Correspondence: Alberto Cukier, Pulmonary Division, Instituto do Coração, Av. Dr. Enéas de Carvalho Aguiar, 44, Quinto andar, CEP 05403-900, São Paulo, SP, Brazil. E-mail: pnealberto@incor.usp.br

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International European Respiratory Society/American Thoracic Society guidelines on severe asthma

To the Editor:

In their recent paper on severe asthma, CHUNG *et al.* [1] proposed excellent guidelines concerning this difficult topic. We commend them for having used the Grading of Recommendations Assessment, Development and Evaluation approach to study the evidence for the management of the disease. This method has been recognised to be of great importance for guideline development.

The authors have reviewed recent statements on severe asthma [2, 3] and agree upon most of the proposals discussed. However, these statements differ from those in the paper presented to the World Health Organisation [3]: they did not consider untreated asthma, probably because it is thought that this is a problem only for developing countries. We do not agree with this proposal; all patients in the world should have access to treatment to reduce exacerbations and deaths, and recommendations should be made for all patients. Moreover, this statement does not accord with the recent findings in developed countries. These findings have recently been widely publicised in the National Review of Asthma Deaths (NRAD) in the UK, run by a consortium of asthma professionals and patients, and led by the Royal College of Physicians [4]. This review looked into the circumstances surrounding deaths from asthma between 2012 and 2013. The NRAD was commissioned by National Health Service (NHS) England, NHS Wales, the Health and Social Care division of the Scottish government, the Department of Health, and the Northern Ireland Department of Health, Social Services and Public Safety. It was found that most asthma deaths were related to under-treatment or to a lack of controller treatment. We strongly think that untreated asthma must be considered a potential form of severe asthma, as people with asthma may experience severe asthma symptoms. We think that there should not be an over-reliance on mild asthma in untreated patients with a diagnosis of asthma.

In the recent document on airways integrated care pathways of the Action Plan B3 of the European Innovation Partnership on Active and Healthy Ageing [5], severe asthma is proposed to be considered in untreated patients. We think that patients with under-treatment should be added to this category, as they were found to be the highest risk group for asthma death [4].

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Untreated asthma should be included among severe asthma patients <http://ow.ly/zQv6K>

Jean Bousquet^{1,2}, Nikolai Khaltayev³, Alvaro Cruz^{3,4}, Arzu Yorgancioglu^{3,5} and Alexander Chuchalin^{3,6}

¹University Hospital, Montpellier, France. ²MACVIA-LR, Contre les Maladies Chroniques pour un Vieillissement Actif en Languedoc Roussillon, European Innovation Partnership on Active and Healthy Ageing Reference Site, Montpellier, France. ³GARD, Geneva, Switzerland. ⁴ProAR – Nucleo de Excelencia em Asma, Federal University of Bahia, Salvador, Brasil. ⁵Celal Bayar University Dept of Pulmonology, Manisa, Turkey. ⁶Pulmonology Research Institute FMBA, Moscow, Russia.

Correspondence: Jean Bousquet, University Hospital, Montpellier, France. E-mail: jean.bousquet@orange.fr

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From the authors:

We thank J. Bousquet and colleagues for their concerns regarding exclusion of “untreated asthma” as a form of severe asthma, with respect to the recently published international European Respiratory Society (ERS)/American Thoracic Society (ATS) guidelines on severe asthma [1].

We do recognise this category of untreated asthma and agree that untreated asthma may result in serious exacerbations of disease and death, an issue that is not confined to developing countries alone. Indeed, everywhere in the world, untreated asthma can result from lack of access to medical care but can also result not only from nonadherence to therapy or of inadequately treated asthma. As emphasised in the ERS/ATS guideline definitions, these issues should to be addressed before consideration of the diagnosis of severe asthma. As mentioned by the correspondents, the recent report of the UK National Review of Asthma Deaths pointed to under-treatment or lack of controller treatment, from nonadherence or inadequately treated asthma, which represents degrees of “untreated” asthma, evident in a country where everyone has access to medical care. The approach here is to identify the asthmatics who are at risk of dying from asthma and make sure that their asthma is indeed properly diagnosed and categorised, and treated appropriately. As our correspondents are aware, this is no mean task and is even near-impossible in developing countries where the healthcare infrastructure is not as well developed or funded.

We are fully aware of the World Health Organization (WHO) consultation document [2], not least, because several members of our ERS/ATS guideline task force have been involved in it. Untreated asthma could not be included within our severe asthma definition because our definition requires that patients receive or have received “appropriate/guidelines-based” therapy for asthma. While we agree that untreated or under-treated asthma predisposes a subgroup of these patients to severe and life-threatening exacerbations, we also believe that the introduction of even modest doses of corticosteroids will dramatically decrease their risk of severe asthma exacerbations. Thus, the ERS/ATS guidelines define severe asthma as “asthma that requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it from becoming ‘uncontrolled’ or which remains ‘uncontrolled’ despite this therapy”. These patients represent a poorly understood and poorly therapy-responsive population that is distinct from under-treated or untreated asthma.

The WHO consultation document recognised three categories of asthma that were considered severe on the basis of symptoms, control of asthma and risks, without consideration of the therapy taken by the patient. These categories are 1) untreated severe asthma, 2) difficult-to-treat severe asthma and 3) treatment-resistant severe asthma, with which we are in full agreement. We agree that, from the global standpoint, untreated severe asthma needs to be recognised as it is a problem that should be remediable through the