

ABS35: Not well controlled asthma is associated with increased use of unscheduled healthcare: Analysis in 26 countries

C.K.W. Lai^a, H. Neffen^b, D. Vervloet^c, A.E. Williams^d, A.C. Lloyd^e

^a Chinese University of Hong Kong, Hong Kong ^b O Alassia Children's Hospital, Argentina ^c Hôpital Sainte Marguerite, France ^d GlaxoSmithKline, USA ^e Fourth Hurdle Consulting, UK

Introduction: Large scale surveys in Europe (AIRE), Asia Pacific (AIRIAP), and Latin America (AIRLA) showed that current levels of asthma control fall short of guideline-defined goals. **Aims:** This analysis determines the relationship between level of asthma control and use of unscheduled healthcare resources in 26 countries across the regions. **Subjects and methods:** Responses of patients aged ≥ 12 years included in the three surveys were mapped to the five items of the Asthma Control Test (ACTTM). Unscheduled healthcare resources used by patients (inpatient stay, ER visit, unscheduled primary care) were analysed for patients with not well controlled (NWC) asthma (derived ACTTM score < 20) and well controlled asthma (derived ACTTM score 20–25). **Results:** 6329 patients from 26 countries were included in the three surveys, with derived ACTTM scores evaluable for 5888 patients (93%). Approximately half of the patients (3072, 52%) had NWC asthma, with only 341 (6%) achieving the best possible derived ACTTM score (25). Over the previous year, 52% patients with NWC asthma (derived ACTTM score < 20) reported use of any unscheduled healthcare resources compared with 29% of those with WC asthma (derived ACTTM score 20–25). Similarly more than twice as many patients reported ER visit/inpatient stay comparing NWC and WC asthma patients (34% and 14% respectively). Patients with a derived ACTTM score 5–14 (poorly controlled asthma) were more than three times as likely to report an ER visit/inpatient stay compared with those with WC asthma, 47% and 14% respectively). **Conclusions:** NWC asthma in Europe, Asia Pacific and Latin America is associated with considerable use of unscheduled healthcare resource use. Management regimens that result in WC asthma may reduce the requirement for unscheduled healthcare and direct cost of the disease.

Conflict of interest and funding

No conflicting interests or funding.

doi:10.1016/j.pcrj.2006.04.134

ABS36: Features of asthma management: Quantifying the patient's perspective using discrete choice modelling

John Haughney^a, Monica Fletcher^b, Stephanie Wolfe^c, Julie Ratcliffe^d, Roger Brice^e, Martyn Partridge^f

^a Department of General Practice and Primary Care, University of Aberdeen, Foresterhill Health Centre, Westburn Road, Aberdeen, AB25 2AY, United Kingdom ^b Education for Health, Warwick, United Kingdom ^c Norwich, United Kingdom ^d University of Sheffield, United Kingdom ^e Adelphi Group Ltd, United Kingdom ^f Imperial College, United Kingdom

Introduction: A key step in improving the patient self management of asthma is first to understand what patients consider important. **Aims and objectives:** To quantify the importance of features of the long-term management of asthma from the patient's perspective and thus to inform the development of personalised management strategies that patients find acceptable. **Subjects and methods:** Patients over 18 years of age with asthma, prescribed medication $>$ step 3 of the British Asthma Guidelines, from 15 general practices in the UK were recruited. The participants took part in a discrete choice experiment in which respondents were asked to choose their preferred option in scenarios designed to reveal their preferences for features identified in previous research as being important to patients in their asthma management. **Results:** 147 evaluable questionnaires were returned. A change in the

number of inhalers and differences in inhaled steroid dose had the most impact on patients' views of their asthma management. In particular, the highest relative negative impacts resulted from shifts from 'no more than 2' to '3' inhalers and from a change in steroid dose from 'low but high when needed' to 'always high'. The negative impact of each of these shifts were greater than, for example, the positive impact of improvements in relief of symptoms. **Conclusions:** Adults with moderate to severe asthma are concerned about the number of inhalers and the steroid dose used to the extent that they would give up some improvements in symptom relief to avoid what are perceived as negative shifts in these two features of their asthma management. These preferences should be incorporated when agreeing and instigating long-term asthma management plans.

Conflict of interest and funding

This study was funded by an unrestricted educational grant from AstraZeneca UK.

doi:10.1016/j.pcrj.2006.04.135

ABS37: Add-on omalizumab improves asthma control across multiple measures of response in patients with severe persistent allergic (IgE-mediated) asthma

D. Price^a, H. Fox^b, G. Ayre^b, M. Blogg^b, M. Massanari^c, C. Reisner^c

^a Department of General Practice and Primary Care, University of Aberdeen, Foresterhill Health Centre, Westburn Road, Aberdeen, AB25 2AY, United Kingdom ^b Novartis Horsham Research Centre, United Kingdom ^c Novartis Pharmaceuticals Corporation, United Kingdom

Introduction: Omalizumab is a novel anti-IgE therapy for patients having inadequately controlled severe persistent allergic asthma with uncontrolled symptoms despite GINA 2002 step 4 therapy (inhaled ICS + LABA \pm additional controller medication as necessary). Omalizumab reduces exacerbations in these patients. **Aims and objectives:** To evaluate its efficacy, we assessed the effects of omalizumab on multiple measures of asthma control. **Subjects and methods:** Data were pooled from seven trials of omalizumab as add-on therapy in allergic asthma patients aged ≥ 12 years (93% with severe persistent asthma). Percentages of patients with ≥ 200 mL increase and ≥ 200 mL decrease in forced expiratory volume in one second (FEV₁) were determined and net benefit calculated (percentage with improvement minus percentage with worsening). Asthma control was rated as complete, marked improvement, discernable but limited improvement, no appreciable change, or worsening using the physician's overall assessment. Quality of life was assessed using the Asthma Quality of Life Questionnaire (AQLQ). **Results:** FEV₁ data were available for 2,443 omalizumab-treated and 1,094 control patients, physician's overall assessments for 1,085 omalizumab-treated and 1,050 control patients, and AQLQ scores for 1,258 omalizumab-treated and 1,030 control patients. FEV₁ increased by ≥ 200 mL in 29.1% of omalizumab recipients and 26.4% of control patients and decreased by ≥ 200 mL in 17.5% and 26.1%, respectively. Thus, 11.6% of omalizumab recipients had a 200 mL net benefit versus 0.3% of control patients ($p < 0.0001$). Physicians rated omalizumab as more effective than control, with a larger percentage having complete control/marked improvement (61.3% vs 38.7%, $p < 0.0001$). Significantly more patients had clinically meaningful (≥ 0.5 -point) improvements in AQLQ score with omalizumab (66.3%) than control (53.2%, $p < 0.0001$). **Conclusions:** Omalizumab therapy had significantly greater benefits than placebo for a range of outcomes associated with asthma control in patients with predominantly severe persistent asthma.

Conflict of interest and funding

Supported by Novartis Pharma AG.

doi:10.1016/j.pcrj.2006.04.136