CLINICAL OUTCOME OF CHRONIC ASTHMA
Reissell E1, Haukka J1, Minkkinen S1, Laitinen T1, Salonoja M1, Pirskanen A1, Palmu P1, Rehn M1, Honkanen H1, Lahtinen T1, Lindqvist A1, Kunnas T1
1Geneos Ltd, Helsinki, Finland; 2Helsinki University Hospital, Helsinki, Finland
OBJECTIVES: As chronic asthma in Finland is mainly treated by general practitioners limited data is available on the natural course of the disease. We evaluated the burden of this disease on health care providers and the adherence to accepted treatment protocols in this retrospective study. METHODS: We examined the complete medical records of 30 asthmatic patients obtained from all reported health care providers (2000–05). Providers were registered according to site, location and personnel involved. Contact was specified as a visit, emergency room (ER) visit, phone call, prescription or procedure. The primary cause of contact labeled the event as asthma-(AR) or non-asthma related (NAR) according to clinical specifications. Data on all asthma medication and adverse drug reactions (ADR) were collected from medical records. RESULTS: Asthma was the main reason for contact with health care providers in 961 (52%) of all 1847 events recorded. The number of events ranged from four to 94 per patient with a mean of 23. The type of contact was typically a visit (61%) and provider a general practitioner. ER visits were found in 40% of the patients, 64% of these were AR. Longest period for hospitalization due to asthma was 23 days, but no intensive care treatment was necessary. All patients had short-acting beta-agonists and inhaled corticosteroids (CS) as first-line medication and 32% had no need for additional treatment during the follow-up. Long-acting beta-agonists were used by 53% at some point and 48% of all patients had acute exacerbations treated with oral CS. ADR were observed in 57% of all patients and in 2.5% of all asthma-related events. An alteration to medication was done in 45% of asthma-related visits. CONCLUSIONS: Reliable data were obtained from this evaluation of patient records regarding disease history. Non-responders can be identified as well as those prone to ADR.

THE HUMAN IMPACT OF SEVERE PERIODIC PERSISTENT ALLERGIC ASTHMA: RESULTS FROM A MULTINATIONAL STUDY
Turk F
Novartis Pharma AG, Basel, Switzerland
OBJECTIVES: The human impact (symptoms, quality of life and overall wellbeing) of severe persistent allergic asthma is great owing to the chronic nature of the disease and the burden of exacerbations. We undertook the present study to examine the human impact of severe persistent allergic asthma in patients who remain inadequately controlled and how human impact varies according to disease severity. METHODS: Patients with asthma were enrolled in a large cross-sectional observational study and were stratified by disease severity (Global Initiative for Asthma [GINA] classification). Patients were recruited in the UK, Germany, France, Italy and Spain by physicians who were asked to recruit the next 6 patients presenting with asthma. Human impact was assessed using an extensive questionnaire, which included the EuroQol EQ-5D. RESULTS: Out of a total of 2802 patients, 1306 (47%) had allergic asthma. Of these, 985 patients (mean age 36.4 years; mean FEV1 89.6% predicted normal) had the following GINA asthma severity classifications: mild intermittent (3.2%); mild persistent (7.6%); moderate persistent (11.7%) and severe persistent (77.5%). Overall, 29% (n = 219) patients with severe persistent allergic asthma were inadequately controlled. These patients had more symptoms—including bronchospasm, nocturnal symptoms, difficulty breathing when resting and cough—than patients with moderate disease (all p < 0.01). Other human impact factors that were adversely affected included impaired mobility, nocturnal disturbance and impaired lifestyle (all p < 0.01 vs. moderate asthma). Quality of life was impaired in these patients: the mean EQ-5D score was 0.808 for severe persistent asthma that was inadequately controlled vs. 0.938 for moderate asthma (p < 0.01). CONCLUSIONS: The human impact of asthma increases according to disease severity; human impact is greatest in patients with severe persistent allergic asthma who remain inadequately controlled. Treatment options that aim to achieve adequate control will contribute to improved management of patients with severe persistent allergic asthma.