

## **BUILDING A NATIONAL CASE FOR BETTER COMMUNICATION: POOR ASTHMA CONTROL IN CANADA GIVES PATIENTS SOMETHING TO TALK ABOUT**

***-New Asthma Society of Canada Bulletin underscores the need for open dialogue between patients and healthcare professionals to better manage the disease-***

**Toronto, ON – April 10, 2007** – It’s time for a revolution in respiratory care in Canada; not only does Canada have one of the highest incidences of asthma in the world<sup>1</sup>, but nearly sixty per cent of Canadian asthma cases remain uncontrolled.<sup>2</sup> Studies indicate that a major reason for this poor self-management is a lack of communication between patients and their physicians on the symptoms of asthma and the side effects of treatments.<sup>3</sup> The second edition of the *State of the Asthma Nation - The National CASE Studies* Bulletin, released today by the Asthma Society of Canada, addresses this challenge by providing patients and healthcare professionals with an important educational resource that offers advice and tips on how to bridge the communication gap.

“It’s important for physicians, pharmacists and patients to discuss symptoms and side effects of asthma therapies, and work together to develop a system that sets and monitors goals for asthma management to ensure patients gain life-long control of this serious disease,” says Dr. Mark Greenwald, Vice-president, chair, Medical and Scientific Committee, Asthma Society of Canada. “We are excited to release the latest *State of the Asthma Nation* Bulletin, with the goal of providing healthcare professionals and patients discuss optimal ways of managing asthma, and reducing the percentage of Canadians who don’t have their asthma under control.

The latest edition of the *State of the Asthma Nation* Bulletin brings together a variety of perspectives from across the spectrum of respiratory care. The four-page document profiles: Canadian patient experiences and points of view on living and managing their disease; pharmacist advice on asthma symptoms; physician insights into the effects of some asthma treatments, including oral side effects (oral thrush, pharyngitis and hoarseness) asthma news, and information on asthma triggers.

“Without a proper dialogue between patients and their physicians about the root causes of poor asthma control, asthma will remain a serious problem for people with the disease, the medical community and the Canadian health care system”, says Dr. Stephen Field, respirologist and clinical professor of medicine, University of Calgary. “Through the Bulletin, the Asthma Society of Canada has provided an important educational resource that I can share with my patients to foster a discussion about asthma and create a joint plan of action.”

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*The State of the Asthma Nation* Bulletin also addresses the impact that oral side effects associated with inhaled corticosteroid (ICS) treatments - the recommended first-line treatment for asthma according to the Canadian asthma guidelines<sup>4</sup> - can have on patients taking their medication as prescribed by their physician. The all-Canadian *Control of Asthma and Side Effects (CASE)* survey, from which the Bulletin takes its name, found that 28 per cent of asthma patients report experiencing side effects including oral thrush, pharyngitis and hoarseness after using a first-line recommended inhaled corticosteroid (ICS) treatment.<sup>5</sup> As a result, without consulting their physician, patients decide to stop, switch or alter their treatment, ultimately leading to poorer control of their disease.<sup>6</sup>

“For years, I used an inhaled corticosteroid treatment twice-a-day to help control my asthma, and there were times when I had to endure hoarseness and the painful white coating on my tongue signifying an infection, which had a huge impact on my day-to-day life”, says Lisa Hurshman, a long-time asthma sufferer who has been using ICS therapies for 14 years. “Since discussing these side effects with my physician and pharmacist, I am now taking a new asthma treatment that has significantly reduced these side effects, and allowed me to gain better control of my disease.”

### **About the State of the Asthma Nation Bulletin – *The National CASE Studies***

*The State of the Asthma Nation Bulletin – The National CASE Studies*, is an educational resource, designed to draw attention to the seriousness of poor asthma control in Canada and encourage patients and healthcare providers to work together to better control the disease. The Asthma Society of Canada encourages Canadians with asthma to treat their condition seriously and to take control of the disease by talking to their doctor about symptoms and side effects of treatment. The Bulletin was funded by an unrestricted grant from ALTANA Pharma Inc.

*The State of the Asthma Nation – The National CASE Studies* Bulletin is a follow-up to the *State of the Asthma Nation* Bulletin released in September 2006, and is available to patients, caregivers and healthcare providers across Canada through the Asthma Society of Canada. For additional copies, please visit [www.asthma.ca](http://www.asthma.ca).

### **About Asthma in Canada**

- Canada has one of the highest incidences of asthma in the world<sup>7</sup> – affecting an estimated three million Canadians<sup>8</sup>
- Asthma is the number one cause of emergency room visits<sup>7</sup>
- Approximately 20 children and 500 adults die from asthma each year<sup>7</sup>

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### **About The Asthma Society of Canada**

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 Chronic Obstructive Pulmonary Disease (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 our toll-free support line 1-866-787-4050.

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### **References**

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<sup>1</sup> The Lung Association, Asthma: A Resource for Canadian Journalists, retrieved February 2007; <http://www.lung.ca/news/2005.04.28.asthma.media.guide.v3.pdf:pg5>.

<sup>2</sup> Fitzgerald, JM., Chan, CK., Boulet, L-P. The Control of Asthma and Side Effects (CASE) – A Canadian Survey – Medication use, asthma control and oropharyngeal side effects in a population of Canadian asthma patients. ATS Conference 2006, abstract 600.

<sup>3</sup> The GAPP Survey Working Group. Canadian Results – Global Asthma Physician and Patient (GAPP) Survey: Patient Education and Patient –Physician Communications, 2005.

<sup>4</sup> Lemiere C, Bai T, Balter M et al. Adult asthma consensus guidelines update 2003. Can Respir J. 2004; 11 (Suppl A) - 9:33A

<sup>5</sup> Fitzgerald, JM., Chan, CK., Boulet, L-P. The Control of Asthma and Side Effects (CASE) – A Canadian Survey – Medication use, asthma control and oropharyngeal side effects in a population of Canadian asthma patients. ATS Conference 2006, abstract 600.

<sup>6</sup> Ibid

<sup>7</sup> The Lung Association, Asthma: A Resource for Canadian Journalists, retrieved February 2007; <http://www.lung.ca/news/2005.04.28.asthma.media.guide.v3.pdf:pg5>

<sup>8</sup> Asthma Society of Canada, February 2007; <http://www.asthma.ca/adults/about/who GetsAsthma.php>.