

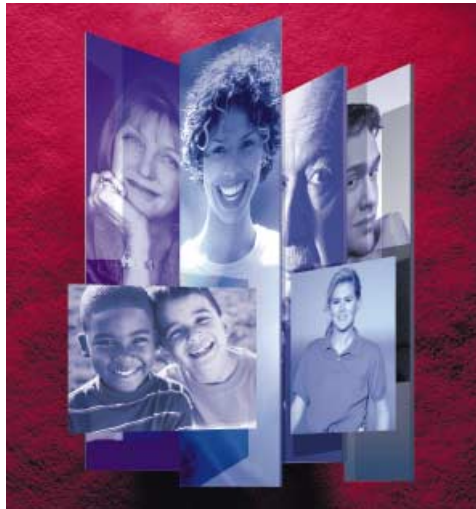
# Asthma: Addressing a Global Health Problem



A PATIENT MANIFESTO FROM EFA:  
EUROPEAN FEDERATION  
OF ASTHMA AND ALLERGY ASSOCIATIONS



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**A PATIENT MANIFESTO**

**EFA:**  
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**M**ore than 150 million people worldwide live with the burden of asthma,<sup>1</sup> with almost half experiencing symptoms that disrupt their everyday lives.<sup>2</sup> In addition, prevalence is rapidly increasing on a global basis, particularly in children and young adults.<sup>3</sup> Shockingly, asthma still claims 180,000 lives each year.<sup>4</sup> This is an unacceptable situation, considering that much of this suffering is unnecessary and many asthma deaths are preventable.

Being diagnosed with asthma can be a frightening and anxious time – yet the availability of clear, concise patient-focused information about the disease and its treatment remains limited.

A key problem is that patients do not understand the significance of underlying airway inflammation in asthma. Regular treatment of inflammation is as important as addressing the symptoms that it causes. Yet this is unclear for many patients with asthma and so the variety and purpose of multiple inhalers is often confusing. In addition, the severity of asthma is often underestimated by both patient and physician. As a consequence, some patients do not receive a prompt diagnosis and the treatment taken by many asthma patients is inadequate.

*Therefore, to improve the quality of life for asthma patients worldwide, and in exchange for improved patient adherence to treatment, patient organisations are calling on healthcare professionals and policy makers to implement the following actions:*



Erkka Valovirta

A handwritten signature in black ink, appearing to be 'Erkka Valovirta' in a cursive style.

## Section 1: Patient Rights




The rights of asthma sufferers should equate to basic human rights. This includes equal access to diagnosis, treatment, asthma information and education. Physicians, nurses and other healthcare professionals should ensure use of modern and relevant methods of diagnosis and treatment. The right of patients to breathe clean and healthy air should be upheld at all times.

## Section 2: Patient Aspirations & Expectations

Patients lack knowledge of the goals of long-term asthma management, as put forward in current treatment guidelines. Without this knowledge, they wrongly believe that their condition is 'under control', despite acknowledging the regular occurrence of symptoms that limit their everyday life.<sup>2</sup>

To stop patients suffering needlessly, it is essential that low patient expectations of asthma medication be raised. Equally, the gap should be closed between guidelines and the reality of treatment for patients. Patients should also be aware of the importance of avoiding triggers and creating an 'asthma-friendly' environment.

### We therefore need to:

-  Foster belief among asthma patients and their families that, for most patients, a symptom-free life is achievable. Asthma should not prevent patients from sleeping, attending school/work, social or physical activities including exercise – provided that it is properly controlled.
-  Encourage healthcare professionals to explain the goals of asthma management and discuss patients' expectations. Also to develop a personalised action plan focussing on treatment, worsening symptoms and dealing with emergencies.
-  Encourage healthcare professionals to proactively enquire about symptoms, quality of life and their expectations instead of waiting for them to be mentioned by the patient.

