

Characteristics of asthma patients at GINA's higher steps on OCS treatment: a cross-sectional study in Portuguese Community Pharmacies (EmOCS Study)

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BACKGROUND

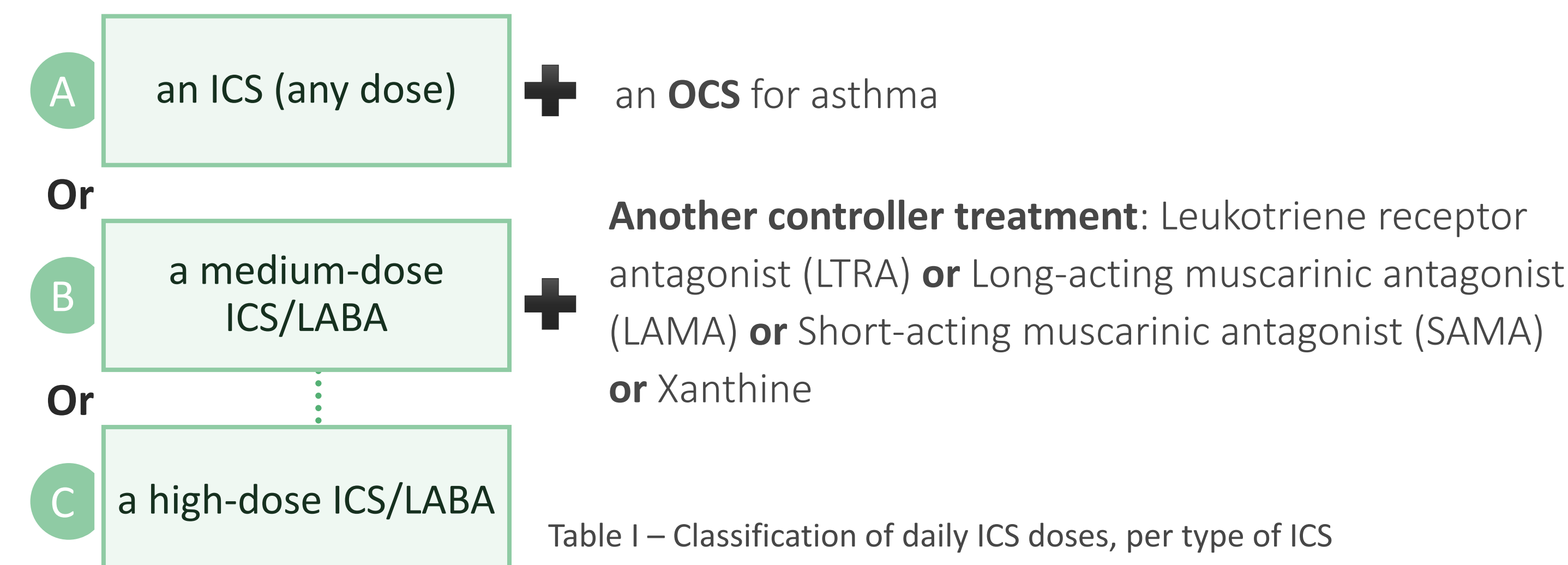
Although treated with a medium- or high-dose ICS/LABA, some asthma patients at GINA's higher treatment steps still experience episodes of poor symptom control.¹ Either as exacerbation treatment, or as add-on controller, asthma patients are often exposed to corticosteroids (OCS), which have a significant side-effect profile either in short and long-term utilization.²

