

Definitions Matter: Asthma Control and Health-Related Quality of Life (HRQoL) in patients with Severe Asthma in Brazil

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Aims

- In Brazil, data about the impact of severe asthma (SA) is limited. The Program for Control of Asthma in Bahia (ProAR), started in 2003 to offer specialized care and medication for free for patients with SA¹. At the time, SA patients were identified according to the contemporary criteria from the National Institute of Health (NIH) and Global Initiative for Asthma - GINA. Since then, new SA definitions emerged.
- Main goal:** to describe and compare asthma control and HRQoL from SA patients classified by a modified ATS/ERS criteria *versus* non-ATS/ERS SA patients.

Methods

- SA patients aged ≥18 years were recruited from 2003 according to NIH criteria of 1997.



SA Patients were reassessed according to a **modified ATS 2014 criteria**² as a post-hoc analysis.



Non-ATS/ERS criteria

Subjects who were classified as SA using the NIH 1997 but did not meet the ATS/ERS 2014 criteria

Modified ATS 2014 criteria

Subjects who were treated with high doses of inhaled corticosteroids (ICS) plus a controller for at least 6 months

Questionnaires applied

- Asthma Control Questionnaire 6 (ACQ-6)
- GINA symptom control
- EQ-5D-5L & Visual Analogue Scale (VAS)

