WEBINAR

Difficult-to-treat and severe asthma: changing the paradigm

A multidisciplinary discussion on new therapies, and how to identify and manage difficult-to-treat and severe asthma





DIFFICULT-TO-TREAT AND SEVERE ASTHMA: CHANGING THE PARADIGM

The multidisciplinary discussion will focus on:

- the management of asthma in adults that remains uncontrolled despite treatment,
- standardisation of asthma definitions and evidence-based guidelines,
- advances in the use of targeted, biologic therapies,
- and how a systematic and multidisciplinary approach can improve health outcomes in people with difficult-to-treat asthma.





COMMON PATIENT SCENARIOS

Patient with asthma on high dose combination therapy (ICS/LABA) and poor symptom control

Patient with asthma on *high dose combination therapy* (ICS/LABA) and 2 courses of *oral steroids*, for asthma, in the last 12 months

Patient with asthma on *maintenance oral steroids* and no recent Consultant review





DIFFICULT-TO-TREAT AND SEVERE ASTHMA

Difficult-to-treat asthma is asthma that is uncontrolled, despite maximal inhaled therapy being prescribed

Severe asthma (severe refractory asthma) is asthma that remains

- uncontrolled
- despite maximal inhaled therapy being taken regularly
- and despite treatable factors having been addressed





WHAT IS SEVERE ASTHMA?

Severe asthma is asthma that remains

Uncontrolled

- Poor symptom control
- Frequent severe exacerbations / flare-ups / attacks
- Serious exacerbation, e.g. hospitalisation, ICU stay
- Persistent airflow limitation, or
- Well-controlled asthma that worsens on tapering of corticosteroid treatment
- Despite maximal inhaled therapy being taken regularly
- ▶ And despite treatable factors having been addressed





WHAT IS SEVERE ASTHMA?

Severe asthma is asthma that remains

- Uncontrolled
- Despite maximal inhaled therapy being taken regularly
 - High-dose inhaled corticosteroids (ICS) AND
 - Long-acting beta agonist (LABA) or other controller e.g. Seretide >250/50 1 twice daily, Symbicort >400/12 1 twice daily
- And despite treatable factors having been addressed





WHAT IS SEVERE ASTHMA?

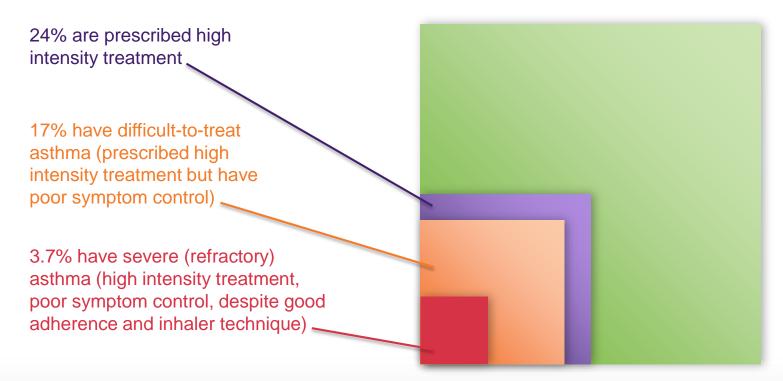
Severe asthma is asthma that remains

- Uncontrolled
- Despite maximal inhaled therapy being taken regularly
- And despite treatable factors having been addressed
 - Treatment adherence
 - Inhaler technique
 - Trigger avoidance
 - Comorbidities and modifiable risk factors identified and managed





HOW MANY PEOPLE WITH ASTHMA HAVE DIFFICULT-TO-TREAT ASTHMA?



Data from *Hekking et al, JACI* 2015;135:896-902









CONDITIONS THAT MAY AFFECT ASTHMA SYMPTOM CONTROL, RISK OR MANAGEMENT

- Obesity
- Gastro-oesophageal reflux disease
- Obstructive sleep apnea
- Rhinitis, sinusitis, nasal polyps
- Upper airway dysfunction
- COPD
- Respiratory infections
- Mental illness (e.g. depression, anxiety and panic disorders)

Boulet LP *Eur Respir J.* 2009; 33: 897-906





'DIDACTIC' ADHERENCE DISCUSSION

- So you've been having problems with your asthma recently. Have you been taking your inhalers?
- Your asthma may have been getting worse because you haven't been taking your preventer inhaler every day.
- Steroid medications are really the best and safest treatments we have for your asthma.
- ➤ The preventer inhaler prevents asthma symptoms, so you need to make sure you take it every day.
- If you use the preventer inhaler daily you'll get less symptoms so you won't need to use as much Ventolin.
- Is there anything else I can help you with?

Advice and education alone have limited impact on behaviour change

Borelli B, et al. J Allergy Clin Immunol, 2007; 120: 1023-30.

Make assumptions Increase knowledge **Provide** advice Increase knowledge

Absence of collaboration

Closed

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'PATIENT-CENTERED' ADHERENCE DISCUSSION

- ✓ So you've been having problems with your asthma recently. Tell me how you're going with your inhalers. What are you most concerned about?
- ✓ What would be the best thing for you about improving your asthma?
- ✓ It's your decision to take the preventer inhaler every day. It is also my aim that you use as little as you need to treat your asthma effectively.
- ✓ I'm impressed that you've given the preventer inhaler a try. How would you feel about taking it twice a day to reduce your need for blue reliever, which makes you shaky, and to improve your asthma so you can play more with your son?
- ✓ Do you want to give it a try for a few weeks and we'll see how it goes?

Behaviour change more likely if advice is linked to patient goals & motivations Use of these sorts of communication skills by GPs increases GP confidence to discuss adherence

Borelli B, et al. J Allergy Clin Immunol, 2007; 120: 1023–30; Foster JM. et al. J Asthma. 2016;53(3):311-20.



Reinforcing collaboration







TAKE HOME MESSAGES

- Identify patients with difficult-to-treat asthma,
- Systematically assess and manage factors contributing to poor asthma control,
- Consider early referral to a respiratory physician for people with severe, high-risk or difficult-to-treat asthma





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For more information:

nps.org.au/webinar/asthma



