Abstract Group: 1.1. Clinical Problems

Keyword 1: Asthma - management Keyword 2: Asthma - diagnosis Keyword 3: Exacerbation

Title: Finding asthmatics suitable for omalizumab therapy in a district hospital

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Body: Background: NICE UK guidance recommends omalizumab injections as add-on therapy for severe asthmatics sensitized to a perennial aero-allergen who despite on high dose maintenance inhaled corticosteroid (>1mg equivalent beclomethasone) plus other therapies (LABA, LTRA), have >2 hospital admissions or 3 emergency department visits (one leading to admission) in a year. Aim: We surveyed our asthmatics to identify such patients. Methods: Databases for admissions, emergency visits, and chest clinic attendances for asthma through year 2008 were checked for patients fulfilling NICE criteria for omalizumab. These patients were further worked up for IgE level and aero-allergen sensitivity. Results: Of 22 asthmatics, 2 were admitted for reasons other than asthma, 2 had improved requiring <1mg beclomethasone equivalent inhaled corticosteroid, and medical records of 1 patient were missing, leaving 17 for analysis. Mean age was 40.5 years; 5 had coexisting allergic rhinitis, 8 had raised IgE (>120kU/L, highest level 1302), and 5 were sensitized to 1 or more perennial allergens. These 5 patients had 164 hospital bed days and 10 short courses of oral corticosteroid between them Conclusion: A small number of severe allergic asthmatics utilise high levels of resources in secondary care. Finding these patients and treating them with add-on omalizumab injections could improve their asthma control with reduced morbidity. The high cost of omalizumab is more than offset by the reduction in emergency visits and hospital admissions.