Asma e Italia:
i risultati di una survey

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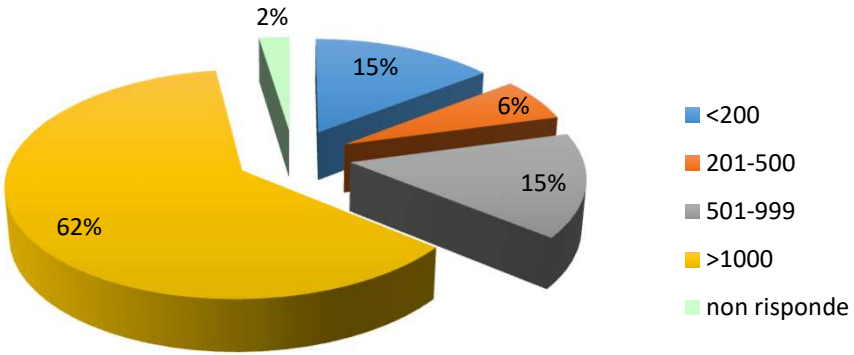
ASMA e ITALIA: survey

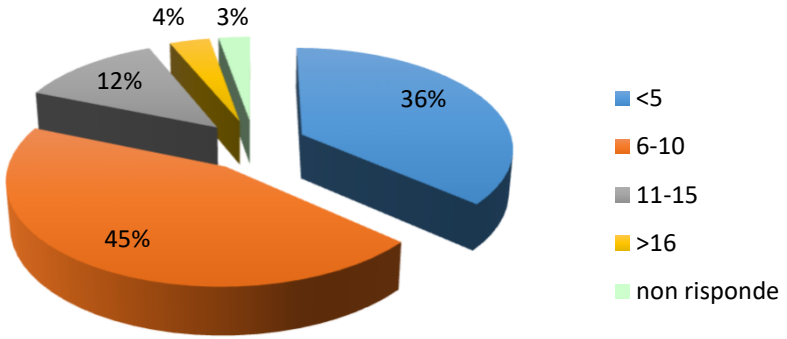
- Nel 2016, durante un corso ECM rivolto a Medici di Medicina Generale (MMG), i partecipanti sono stati invitati a compilare una survey su:
  - Conoscenza dei propri pazienti asmatici
  - Aderenza alla terapia
  - Educazione del paziente asmatico
- Hanno risposto in totale 3392 MMG

ASMA e ITALIA: survey

Quanti mutuati ha in carico?



Quale percentuale dei suoi pazienti è affetta da asma?



Prevalenza di asma in Italia

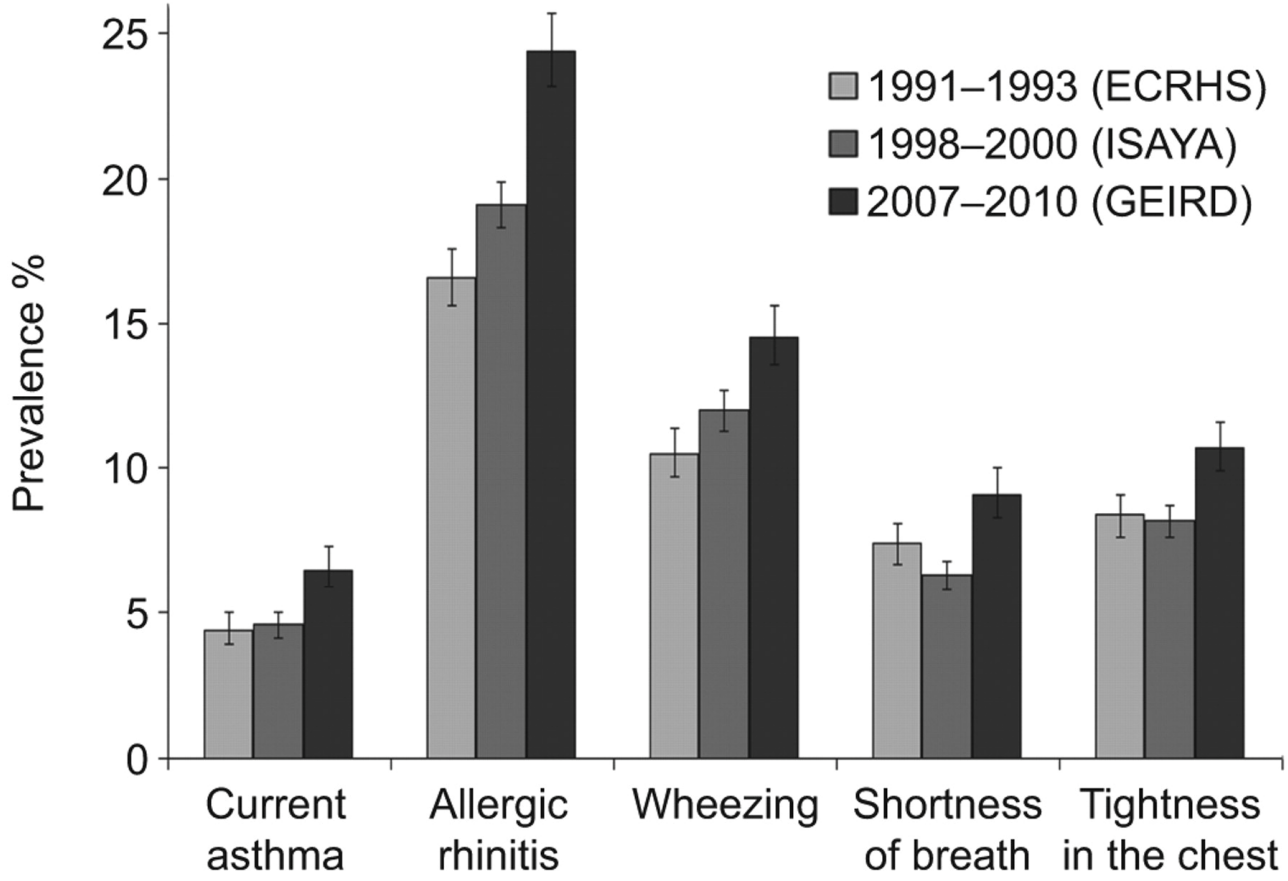
TABLE 3 Medians (ranges) of the adjusted[#] prevalences of current asthma, allergic rhinitis, wheezing, shortness of breath and tightness in the chest in the two main climatic regions (Sub-Continental and Mediterranean) and in the whole of Italy, estimated in the centres that participated in the three respiratory surveys between 1991 and 2010