METHODS

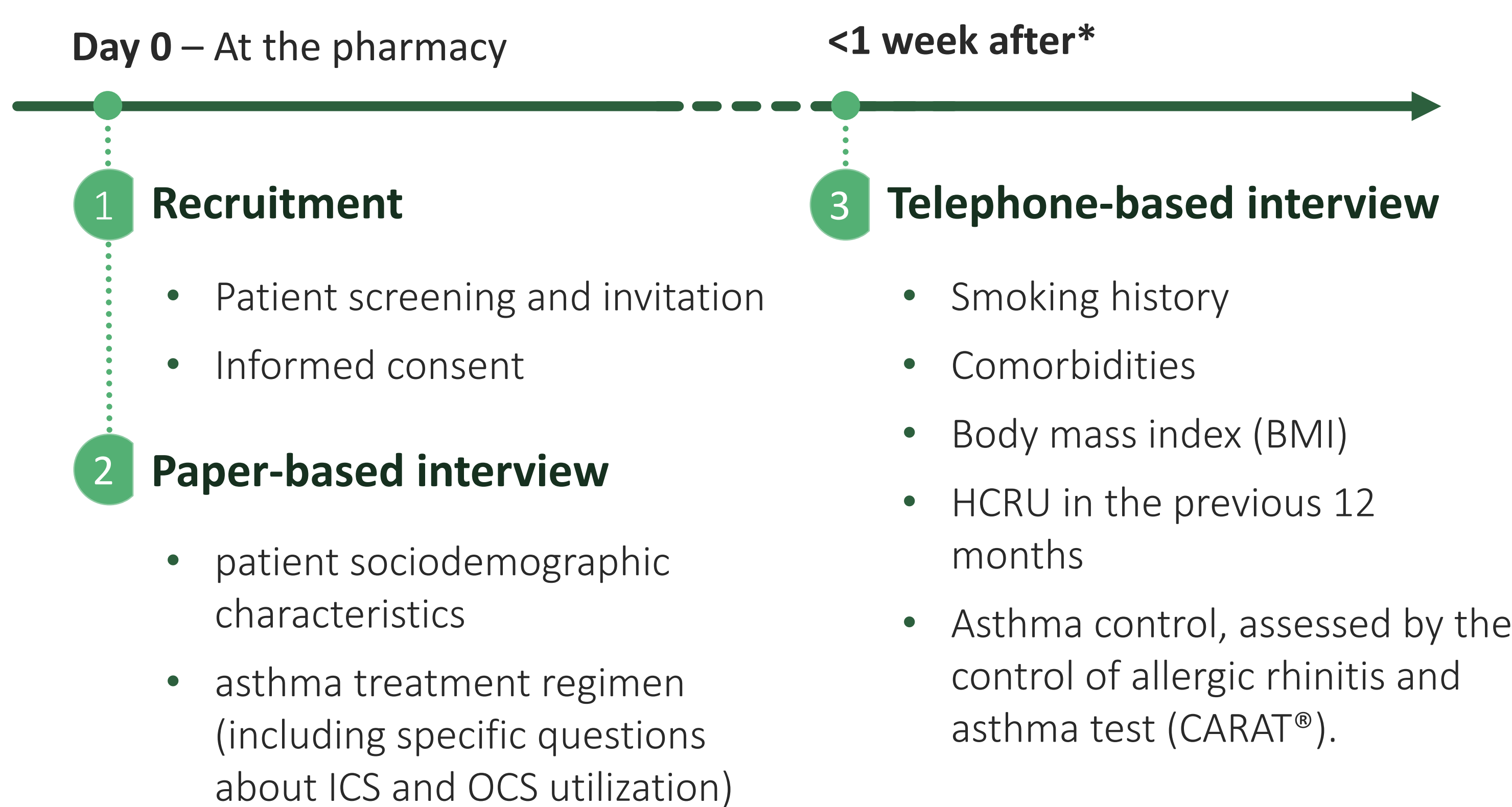
EmOCS is a cross-sectional study conducted in Portuguese community pharmacies affiliated with the National Association of Pharmacies (ANF).

Population:

Adult asthma patients (≥18 years) who visited a participating pharmacy and using:



Data collection process:



*Due to the COVID-19 pandemic, the team decided to split the study questionnaire in two parts to lower the burden for pharmacies.

CONCLUSIONS

- Despite medium/high daily doses of ICS, many patients at GINA'S higher treatment steps still required treatment with OCS.
- Patients on OCS had poorer asthma outcomes compared to those without OCS in terms of disease control, HCRU, and OCS-related comorbidities.
- This study highlights the burden of OCS therapy to asthma patients and the need to improve asthma management, by adopting OCS sparing strategies.

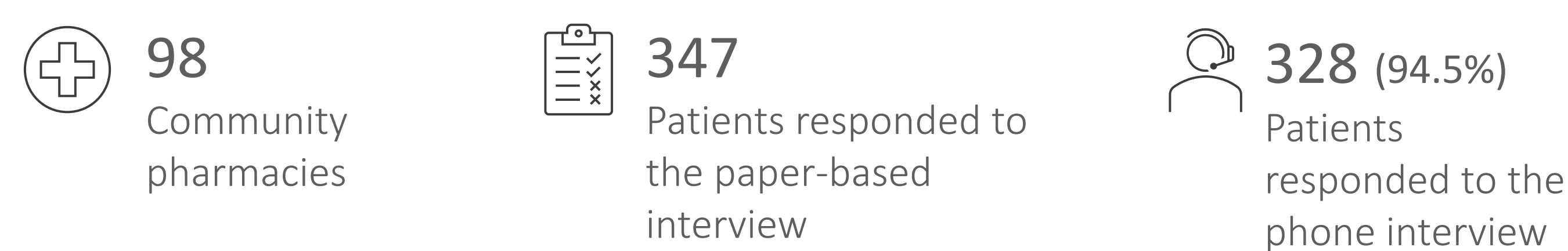
AIM

The EmOCS study aimed to describe the sociodemographic and clinical characteristics, treatment regimen, asthma-related healthcare resources utilization (HCRU), and disease control of asthma patients at GINA's steps 3 to 5, as well as to compare patients according to OCS use.