Results

Patients Characteristics

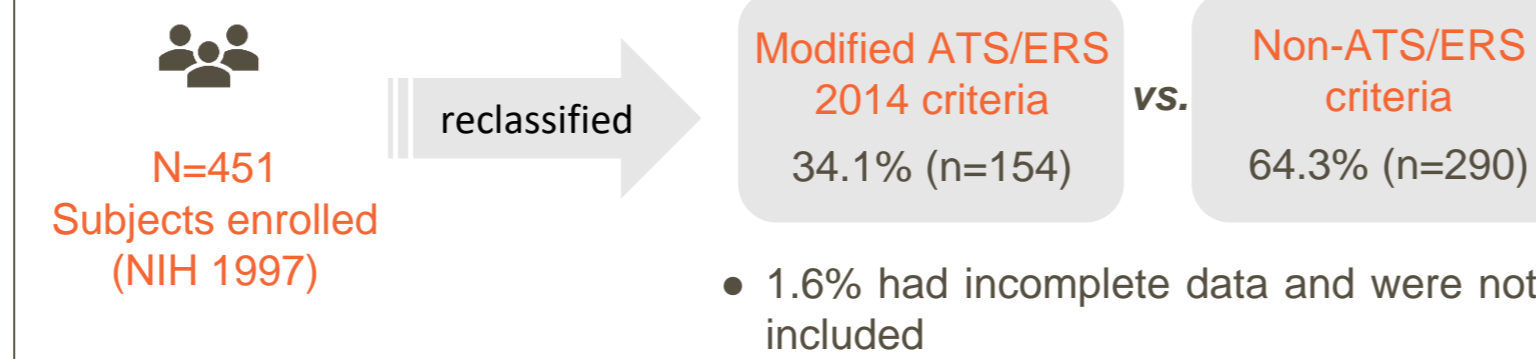


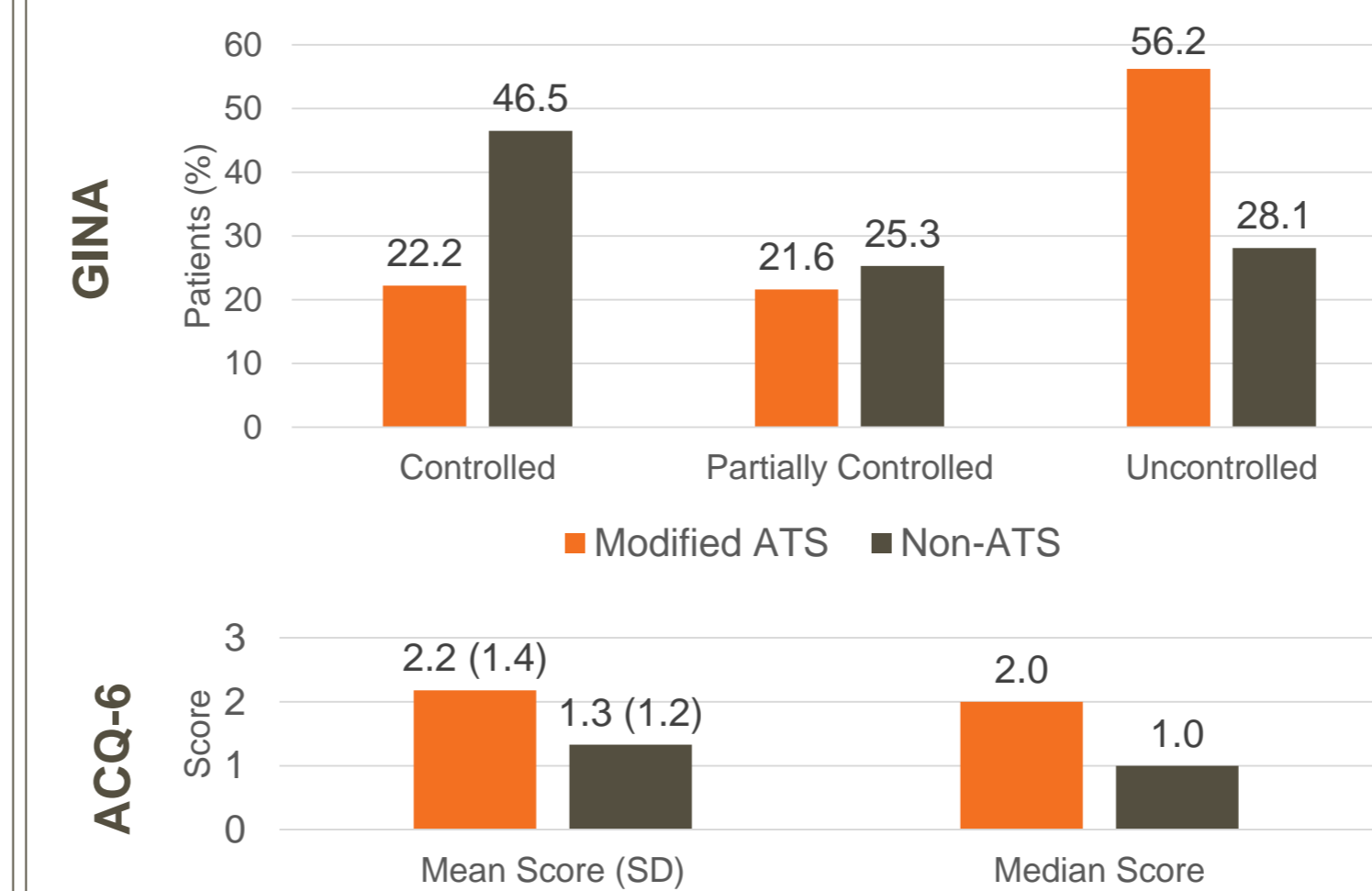
Table 1. Main characteristics of the patients included

	Modified ATS/ERS 2014	Non-ATS/ERS	Total
n	154	290	451
Mean Age (SD)	52.9 (11.9)	51.2 (13.5)	54.7 (13.2)
Gender (female - %)	86.4	78.4	81.6
Education (%)			
Illiterate	5.2	6.9	5.1
Elementary School	54.5	44.7	46.0
High School	35.1	41.2	40.9
Higher Education	5.2	7.2	8.0
BMI (%)			
Underweight	0.0	1.0	1.1
Eutrophic	14.9	25.1	19.3
Overweight	35.1	38.5	34.8
Obesity class I and II	46.1	31.6	40.1
Obesity class III	3.9	3.8	4.7
Mean age of onset of asthma symptoms (SD)	13.8	15.7	15.1(15.7)