	1991–1993 (ECRHS)	1998–2000 (ISAYA)	2007–2010 (GEIRD)
Respondents n	6031	18873	10494
Current asthma			
Sub-Continental	4.1 (3.3–5.0)	4.1 (3.9–4.6)	6.6 (4.5–6.6)
Mediterranean	NA	5.4 (5.2–6.5)	7.3 (4.9–8.0)
Overall	4.1 (3.3–5.0)	4.6 (3.9–6.5)	6.6 (4.5–8.0)
Allergic rhinitis			
Sub-Continental	16.8 (13.8–17.0)	18.7 (14.7–20.8)	24.2 (23.1–25.6)
Mediterranean	NA	19.4 (14.7–24.3)	26.6 (24.6–28.8)
Overall	16.8 (13.8–17.0)	19.4 (14.7–24.3)	25.8 (23.1–28.8)
Wheezing			
Sub-Continental	10.1 (9.0–12.2)	11.1 (9.2–12.4)	12.8 (12.0–14.0)
Mediterranean	NA	14.3 (11.8–16.1)	14.2 (12.2–17.8)
Overall	10.1 (9.0–12.2)	12.0 (9.2–16.1)	13.9 (12.0–17.8)
Shortness of breath			
Sub-Continental	7.7 (5.7–9.3)	5.4 (4.3–6.4)	8.5 (7.6–10.4)
Mediterranean	NA	6.9 (6.4–8.6)	8.8 (8.0–10.6)
Overall	7.7 (5.7–9.3)	5.7 (4.3–8.6)	8.5 (7.6–10.6)
Tightness in the chest			
Sub-Continental	7.6 (6.4–10.1)	7.6 (5.9–8.0)	10.2 (7.7–10.9)
Mediterranean	NA	8.8 (7.9–11.1)	10.3 (8.3–13.2)
Overall	7.6 (6.4–10.1)	7.8 (5.9–11.1)	10.2 (7.7–13.2)

Data are presented as median (range) percentages, unless otherwise stated. ECRHS: European Community Respiratory Health Survey; ISAYA: Italian Study on Asthma in Young Adults; GEIRD: Gene Environment Interactions in Respiratory Diseases. NA: information not available because no centre in the Mediterranean area participated in the ECRHS survey. [#]: adjusted for sex, age, season of response, type of contact (mail/phone) and percentile rank of cumulative response.

de Marco R et al. ERJ 2012

Prevalenza di asma in Italia



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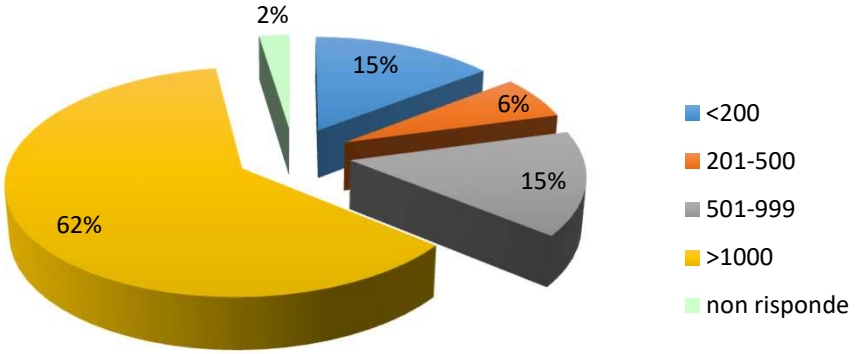