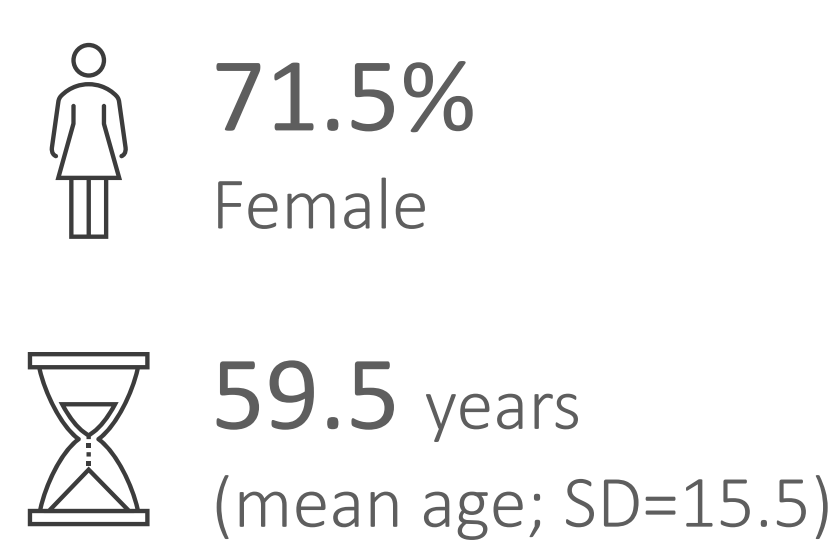
RESULTS

Data was collected from November 3, 2020, to June 14, 2021.