BMI = Body Mass Index; SD = Standard Deviation

Asthma Control

Figure 1: Asthma control according to GINA and ACQ-6



Health-Related Quality of Life

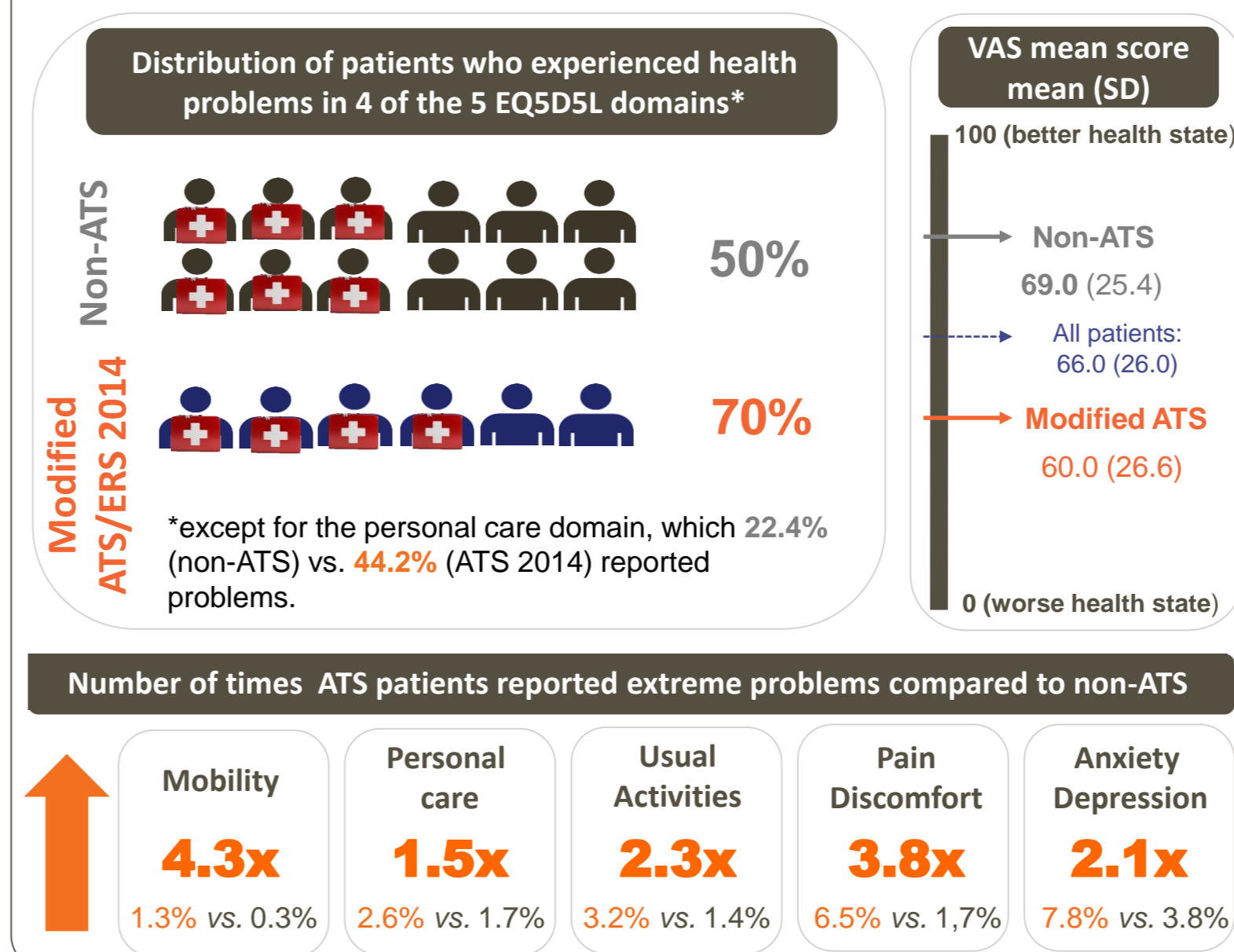
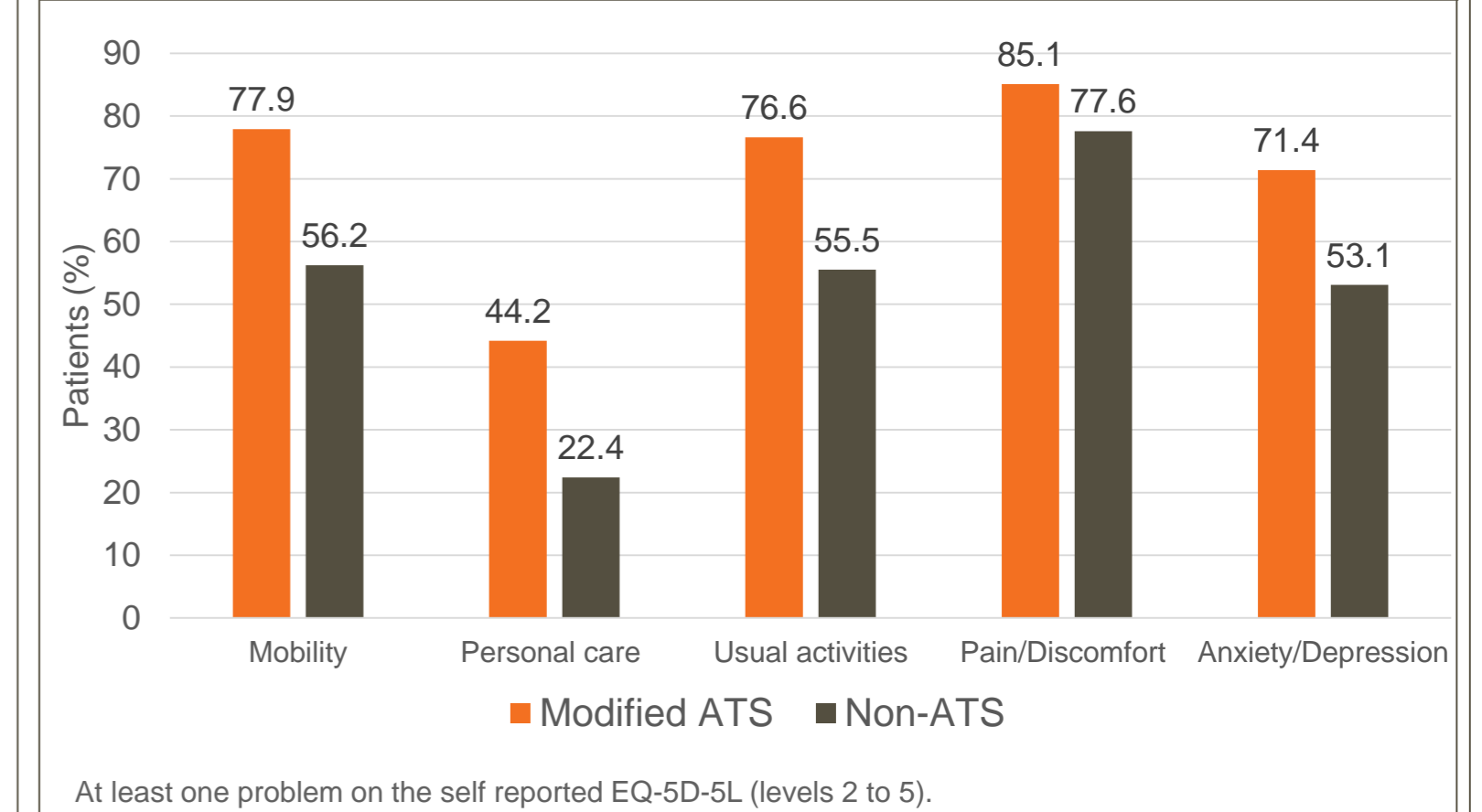


Figure 2: Distribution of SA patients that reported at least one problem across domains of self-reported EQ-5D-5L for ATS/ERS SA and non-ATS/ERS SA criteria



Conclusions

Although most SA ProAR patients have been followed using asthma guidelines over many years, they still reported uncontrolled asthma and presented a high negative impact in their HRQoL in 2017. Using the ATS/ERS criteria, a group of patients was identified with even higher burden and lower control. These criteria can help decision-makers to identify patients with SA that require treatments beyond usual care to achieve control and improve their HRQoL.

References

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