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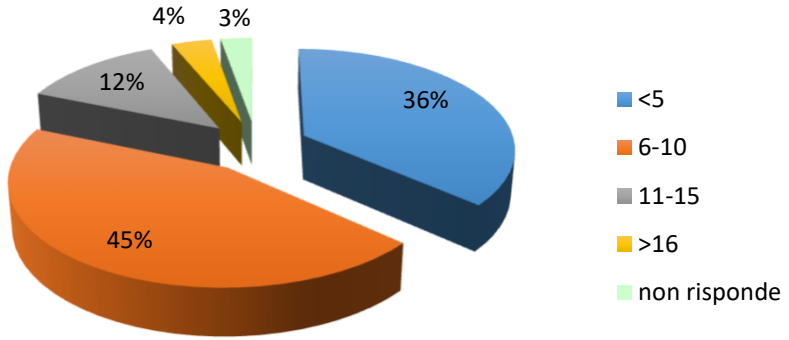
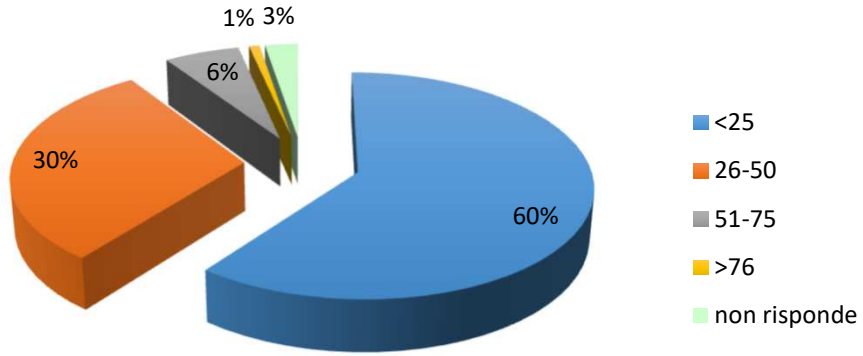


Quale percentuale dei suoi pazienti asmatici fuma?



Asma e fumo di sigaretta

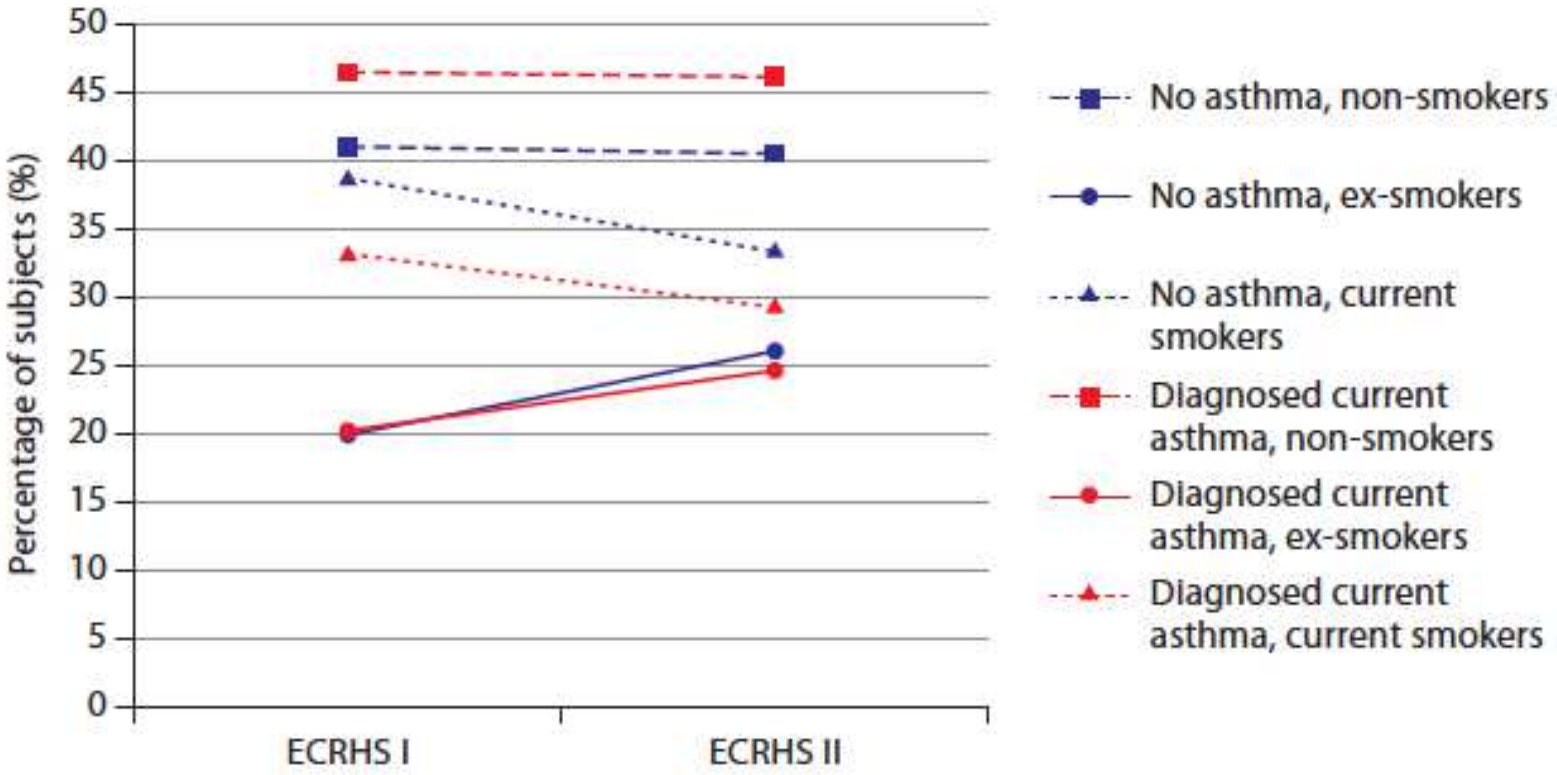
Table 1. Pattern of smoking habits at ECRHS II according to gender and asthma and allergen sensitization at ECRHS I

