Primary Care Respiratory Journal (2009); **18**(2): 55-56

Primary Care
RESPIRATORY JOURNAL
www.thepcrj.org

EDITORIAL

Driving asthma care in Europe: the Brussels Declaration

***John Haughney[a], Susanna Palkonen[b], David Price[a], Mike Thomas[a], Stephen Holgate[c]**

[a] Centre of Academic Primary Care, University of Aberdeen, Scotland
[b] European Federation of Allergy and Airway Diseases Patients Association (EFA), Brussels, Belgium.
[c] Infection, Inflammation and Repair AIR Division, University of Southampton, England, UK

*Correspondence:
Dr John Haughney, Centre of Academic Primary Care, University of Aberdeen, Foresterhill Health Centre, Westburn Road, Aberdeen AB25 2AY
Tel: +44 (0)1224 553972
Fax: +44 (0)1224 550683
E-mail: j.haughney@abdn.ac.uk

18th February 2009

In January 2006 in Brussels, the Member of the European Parliament for UK West Midlands, Liz Lynne, hosted a Policy Roundtable Meeting on asthma in conjunction with the International Primary Care Respiratory Group (IPCRG). At that meeting, participants agreed to develop a Declaration on Asthma. This Declaration has now been published.[1]

The IPCRG has a long-standing interest in identifying and describing the impediments to best asthma management. These issues have been debated at our biennial scientific meetings and elsewhere, papers have been published in academic journals,[2,3] and educational & learning materials have been posted on our website (www.theipcrg.org). The issues include: the importance of accurate diagnosis; patients' compliance with their prescribed medication; accurate inhaler technique; the impact on asthma control of co-morbid conditions such as smoking and rhinitis; the needs of individuals; and the difficulties in translating research into clinical practice.

The Brussels Declaration seeks to highlight these (and other) areas of concern, as well as underperformance or the presence of out-dated practices in the management of asthma, and to propose achievable targets to tackle them.[1] By design and necessity, the Declaration addresses clinical, organisational, academic, educational, research and geo-political issues, and the authors and signatories have a wide geographical spread and a variety of clinical backgrounds. It has been primarily aimed at a European level but many of its component points are equally applicable at a national, regional or local level.

In addition to stressing the importance of recognising and addressing an individual asthma patient's particular and unique circumstances, there are fundamental policy issues that need to be raised. Over the last few years, asthma has slipped down the list of clinical priorities in many countries. After a surge of interest which coincided with the "asthma epidemic" in the 1990s, to some extent both research interest and policy has been diverted elsewhere. Given the sheer scale of the numbers of people with asthma, asthma should be recognised as a public health issue and a political priority, driven by a political will. There is marked variation in the management and outcomes of people with asthma across Europe,[4] and at an academic and clinical level, there is clearly an opportunity to share best practice where appropriate. The benefits of a long-running, well integrated, supervised, audited and researched asthma programme, consistently supported by a variety of stakeholders (such as exists now in Finland) is becoming apparent, to the benefit of the whole population.[5]

The licensing and regulation of new medicines is a function conducted at European level through the European Medicines Agency (EMEA). The Brussels Declaration argues that the EMEA's current guidance – adopted in 2002 and focusing on FEV_1 as the principal outcome measure – should be revised urgently to take account of both current thinking on clinical trial design and the needs of patients.[1] A long-held reliance on single point FEV_1 values (or changes to FEV_1 over time), although very useful as a diagnostic tool, fails to recognise the poor relationship between objective lung function and symptoms experienced by patients.[6] Therefore, it may not adequately describe the impact of the disease on the lives of people with asthma. The issue of calls for objective measurement is particularly pertinent in children where it is especially difficult to produce reliable results consistently.

In addition to calling on the regulatory body to accept changes in the science, evidence and thinking about asthma, the Brussels Declaration also promotes better dissemination of the latest research.[1] This should allow clinicians and patients to consider the earlier inclusion of research findings into their disease management, supported where appropriate by the quicker adoption of new initiatives by policy-makers.

Finally, it would appear that our long-standing campaign to acknowledge the contribution to guideline writing and clinical decision-making of "real-life" and observational studies is receiving key support. At the 2008 Royal College of Physicians Harveian Oration, the Chairman of the English National Institute for Health and Clinical Excellence (NICE), Professor Sir Michael Rawlins, proposed a more diverse approach to constructing an evidence base: "Randomised controlled trials, long regarded as the 'gold standard' of evidence, have been put on an undeserved pedestal. They should be replaced by a diversity of approaches that involve analysing the totality of the evidence-base."

Brief headings of the ten key points of the Brussels Declaration[1]

- Make asthma a political priority
- Understand that asthma is a respiratory manifestation of systemic inflammation
- Ensure rapid responses to the most current scientific understanding of asthma
- Update the EMEA regulatory guidance notes on asthma
- Include evidence from real-world studies in treatment guidelines
- Provide funding for real-world studies
- Explore variations in asthma care across Europe
- Enable people with asthma to participate and make choices about their care
- Understand and reduce the impact of environmental factors
- Set targets to assess improvements

Conflict of interest declaration

All the authors of this article were amongst the authors of the Brussels Declaration.

References

1. Holgate S, Bisgaard H, Bjermer L, *et al*. The Brussels Declaration: the need for change in asthma management. *Eur Resp J* 2008;**32**(6):1433-42. http://dx.doi.org/10.1183/09031936.00053108
2. Horne R, Price D, Cleland J, *et al*. Can asthma control be improved by understanding the patient's perspective? *BMC Pulm Med* 2007;**7**:8. http://dx.doi.org/10.1186/1471-2466-7-8
3. Haughney J, Price D, Kaplan A, *et al*. Achieving asthma control in practice: Understanding the reasons for poor control. *Respir Med* 2008;**102**:1681-93. http://dx.doi.org/10.1016/j.rmed.2008.08.003
4. Vermeire PA, Rabe KF, Soriano JB, Maier WC. Asthma control and differences in management practices across seven European countries. *Resp Med* 2002;**96**(3):142-9. http://dx.doi.org/10.1053/rmed.2001.1241
5. Haahtela T, Tuomisto LE, Pietinalho A, *et al*. A 10 year asthma programme in Finland: major change for the better. *Thorax* 2006;**61**(8):663-70. http://dx.doi.org/10.1136/thx.2005.055699
6. Teeter JG, Bleecker ER. Relationship between airway obstruction and respiratory symptoms in adult asthmatics. *Chest* 1998;**113**(2):272-7. http://dx.doi.org/10.1378/chest.113.2.272

Available online at **http://www.thepcrj.org**