Aggressive Asthma Management: The Standard of Care

Asthma prevalence is at all-time high in the United States, with an annual cost to society of $56 billion, yet studies show that the majority of patients receive substandard and needlessly costly care.

In response to the alarming increase in the prevalence and cost of asthma, an expert panel convened by the NIH National Heart, Lung and Blood Institute (NHLBI) has developed consensus guidelines for the care of asthma patients, which place special emphasis on the importance of asthma control, a stepwise approach to asthma management, and early diagnosis and intervention.

- Current guidelines stipulate that **asthma should be diagnosed as early as possible and treated aggressively while it is still mild.** Otherwise it may worsen, requiring even more expensive medical interventions and, in some cases, cause permanent scarring and irreversible remodeling of the lungs' airways.
- Asthma cannot be cured, but it can be controlled. When guidelines are followed people with asthma should expect:
  - no or few asthma symptoms, even at night or after exercise
  - prevention of all or most asthma attacks
  - participation in all activities, including exercise
  - no emergency room visits or hospital stays
  - less need for quick-relief medicines
  - no or few side effects from asthma medicines
- The aggressive therapy recommended by NIH also includes ongoing and frequent interactions with medical personnel to **monitor the disease, develop written treatment plans and provide education and support services.**
- Initial treatment costs are outweighed by **significant long-term health benefits and cost savings.**
- Compliance with guidelines remains poor. Too often asthma patients receive health care services from providers who have little specialized training or knowledge of recent advances in asthma disease management and **a majority of patients continue to receive substandard care.**
- **Costs for uncontrolled patients have been shown to be more than double those of controlled patients.**
- With their years of specialty training and clinical experience in asthma management, **allergists are more likely to follow the state-of-the-art treatment plans that improve outcomes and reduce costs**.

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Allergy immunotherapy is recommended for people with allergic asthma who:

- Have symptoms that are not adequately relieved by asthma medications
- Are unable to avoid the allergens that trigger their disease
- Have unacceptable side effects from asthma medications
- Have not responded well to asthma medications, or need to avoid long-term medication use.
- In some cases, immunotherapy also can prevent children with nasal allergies or other risk factors from developing asthma.

When to Refer to an Allergist

According to the NIH Guidelines, patients should be referred to a specialist if they:

- have asthma symptoms every day and often at night that cause them to limit their activities
- have had a life-threatening asthma attack
- do not meet the goals of asthma treatment after three to six months, or their doctor believes they are not responding to current treatment
- have symptoms that are unusual or hard to diagnose
- have co-existing conditions such as severe allergic rhinitis ("hay fever") or sinusitis that complicate asthma or its diagnosis
- need more tests to find out more about their asthma and the causes of symptoms
- need more help and instruction on treatment plans, medicines or asthma triggers
- are being considered for immunotherapy, or "allergy shots," which also can be administered orally
- need oral corticosteroid therapy or high-dose inhaled corticosteroids
- have taken oral corticosteroids more than twice in one year
- have been admitted to a hospital because of asthma
- need to identify asthma triggers
- require confirmation of occupational or environmental substances that may be provoking or contributing to asthma

An asthma specialist also is recommended for children ages 0-4 who have asthma symptoms every day and three to four nights or more a month. Seeing a specialist also should be considered for children who have symptoms three days or more a week and one to two nights a month.

Excerpted from *Asthma Management and the Allergist: Better Outcomes at Lower Cost.*
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