

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

This program is joint-funded by AstraZeneca Pty Ltd and Novartis Pharmaceuticals Australia Pty Ltd and managed by VentureWise, a wholly owned commercial subsidiary of NPS MedicineWise. The content has been designed, developed and delivered by NPS MedicineWise with complete independence and editorial control, based on best practice guidelines.



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

Chung KF, Wenzel SE, Brozek JL, et al. *Eur Respir J* 2014;43:343-73

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

Chung KF, Wenzel SE, Brozek JL, et al. Eur Respir J 2014;43:343-73

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

Chung KF, Wenzel SE, Brozek JL, et al. Eur Respir J 2014;43:343-73

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

Chung KF, Wenzel SE, Brozek JL, et al. *Eur Respir J* 2014;43:343-73

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

24% are prescribed high intensity treatment

17% have difficult-to-treat asthma (prescribed high intensity treatment but have poor symptom control)

3.7% have severe (refractory) asthma (high intensity treatment, poor symptom control, despite good adherence and inhaler technique)



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.

Closed question

Make assumptions

Increase knowledge

Provide advice

Increase knowledge

Absence of collaboration

'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.

Active listening

Elicit goals

Support autonomy

Encourage

Provide advice

Motivate

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

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