

# STATE OF THE ASTHMA NATION

## BULLETIN

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### Something to Talk About

#### Asthma Control in Canada – What a State We're In

Six years after the landmark Asthma in Canada survey revealed that more than half of Canadians with asthma (57 per cent) were poorly controlled,<sup>1,2</sup> new survey results from the all-Canadian *Control of Asthma and Side-Effects* (CASE) survey tell us that the state of asthma in our nation is regrettably much the same. According to CASE, 58 per cent of patients with asthma do

not have their disease well controlled<sup>3</sup> – as defined by the *Canadian Asthma Consensus Guidelines* and their standard definition of acceptable asthma control.<sup>4,5</sup>

Conflicting reports from physicians and patients about levels of symptom and side effect awareness, and adherence to physician-recommended treatment regimens, point to poor communication as a significant barrier to better asthma control. The results of the *Global Asthma Physician and Patient* (GAPP) survey, which for the first time assessed the unmet needs in asthma treatment, and the *Asthma Action Study* conducted by the Asthma Society of Canada, confirm that Canadians with asthma need greater education about these basic issues to better understand what it means to have good asthma control.<sup>6</sup>

Assumptions that physicians make about how much their patients understand asthma symptoms and side effects

frequently lead to patient confusion about their tolerability and success with treatment. Consequently, patients often compromise their respiratory health by making their own therapeutic decisions resulting in poor adherence to treatments. For example, the GAPP survey found that half (50 per cent) of patients experiencing side effects of medication – even if they wrongfully believed the side effects to be symptoms of asthma – have considered switching medications, another 46 per cent report having changed their dosage, and 44 per cent say they have skipped doses altogether.<sup>6</sup> Further, 75 per cent of people with asthma identified they had concerns about inhaled corticosteroids and had not discussed those fears with a medical professional.<sup>11</sup> When they did, the majority of their concerns were eased.<sup>11</sup>

In fact, side effects of treatment was one of the top four reasons given by patients as to why they do not stick to their asthma regimen,<sup>6</sup> although doctors reportedly receive little feedback from patients about their concerns with therapy.<sup>6</sup> Not surprisingly, perceptions about adherence to treatment vary greatly between physician and patient. As GAPP findings reveal, only half (49 per cent) of patients who take asthma medication say they follow their prescribed dosing regimen most of the time, yet physicians perceive that the average patient is following their treatment regimen much more rigorously.<sup>6</sup>

These unfortunate communication gaps between physicians and patients provide some rationale for the currently inadequate state of asthma management in Canada; and if we choose to act, these insights offer us clear direction for improving treatment outcomes and ultimately for gaining better control of this serious chronic lung disease.

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## About Asthma

In Canada, asthma is the number one cause of emergency room visits<sup>7</sup> and approximately 20 children and 500 adults die from asthma each year.<sup>7</sup> Asthma is a chronic lung condition that can develop at any age and is defined by physicians as an “inflammatory disease of the airway”.<sup>9</sup> Studies have shown that the disease is more prevalent in urban areas than in less polluted areas, perhaps explaining why asthma is the leading disease among children in industrialized countries.<sup>10</sup>

## Take control of your asthma – Don’t let it take control of you

By Dr. Mark Greenwald, M.D., FRCPC

For many Canadians with mild asthma, symptoms appear with common triggers such as colds and flu, cold air, exercise, air pollution or exposure to cigarette smoke, and often don’t last long. When this happens, patients tend to treat these seemingly temporary episodes with a puff of their “blue” inhaler, and put it away until next time. They “manage” the acute and severe sudden worsenings, but then leave ongoing symptoms to continue, still awake at night or have symptoms with exercise.



For many people with asthma, this “rescue” method is dangerous and won’t control this chronic lung condition long-term. All patients must be prescribed a “preventer” medicine for daily use to help reduce sensitivities to triggers, make sure airways stay clear and to prevent redness, mucus and swelling. A “rescue” medication may also be prescribed for symptom relief.