		Never smokers %	Ex-smokers %	Quitters %	Smokers %	p value
Gender	men (n = 4,397)	39.4	18.7	10.5	31.4	<0.0001
	women (n = 4,776)	46.8	16.8	8.3	28.1	
Asthma at ECRHS I	no (n = 8,224)	42.7	17.7	9.5	30.1	0.0175
	yes (n = 949)	47.6	18.1	8.0	26.3	
Allergen sensitization at ECRHS I	no (n = 5,497)	41.3	18.2	10.0	30.5	<0.0001
	yes (n = 2,815)	47.5	17.2	8.5	26.9	

All values adjusted for height and gender, as well as for age, asthma and BMI at ECRHS I. Numbers of subjects shown in parentheses only include those subjects who had no missing values for the considered variables (height and gender, as well as age, asthma, allergen sensitization and BMI at ECRHS I).

Cerveri I et al. Int Arch Allergy Immunol 2012

Asma e fumo di sigaretta



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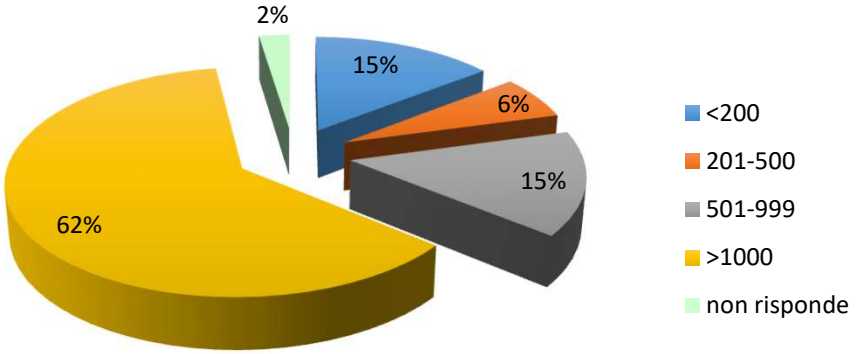

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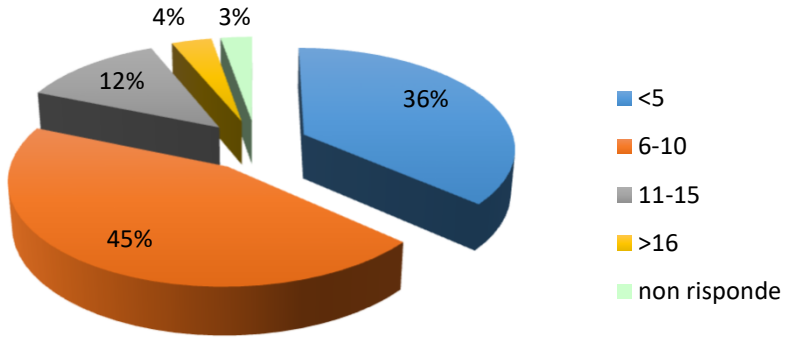