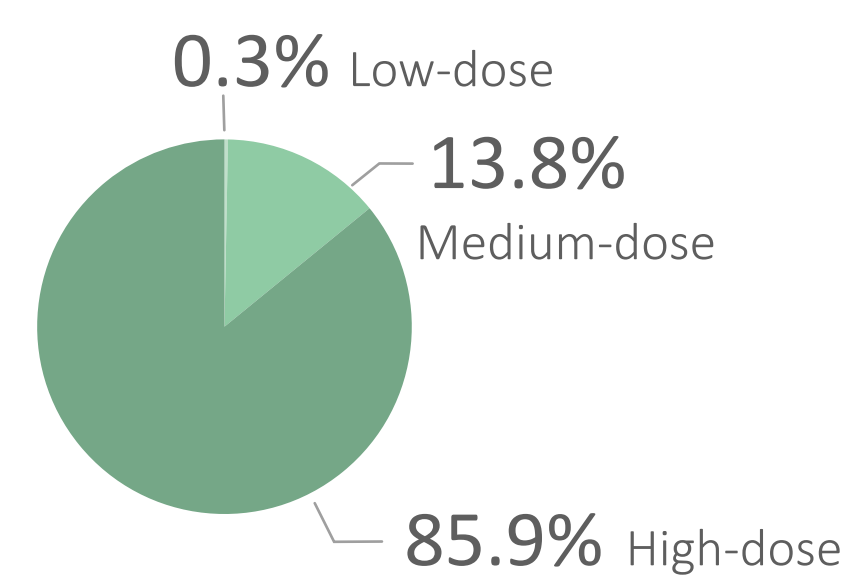
Participants



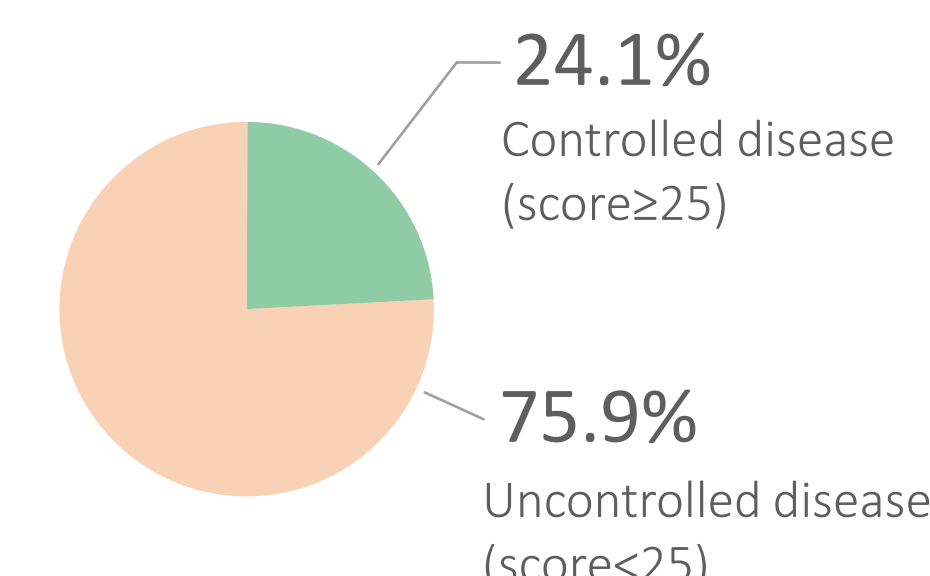
Patient characteristics



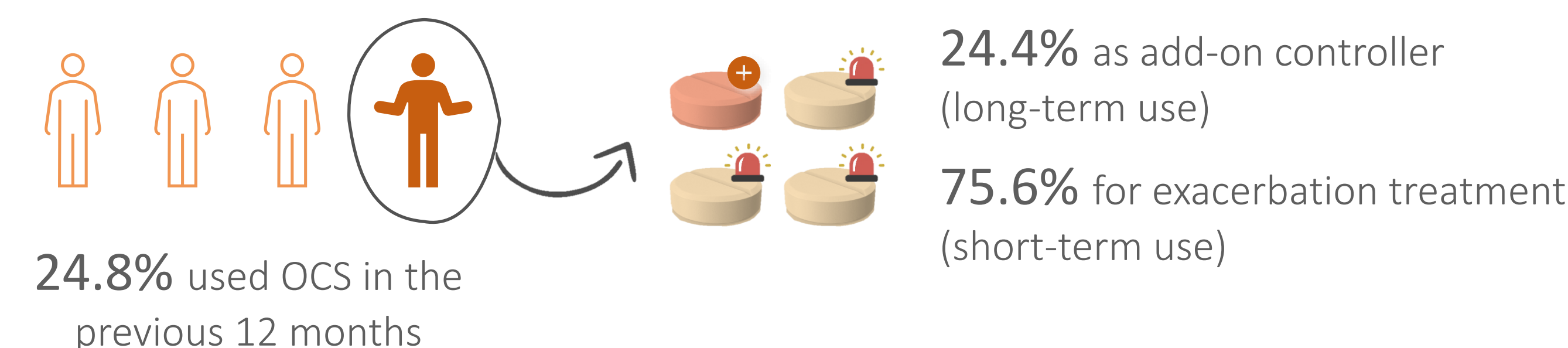
Daily ICS dose



Disease control (CARAT®)



OCS use



OCS users were younger (on average), consumed more emergency healthcare resources, and had worse asthma control than those who did not use OCS. In addition, diseases such as conjunctivitis, osteoporosis, arthritis and gastrointestinal disease were more frequent among patients using OCS.

Table II – Statistically significant differences (p<0.05) between OCS users and non-users	OCS users n=81	Non-OCS users n=247
Age [†] (years), mean (SD)	56.3 (16.2)	60.5 (15.0)
Unscheduled consultations (at least 1), n (%)	27 (33.3%)	23 (9.3%)
Emergency Department visits (at least 1), n (%)	26 (32.1%)	30 (12.1%)
Controlled disease (CARAT® score ≥25), n (%)	12 (14.8%)	67 (27.1%)
Comorbidities, n (%)		
Conjunctivitis (Yes)	21 (25.9%)	37 (15.0%)
Osteoporosis (Yes)	21 (25.9%)	33 (13.4%)
Arthritis (Yes)	12 (14.6%)	17 (6.9%)
Gastrointestinal disease (Yes)	13 (16.1%)	20 (8.1%)

[†]Age was calculated using the paper-based interview sample [n(OCS)=86; n(non-OCS)=261].

REFERENCES

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- 2 Ekström M, Nwaru BI, Hasvold P, Wiklund F, Telg G, Janson C. Oral corticosteroid use, morbidity and mortality in asthma: A nationwide prospective cohort study in Sweden. Allergy: European Journal of Allergy and Clinical Immunology. 2019;(April):1–10.

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