WHY IS ASTHMA STILL OUT OF CONTROL

Ongoing burden of asthma

2016 was the 60th anniversary since the first modern inhaler was introduced into clinical use. However, over the last decades studies have shown little apparent improvement in asthma control. Europe dies from asthma, little apparent improvement in asthma control. However, over the last decade studies have shown that modern inhaler was introduced into clinical use. 2016 was the 60th anniversary since the first inhaler was introduced into clinical use. The ongoing burden of asthma under the age of 45 in Europe affects 30 million adults and children, and one in four people in Europe to take control of their condition, in turn helping to reduce burden of asthma and improve patient outcomes.

Asthma affects 30 million adults and children under the age of 45 in Europe.

Lost productivity estimated to cost almost €9.8bn each year.

Every week, one in four people in Europe with severe asthma have an attack so intense they can't even call out for help. And every hour, at least one person in Europe dies from asthma.

REALISE study: suboptimal asthma control

- 8,000 diagnosed asthma patients aged 18-50
- In 14 European countries
- CRITIKAL survey was conducted in 2012 in asthma patients who were active on social media
- Funded by Mundipharma International Limited

Over previous year, surveyed had been to an emergency department because of an asthma exacerbation (asthma attack)

Only 46.6% of patients had controlled asthma as defined by GINA criteria.

Despite this, 40% of respondents considered their asthma to be well controlled.

CRITIKAL study: errors in inhaler technique

CRITIKAL (CRITical Inhaler mistaKes and Asthma controL) was conducted between 2011 and 2014 and funding support was provided by Mundipharma Research Limited.

- First study to investigate direct errors and asthma outcomes in patients on fixed-dose combination treatments.
- Patients using Symbicort® Turbohaler® or Seretide® Diskus® dry-powder inhalers. Patients using Seretide metered dose inhaler.

Many factors are associated with poor control including adherence and inhaler technique.

It's necessary to assess asthma accurately in clinical practice and improve patient understanding to recognise and act on symptoms and exacerbations.

When assessing inhaler technique training could target the common errors associated with poor asthma control.

Tackling suboptimal asthma control

- 3,660 patients in the iHARP asthma review service
- Many factors are associated with poor control including adherence and inhaler technique.

A few frequent errors were common to all devices in the study:

- 34% of people didn't tilt head to lift chin slightly
- Between 22-33% didn't hold breath for more than 3 seconds after inhalation
- Between 26-32% didn't breathe out to empty lungs before inhalation
- Errors were assessed by fully trained healthcare professionals.