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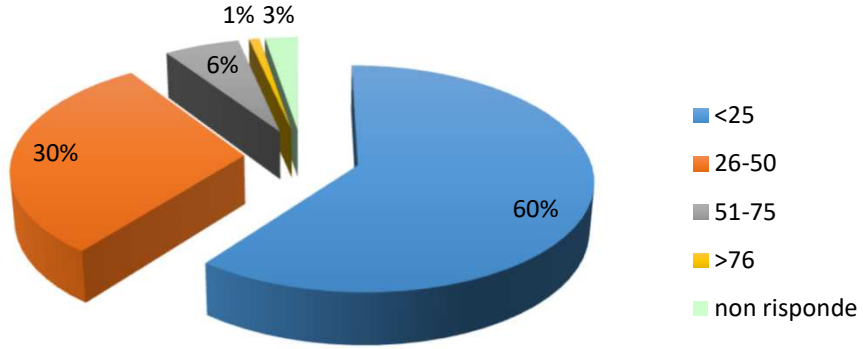
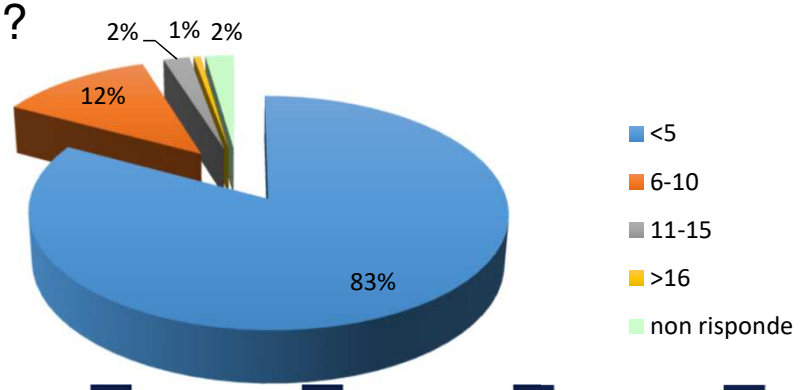


Quanti (in %) dei suoi pazienti asmatici ha avuto almeno un accesso in PS nell'ultimo anno?



ASMA e accessi in PS

BOX 1

The definition of severe asthma (according to ERS/ATS 2014) (7)

During treatment with:

- High-dose ICS + at least one additional controller (LABA, montelukast, or theophylline) or
- Oral corticosteroids >6 months/year

...at least one of the following occurs or would occur if treatment would be reduced:

- ACT <20 or ACQ >1.5
- At least 2 exacerbations in the last 12 months
- At least 1 exacerbation treated in hospital or requiring mechanical ventilation in the last 12 months
- FEV_1 <80% (if FEV_1/FVC below the lower limit of normal)

The lower limit of normal (LLN) for FEV_1/FVC can be calculated using appropriate spirometer software (www.lungfunction.org). Current recommendations advocate a FEV_1/FVC <LLN to detect airway obstruction (40). However, if LLN is unknown, in our opinion the formerly universal limit (FEV1/FVC <70% for adults, FEV1/FVC <75% for children) can still be used.

ICS: Inhaled corticosteroid; ACT, Asthma Control Test; ACQ: Asthma Control Questionnaire; FEV_1: Forced expiratory volume in one second; FVC: Forced vital capacity; ERS: European Respiratory Society; ATS: American Thoracic Society; LABA: Long-acting ß2 agonist

ASMA e accessi in PS

Figure 1. Rate of asthma ED visits in the estimated population with asthma, MT, 2011-2013

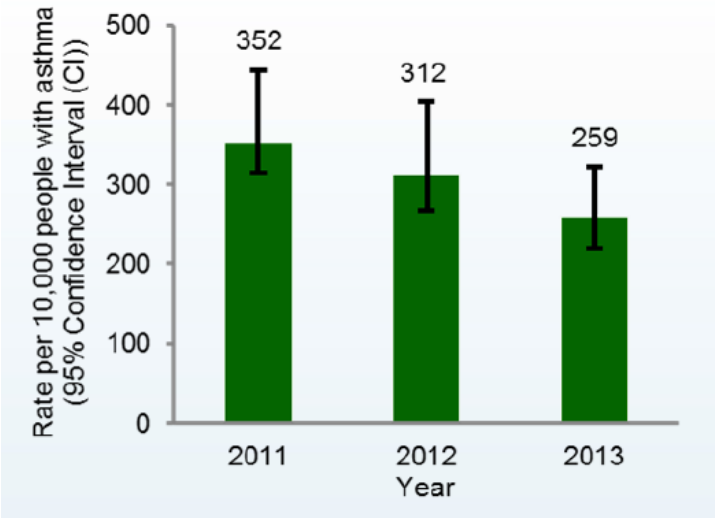


Figure 2. Rates of asthma ED visits by age and gender in the estimated population with asthma, MT, 2011-2013