## Concern about Side Effects

Although the recent GAPP survey revealed that the majority of physicians (98 per cent) believe in the efficacy of inhaled corticosteroids (ICS) – the recommended first-line treatment for asthma therapy<sup>5</sup> and consider it to be the “gold standard” in asthma treatment – they are least satisfied with its side effect profile than any other ICS quality.<sup>6</sup>

According to the GAPP survey, 41 per cent of Canadian patients with asthma using a controller asthma medication experience short-term side effects such as oral thrush, pharyngitis or hoarseness.<sup>6</sup> And, among half of these patients, their prescribed treatment regimen is negatively affected.<sup>6</sup> While these are known minor side effects, if you do experience them, say so, as most often physicians recommend (89 per cent) that patients with oral symptoms rinse out their mouth after inhalations, rather than switch to another therapy (eight per cent).<sup>3</sup>

## Reporting In – Talking is Key

The key to asthma control is to follow your healthcare provider’s recommendation, and report back about your treatment progress describing the nature, severity and frequency of your symptoms and whether you are experiencing any side effects. If you don’t know how to differentiate asthma symptoms from treatment side effects, talk to your doctor, certified asthma educator, nurse practitioner, or contact the Asthma Society of Canada. Working together with your health care providers, you can better determine your treatment plan, at the lowest dose and frequency required to maintain acceptable control of your asthma, as recommended by the *Canadian Asthma Consensus Guidelines*.<sup>4,5</sup>

## A Few Good Reasons to Take Control

More than one third (37 per cent) of people with asthma said they had no intention of filling a doctor’s prescription for an inhaled corticosteroid because of fears about side effects or confusion about the drug’s role in asthma therapy.<sup>11</sup> Further, one-in-five asthmatics fill the prescription for an inhaled corticosteroid, but will not take it.<sup>11</sup> Regardless of the reason for low adherence to treatment regimens, Canadian patients who do not follow their physician-recommended treatment schedule report:

- more symptoms (72 per cent);
- a decrease in their involvement in physical activity (52 per cent);
- waking up more during the night (45 per cent);
- more frequent asthma attacks or exacerbations (38 per cent); and,
- using their bronchodilator more often (31 per cent).<sup>6</sup>

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## Is Anyone Listening?

Nearly one-third (30 per cent) of patients estimate that, during office visits, no time is spent with their doctor discussing how to improve techniques for successful asthma management, yet separate findings show that most physicians (92 per cent) report discussing an asthma action plan with their patients.<sup>6</sup>

## Compared to the Rest of the World...

Studies have shown that Canadians living with asthma are, in fact, following treatment programs less closely than others living with asthma around the world, with only 25 per cent of us taking our asthma medication as directed all of the time.<sup>5</sup> Globally almost half (48 per cent) of patients with asthma surveyed report doing so.<sup>6</sup> It is possible that poor adherence may be attributable to the side effects of treatment, and may also lead to a greater impact on quality of life including, increased symptoms (72 per cent), limited physical activity (52 per cent) and waking up during the night (45 per cent).<sup>6</sup> Despite these factors, Canadians do not visit or communicate with their doctor as often as other patients with asthma around the world.<sup>6</sup> As survey results suggest, this may mean patients self-adjust medications or regimens without consulting a physician.

## Do You Have An Action Plan for Symptom-Free Asthma?

Canada has one of the highest prevalences of asthma in the world<sup>7</sup> – affecting an estimated three million Canadians<sup>8</sup>– and although asthma management is possible for the majority of people with mild-to-moderate asthma, six out of 10 Canadians with asthma do not have their asthma under control.<sup>1,2</sup>

“The poor state of asthma control in Canada is a clear sign that most people with asthma don’t recognize the symptoms and seriousness of their chronic condition, or fully

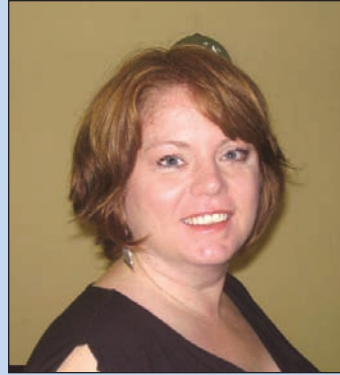
understand their treatment,” says Frank Viti, Chief Executive Officer of The Asthma

Society of Canada. “Physicians and patients need to discuss symptoms, the side effects of therapy and develop a system that sets and monitors goals for asthma management to ensure patients gain life-long control of their disease.”

