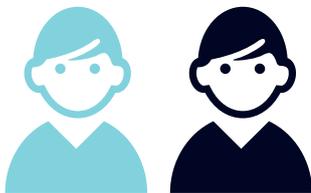


The scale of the unmet need in asthma

Asthma is seen as **easy to manage** and the **misperception exists** that people with asthma symptoms can lead a **normal life**



Despite current treatment options, **almost one in two patients** with asthma still **experience symptoms**¹⁻³

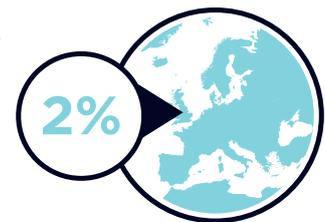


Symptomatic asthma patients have **~x6 greater chance of having an asthma attack** in the next few weeks than those with minimal to no daytime symptoms⁴

Asthma symptoms and **exacerbations are associated with a poor quality of life**.^{5,6} Having **symptom free days** has been found to be **the most important aspect for people with asthma**⁷



Developed countries can expect to **spend up to** of their healthcare budget on asthma⁶



Despite taking treatment, patients continue to experience asthma symptoms and, not only do these impact a patients' ability to live a full life but they can affect the course of disease and can increase their risk of exacerbations.⁶⁻⁹ Not only do exacerbations have a significant impact on the quality of patients' lives⁶ but they can be costly to healthcare systems, particularly in terms of emergency hospitalisations.¹⁰⁻¹²

The scale of the unmet need in asthma

Some reasons why patients may still experience symptomatic asthma and exacerbations include:

1

Poor inhaler technique



2



Poor adherence to therapy

3

Limitations of currently available therapies



Most patients have low expectations of what can be achieved by asthma management and do not realise their condition can be improved.¹³ Many patients are resigned to the effects of poor asthma control until made aware that the impact of their symptoms can be improved through revisiting their treatment plan.¹³

From the expert: Underestimating the burden of asthma

Click on the image below to hear Professor Eric Bateman, Professor of Respiratory Medicine at the University of Cape Town, South Africa, talk about why the burden of asthma is underestimated and the unmet medical need in the treatment of the disease.

From the expert: Real-life impact of asthma on patients' lives

Click on the image below to hear Professor David Halpin, Consultant in Respiratory Medicine, Royal Devon and Exeter Hospital, UK, talk about how asthma can impact patients' lives.



On the go? To access these videos through your mobile device, scan the QR code to visit the News Centre (www.newshome.com), the Boehringer Ingelheim news portal.



The case for innovation in asthma treatment



Many patients do not realise that their asthma can be improved by tailoring treatment to their condition. With almost one in two patients with asthma who remain symptomatic despite current treatment,¹⁻³ new asthma treatments and approaches to treatment are required to address this current unmet medical need in order to:



References

- Bateman ED, et al. GOAL Investigators Group. Can guideline-defined asthma control be achieved? The Gaining Optimal Asthma Control study. *Am J Respir Crit Care Med.* 2004;170:836-844
- Partridge MR, et al. Understanding patients with asthma and COPD: insights from a European study. *Prim Care Respir J* 2011; 20 (3): 315-323
- Demoly P, et al. Prevalence of asthma control among adults in France, Germany, Italy, Spain and the UK. *Eur Respir Rev* 2009; 18: 112, 105-112
- Bateman ED, et al. Overall asthma control: the relationship between current control and future risk. *J Allergy Clin Immunol.* 2010 Mar;125(3):600-8
- Fulhbrigg A, et al. The Burden of Asthma in the United States. Level and Distribution Are Dependent on Interpretation of the National Asthma Education and Prevention Program Guidelines. *Am J Respir Crit Care Med* 2002; Vol 166. pp 1044-1049
- Braman SS. The Global Burden of Asthma. *Chest* 2006; 130; 4S-12S
- Lloyd A, et al. Patient preferences for asthma therapy: a discrete choice experiment. *Prim Care Respir J.* 2007;16:241-248
- Haselkorn T, et al. TENOR Study Group I. Consistently very poorly controlled asthma, as defined by impairment domain of EPR 3 guidelines, increases risk for future severe asthma exacerbations. *J Allergy Clin Immunol.* 2009; 124 895-902
- Bai TR, Vonk JM, Postma DS, Boezen HM. Severe exacerbations predict excess lung function decline in asthma. *Eur Respir J* 2007; 30:452-456
- Lane S, et al. International. observational prospective study to determine cost of asthma exacerbations *Respir Med.* 2006; 100(3): 434-50
- Sullivan SD, et al. TENOR Study Group. Extent, patterns, and burden of uncontrolled disease in severe or difficult-to-treat asthma. *Allergy.* 2007; 62:126-133
- Ivanova JI, et al. Effect of asthma exacerbations on health care costs among asthmatic patients with moderate and severe persistent asthma. *J Allergy Clin Immunol.* 2012;129:1229-1235
- Haughney J, et al. The Living & Breathing Study: a study of patients' views of asthma and its treatment. *Prim Care Respir J* 2004; 13: 28-35