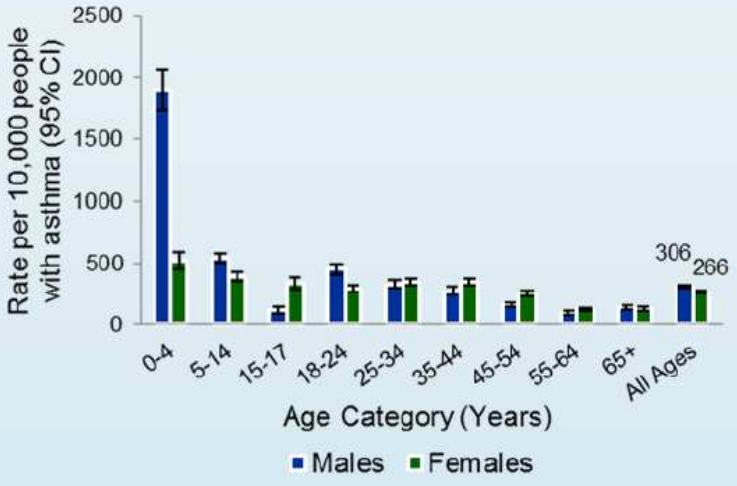
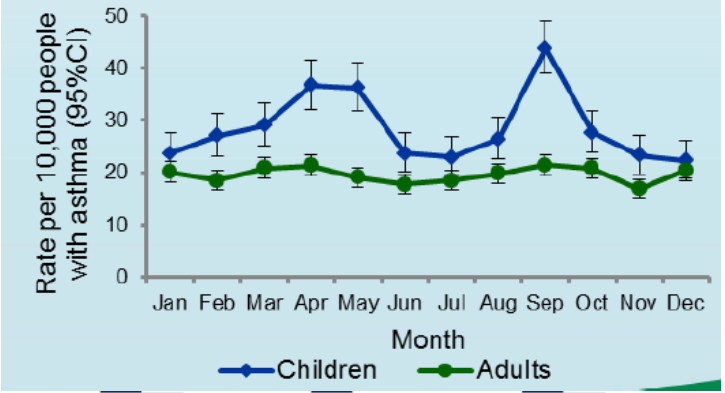


Figure 3. Rate of asthma ED visits per month in the



Montana
Chronic Disease Prevention
& Health Promotion Bureau

ASMA e accessi in PS

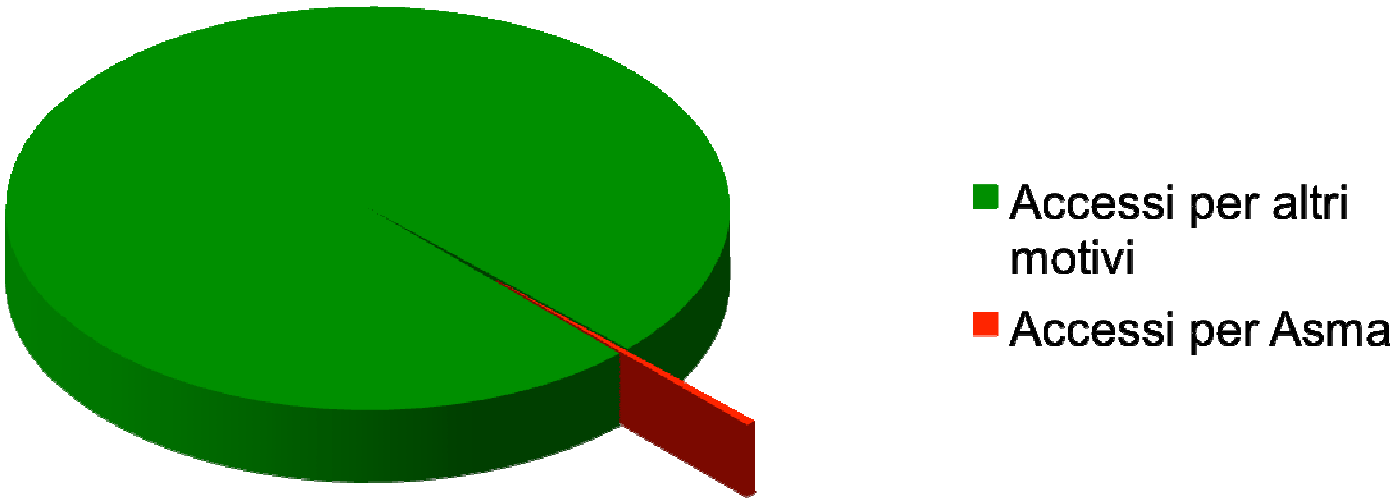
Table 12. Twenty leading primary diagnosis groups and presence of chronic conditions at emergency department visits: United States, 2013