### Section 3: Patient Education & Re-education



Asthma patients, particularly those newly diagnosed, have a variety of worries and concerns about their condition that need to be addressed, for example, information on the basics of asthma, how it is controlled and particularly how to avoid and deal with emergencies.

Many patients lack a full understanding of the role of airway inflammation in asthma. Regular treatment of this inflammation, with inhaled steroids, is as important as addressing the asthma symptoms.<sup>5</sup>

Despite initial education from physicians, patients admit to not taking their preventer on a regular basis – most either forget, or do not feel the need to comply / do not like to take drugs every day.

Asthmatics are often overly reliant on reliever inhalers, at the expense of preventer therapy. Patients admit to relying on their reliever to control their asthma and mistakenly feel it is a problem that preventers do not provide a 'sense of benefit'.

**To help patients comply with their treatment and cope better with this chronic disease we therefore need to:**

-  Encourage healthcare professionals to educate patients on a continuous basis about inflammation and asthma, treatment options and how they work.
-  Implement 're-education' programmes in clinics, surgeries and patient groups, focusing on 'patient-friendly' messages about asthma treatments.

## Section 4: Patient / Professional Dialogue

Surveys indicate that ongoing, regular discussions between patients and their healthcare professional are far from commonplace. Contact is often limited to only occasional brief appointments with the physician within the clinic setting.

To achieve successful asthma management, it is essential for healthcare professionals to have a clear understanding of the patients' perception of asthma, their attitudes and beliefs – and integrate those as part of a treatment plan. Similarly, patients need the opportunity to voice these opinions.

### We therefore need to:



Encourage healthcare professionals to establish continuity and partnership with patients, including ongoing dialogue and regular review of the patients' symptoms based on international and local guidelines.





Increase access and availability to professional advice by implementing supplementary means of contact and advice i.e. telephone and dedicated Internet sites.

## Section 5: Asthma Control

Asthma patients are aware that their condition is a chronic disease with symptoms that vary in severity. They are addressing this themselves by adjusting their treatment – either by increasing their use of reliever or preventer or both.

Recent research also suggests that patients want to take fewer drugs and use less inhalers to treat their condition.<sup>6</sup>

### We therefore need to:

-  Increase patient awareness of new treatment advances, which are more effective, easier to take and allow for adjustable dosing.
-  Recommend that healthcare professionals provide patients with written, easy to understand, personalised action plans that advise on effective, simple, self-management of dosing.

## Section 6: Asthma Prevention

Prevention can decrease the burden of asthma and even forestall the onset of symptoms. It is also an essential component of disease control.

There is a wide range of possible preventative actions that can be implemented by the individual patient, family and friends, employers, or society as a whole. Institutions that can influence prevention are similarly diverse: from patient associations to health organisations, scientific societies to governmental bodies.

### We therefore need to:



Generate awareness among the general public that onset of asthma may be delayed, or even prevented, by creating a healthy personal environment: avoiding / minimising potential triggers, such as active and passive smoking, indoor and outdoor allergens, air pollution and chemical sensitisers.



Petition regional and national government for action against air pollution and chemicals, which contribute to the development of asthma.









Educate asthma patients on how to identify and avoid asthma triggers, and how to deal with emergencies, using a written personalised action plan.



Ensure that healthcare professionals have access to the latest information, tools and techniques, allowing prompt diagnosis and treatment of asthma. Early detection and adequate treatment of the condition gives patients the chance of achieving the best possible quality of life.

## Section 7: Commitment to Research

Improvements in asthma management must be matched with a commitment to ongoing research into the epidemiology, pathology and pharmacology of the disease, as well as related environmental issues by:

-  healthcare professionals
-  leading researchers
-  international, national and local government bodies
-  policy makers
-  third party organisations e.g. patient groups
-  pharmaceutical companies

By advancing our understanding of asthma and its treatment, we can reduce hospitalisations and deaths from this common disease and, through improved control, enhance the everyday lives of asthma patients worldwide.

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