**Talk to your doctor, and visit [www.asthma.ca](http://www.asthma.ca) to learn how to better manage your asthma.**

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## Managing Side Effects to Maintain Control



Deborah has been living with mild-to-moderate asthma her entire life and has a long family history of asthma and other lung problems. Right from childhood she understood the importance of achieving and keeping control of asthma. In fact, Deborah

has always made a point of diligently following the treatment program prescribed by her physician because she does not want to risk being hospitalized.

But, diligently following her treatment schedule – an inhaled corticosteroid twice daily – has come at a price to Deborah. Over the years, she has had to endure some of the painful oral side effects commonly associated with the use of inhaled corticosteroids – infection in her mouth (thrush) and hoarseness being the most frequent. To combat the oral side effects, Deborah rinses her mouth out after using the medication, and has also been prescribed other therapies to combat the oral side effects when they do occur.

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“Having an infection in your mouth is very, very painful and it is frustrating to know that the pain and infection are a direct result of the medication I need to use in order to manage my asthma,” says Deborah.

Although Deborah dislikes that the twice-daily use of her inhaler has made her voice hoarse and at times causes a painful infection leaving a white coating on her tongue, she understands that these are side effects associated with her treatment, and are not symptoms of the disease. It discourages her to know that some people are so poorly educated about asthma that they confuse side effects of medication with symptoms, and make an independent decision to stop, switch or alter their treatment, ultimately leading to poorer control of their disease.

## Talk to Your Doctor – It’s Worth Your Breath

“I understand the chronic nature of my condition and the need for preventative therapy to avoid a possible asthma attack, so I follow my doctor’s advice diligently, and keep a diary of my symptoms and any side effects for ongoing discussion,” says Deborah. “Following a daily treatment schedule is challenging on its own, and dealing with side effects of medications makes it that much more challenging. But it is important to make sure that people with asthma understand the serious consequences of poor asthma control, and we also need to acknowledge the need for new asthma medicines with fewer side effects that are easier for patients to tolerate as we try to manage the disease.”

## Clear the Air – Answers to Your Questions

– Dr. Mark Greenwald, M.D., FRCPC

**Q:** If I am not experiencing any asthma symptoms, can I stop taking my medication?

**A:** While many people think they can skip their medication when they don’t feel sick, that’s not true. Asthma is a chronic disease – you have it all the time, even when you don’t feel symptoms. To stay healthy and safe, you must follow the treatment regimen your doctor has prescribed at all times, even when you feel fine.

**Q:** When I stopped using my inhaler regularly, the oral thrush and hoarseness I felt disappeared. Is it possible that my treatment was making my asthma symptoms worse?

**A:** The hoarseness and oral thrush you experienced are actually not symptoms of asthma, but could be the side effects associated with currently available inhaled corticosteroids (ICS), which are first line in asthma therapy. It is important that you continue to follow your prescribed ICS treatment to manage and prevent your symptoms over time, rather than rely on “rescue” medications when hit with symptoms or an attack, or leave your condition untreated and uncontrolled. To prevent the hoarseness and thrush, patients can gargle with water to remove the excess medicine from their mouth and throat. Patients can also use an aerosol holding device (a spacer), try to improve their inhaler technique or try a different type of inhaler to get rid of the side effects, but not the benefits of the medication.

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The Asthma Society of Canada is a nationally registered, voluntary health organization with a 31 year reputation of providing respiratory support services to patients and health professionals. Our vision is to ensure that every Canadian child and adult diagnosed with asthma, associated allergies and COPD *enjoys a high quality of life.*

For more information about the Asthma Society of Canada and our services, visit [www.asthma.ca](http://www.asthma.ca), or email us at [info@asthma.ca](mailto:info@asthma.ca), or call toll-free support line 1-866-787-4050.