Primary diagnosis group with ICD-9-CM code(s) and chronic conditions		Number of visits in thousands	(standard error in thousands)	Percent distribution	(standard error of percent)
All visits	---	130,353	(7,753)	100.0	...
Primary diagnosis group with ICD-9-CM code(s)[1]					
Abdominal pain	789.0	6,720	(511)	5.2	(0.2)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	5,333	(588)	4.1	(0.3)
Spinal disorders	720-724	4,835	(391)	3.7	(0.2)
Chest pain	786.5	4,755	(366)	3.6	(0.2)
Contusion with intact skin surface	920-924	4,307	(341)	3.3	(0.2)
Open wound, excluding head	874-897	3,434	(286)	2.6	(0.1)
Cellulitis and abscess	681-682	2,689	(235)	2.1	(0.1)
Sprains and strains, excluding ankle and back	840-844,845.1,848	2,546	(241)	2.0	(0.1)
Fractures, excluding lower limb	800-819	2,512	(228)	1.9	(0.1)
Urinary tract infection, site not specified	599.0	2,288	(231)	1.8	(0.1)
Rheumatism, excluding back	725-729	2,226	(200)	1.7	(0.1)
Arthropathies and related disorders	710-719	2,162	(175)	1.7	(0.1)
Headache	784.0	2,068	(201)	1.6	(0.1)
Open wound of head	870-873	1,979	(168)	1.5	(0.1)
Otitis media and eustachian tube disorders	381-382	1,940	(254)	1.5	(0.2)
Diseases of the teeth and supporting structures	520-525	1,928	(181)	1.5	(0.1)
Pyrexia of unknown origin	780.6	1,817	(225)	1.4	(0.1)
Sprains and strains of back	846,847	1,816	(169)	1.4	(0.1)
Chronic and unspecified bronchitis	490-491	1,654	(166)	1.3	(0.1)
Asthma	493	1,631	(165)	1.3	(0.1)
All other reasons[2]	...	71,711	(1,213)	55.0	(0.9)
Chronic conditions categories[3]					
Cancer	---	3,844	(366)	2.9	(0.3)
Cerebrovascular disease or history of stroke or transient ischemic attack (TIA)	---	3,510	(358)	2.7	(0.2)
Chronic obstructive pulmonary disease (COPD)	---	5,126	(421)	3.9	(0.3)
Condition requiring dialysis	---	1,190	(128)	0.9	(0.1)
Congestive heart failure	---	3,735	(299)	2.9	(0.2)
Dementia	---	1,646	(188)	1.3	(0.1)
Diabetes	---	11,946	(822)	9.2	(0.4)
History of heart attack	---	2,791	(279)	2.1	(0.2)
History of pulmonary embolism or deep vein thrombosis (DVT)	---	1,076	(126)	0.8	(0.1)
HIV infection/AIDS[4]	---	507	(102)	0.4	(0.1)
None of the above	---	102,982	(6,460)	79.0	(0.8)
Blank	---	3,084	(559)	2.4	(0.4)

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

ASMA e accessi in PS

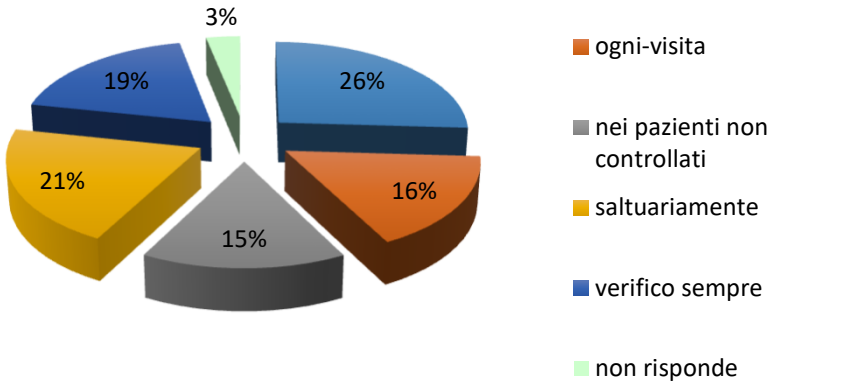
La situazione in Italia:



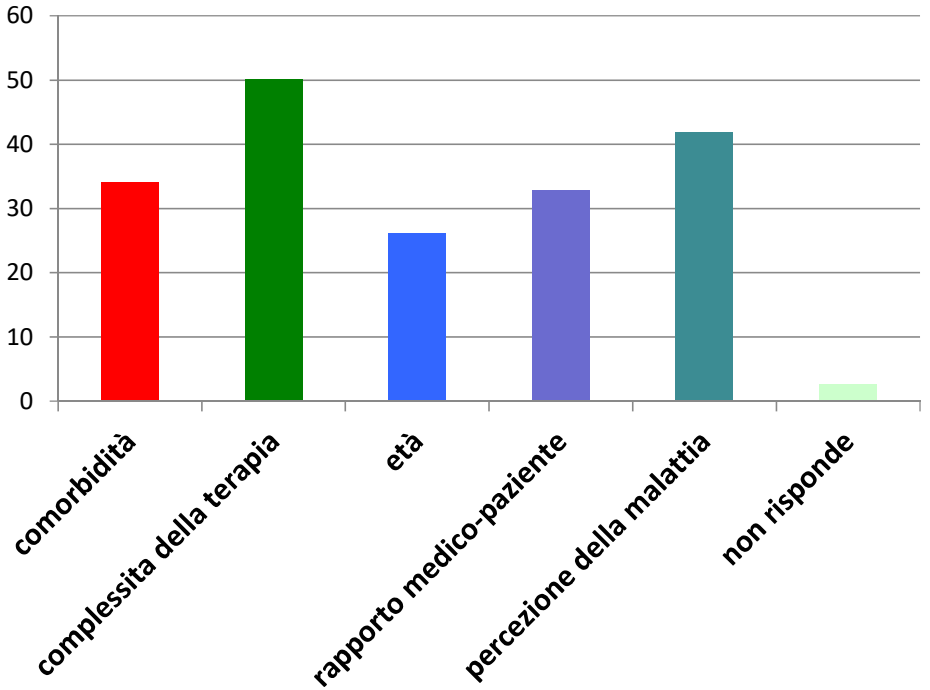
Heffler E, Losappio L, Rolla G – unsubmitted data

ASMA e ITALIA: survey

Quanto frequentemente controlli l'aderenza alla terapia nei pazienti asmatici?



