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**Title:** Phenotypes of asthma seen in secondary care clinics of the Welsh Valleys

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**Body:** INTRODUCTION Asthma is a heterogeneous disease. A number of different asthma phenotypes have been described. Poor socio-economic status (SES) is associated with increased asthma severity. Poor SES may also be associated with specific asthma phenotypes. AIM The aim of this study is to ascertain different phenotypes of asthma managed in secondary care asthma clinics in a poor socio-economic area in South Wales UK. METHODS After obtaining ethical approval, consecutive patients seen in clinic with secondary care diagnosis of Asthma were consented and included into the study. Information was gathered on atopic status, exacerbations and BMI. Asthma severity was based on Global Initiative for Asthma (GINA) classification. Welsh index of multiple deprivation (WIMD) was used to assess SES. See

## Definitions

Atopy	Based on raised IgE, positive skin prick or specific IgE
Exacerbation Prone Asthma	>1 exacerbation per year
Exacerbation	Requiring oral steroids or hospital admission

for definitions. RESULTS 87 asthmatics (61 females 28 males) have been included into the study so far, 67% (58) were atopic and 33%( 29) were non-atopic. Male gender was associated with atopy OR 3.81 (95 % CI 1.17 to 12.44) p 0.02. Atopic asthmatics were likely to have severe GINA class OR 4.09 (95% CI 1.47-11.34) p 0.009 and exacerbation prone phenotype OR 3.00 (95% CI 1.17-7.75) p 0.02. Patients with BMI over 30 were found to have exacerbation prone asthma OR 2.59 (95% CI 1.04-6.47) p 0.03 but were not found to have severe GINA score OR 0.96 (95% CI 0.36-2.59) p 0.57 CONCLUSION In our socially deprived cohort, atopy and obesity were associated with exacerbation prone asthma phenotypes. Atopy

was also associated with severe GINA class.