

Guideline-recommended minimum 3-year course of therapy. Among the 308 patients receiving IT who were included in clinical and economic subanalyses, average IT cost was \$20 (SD \$23) per administration and \$468 (SD \$543) over the treatment course. Pharmacy, outpatient and inpatient costs significantly decreased in the 6 months following completion of IT versus the 6 months prior to IT initiation ($-\$78$, $p = 0.0125$; $-\$273$, $p = 0.0005$; $-\$2123$, $p = 0.0092$ respectively). **CONCLUSION:** We found wide variation in IT delivery by sex and race. Despite the preponderance of premature IT discontinuation among patients in our study, significant cost savings were demonstrated. Findings suggest that patients with AR and the health care systems that provide care to these patients may benefit from broader access and improved adherence to IT.

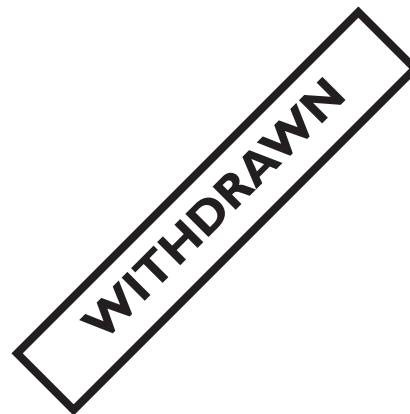
PAA11

A 4-YEAR ASSESSMENT OF SUB-ACUTE LACK OF ASTHMA CONTROL IN A REAL-WORLD SETTING

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OBJECTIVES: To assess in a managed care setting the sub-acute lack of asthma control (SALAC) identified by excess short-acting β_2 -agonist (SABA) use or clinic visits but not necessarily associated with acute asthma exacerbations. **METHODS:** An administrative claims database containing 8.8 million lives was analyzed over 4 years (June 2000–May 2004). Patients aged ≥ 12 years with an ICD-9 code for asthma and ≥ 2 claims/year for asthma medication were included; those with other significant respiratory conditions were not. SALAC was defined as >4 clinic visits for asthma/year or ≥ 2 /quarter, or >5 SABA prescriptions/year. Acute asthma exacerbations were defined as asthma-related emergency department visits, hospitalizations, or oral corticosteroid bursts. SALAC rates during years 2–4 were compared for patients who had loss of control during year 1 with patients who did not. **RESULTS:** Of 3998 patients (mean age = 41 years, 65% female) who met the study criteria, only 42% had an acute exacerbation but 70% had SALAC in the 4-year period (63% excess clinic visits/year, 36% excess SABA/year); 22% had SALAC in only 1 of the 4 years, 16% in 2 of the 4 years, 14% in 3 of the 4 years, and 18% in all 4 years. Patients experiencing SALAC in year 1 were more likely to do so again in years 2–4 vs. all other patients (83% v. 47%; $p < 0.001$). SALAC rates/year changed little over the 4-year period (year 1: 44%; year 2: 45%; year 3: 42%; year 4: 37%). **CONCLUSION:** A sub-acute loss of asthma control (SALAC) in 1 year predicts SALAC in a subsequent year. SALAC occurred in more than two thirds of patients at some point and occurred every year in almost one fifth. Asthma control is also lacking in many patients who did not have an acute exacerbation.



PAA13

CATEGORIES AND TRANSITION PATTERNS OF GUIDELINE INFORMED CONTROL IN SEVERE OR DIFFICULT-TO-TREAT ASTHMA

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OBJECTIVE: In their 2007 guidelines, the National Asthma Education and Prevention Program (NAEPP) recommends assessing a patient's level of asthma control to determine an appropriate management strategy. We sought to describe the levels and transition patterns of asthma control as defined by the new NAEPP guidelines for an adult asthma cohort with severe or difficult-to-treat disease. **METHODS:** We used The Epidemiology and Natural History of Asthma: Outcomes and Treatment Regimens (TENOR) adult cohort to describe their NAEPP informed levels of asthma control. TENOR was a three year, multicenter, prospective study of patients with severe or difficult-to-treat asthma that received standard of care. TENOR adults were semi-annually categorized into three levels of asthma control: controlled, partly controlled, and uncontrolled. We measured impairment with spirometry and the validated Asthma Therapy Assessment Questionnaire (ATAQ) and measured exacerbation risk with health care utilization outcomes. **RESULTS:** A total of 3488 adults (≥ 18 years of age) had a mean follow-up of 25 months. At baseline, 12.5% were controlled, 34.9% were partly controlled, and 52.6% were uncontrolled. Out of 15,569 control assessments across all visits, 15.3% were controlled, 35.0% were partly controlled, and 49.7% were uncontrolled. Data was missing on an additional 1476 (8.7%) observations across all completed visits. Six month transition patterns of control yielded: 63.4% of controlled patients remained controlled, 65.2% of partly controlled patients remained partly controlled, and 82.4% of uncontrolled patients remained uncontrolled. **CONCLUSIONS:** The results suggest that the majority