



Short Communication

Achieving asthma control: A focus on poor perceivers

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In this season where lung related ailments are more manifest, controlling asthma should be seen as a major win in respiratory health considering its devastating effect.

GINA guidelines for more than a decade focus on asthma control [1]. Though asthma remains uncontrolled, asthmatic patients do not perceive their asthma as being uncontrolled. The poor perception of asthma control could be a key barrier to achieving asthma control.

Study by Katsaounou, et al. [2], found a large discrepancy between the proportion of patients who perceived their asthma to be well-controlled (42%) and the patients who were well-controlled as per GINA assessment (6%) in still fighting for breath II survey [2]. Specifically, the first wave of Fighting for Breath—a survey conducted by European Federation of Allergy and Airway Diseases Patients Association (EFA) in 2005 –showed that high proportions of patients live with uncontrolled severe asthma symptoms, citing poor quality of life. The patients believe the reasons for their uncontrolled asthma were exposure to passive smoking, lack of treatment by specialist and absence of new treatments [3].

A decade later, the second wave coined Still Fighting for Breath II upon EFA's invitation, an online survey in 1333 pts with severe persistent asthma from 9 countries, was aimed at assessing the impact of severe persistent asthma on patients' quality of life. After comparing the impact of severe persistent asthma on patient's lives between the two surveys, we found that the quality of life of severe asthmatic patients has not ameliorated significantly in the last decade despite widespread measures adopted to improve the quality of life of asthma patients (law banning smoking in public spaces, new treatments for asthma) [4]. Moreover, usually patients assess their asthma symptoms and control in comparison to their own previous symptoms and control. Whereas, GINA guidelines only evaluate control per general terms irrespective of baseline level of patient's asthma symptom severity and level of control. Based

on these, a patient may assess his asthma as 'controlled' over period compared to his baseline symptoms, while still being 'uncontrolled' per generalized GINA guidelines. Therefore there is evident gap between patients and healthcare providers in terms of understanding of asthma control assessments.

The aforementioned in combination with other existing evidential supports [5-7], posit a strong need for improved management (support and strategies) of patients with severe persistent asthma and better coordination of efforts to enhance asthma education, assess perception of control, facilitate patient-physician interaction, promote guideline implementation, sustain treatment compliance, engage patients organization and enable asthma patients achieve better disease control.

It is of prime importance to stress among other barriers that perception of control as a potential key barrier seems not to be sufficiently recognized, assessed and addressed. If the status quo where reality differs from internalized belief –a situation where asthmatic patients do not realize that their asthma is uncontrolled and believe the opposite– is not methodically addressed, progress towards resolving lingering poor asthma control would be difficult to attain.

To this end, parameters related to poor perception such as smoking and depression have been stressed in Katsaounou, et al. [2,4,8]. Hence, going forward, we propose to validate a perception of asthma control questionnaire that would assess the parameters that are related to poor asthma perception in order to distinguish asthmatic patients that are poor perceivers.

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