLUSION:** Patients consistently overestimated their own asthma to be controlled rather than what their clinical symptoms suggested. This discrepancy may be due to fundamental difference on how patients define 'control' which is currently geared towards management of exacerbation, instead of pre-defined level of symptom control. A shared understanding of such concepts between patients and physicians may help in achieving treatment goals in asthma care. **DISCLOSURE:** Mundipharma Pte Ltd provided funding for the survey. The authors received an honorarium from Mundipharma Pte Ltd for their participation in REALISE Asia Working Group meetings and discussions. G Neira is an employee of Mundipharma Pte Ltd. The REALISE Asia Working Group acknowledges Professor David Price for his advice on the survey and analysis of results, and Research Partnership Healthcare Asia Pte Ltd for survey conduct and data analysis.