Quali sono i fattori che influenzano maggiormente l'aderenza al trattamento?



ASMA: aderenza alla terapia

Factors affecting adherence to asthma treatment in an international cohort of young and middle-aged adults

Angelo G. Corsico[a,*], Lucia Cazzoletti[b], Roberto de Marco[b], Christer Janson[c], Deborah Jarvis[d], Maria C. Zoia[a], Massimiliano Bugiani[e], Simone Accordini[b], Simona Villani[f], Alessandra Marinoni[f], David Gislason[g], Amund Gulsvik[h], Isabelle Pin[i], Paul Vermeire[j], Isa Cerveri[a]

Among the 428 non-adherent subjects in ECRHS-I,

the only predictors of increased adherence among the variables considered were having:

- **regular appointments for asthma**
- **not thinking that it is bad to take medicine all the time**

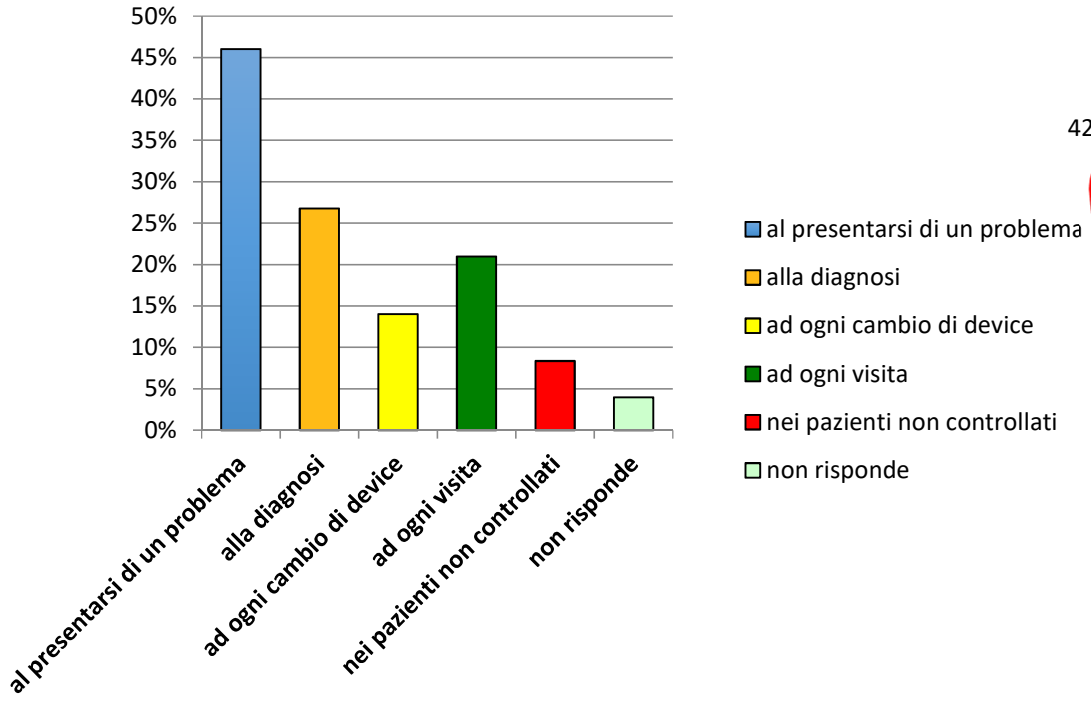
ASMA: aderenza alla terapia

Educazione del paziente

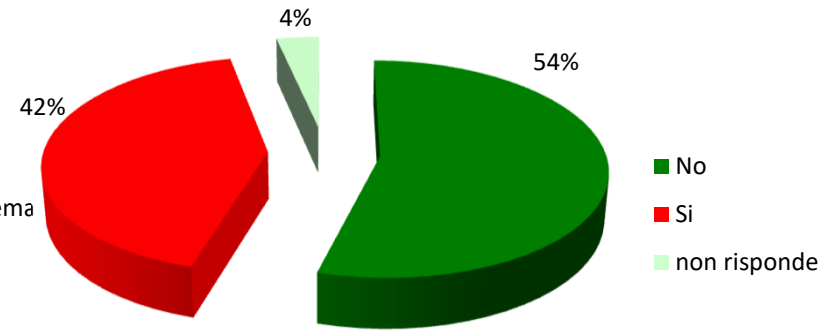
Corretto utilizzo dei devices

ASMA e ITALIA: survey

Quanto frequentemente impieghi del tempo per educare i pazienti sull'importanza di aderire ad un trattamento cronico?

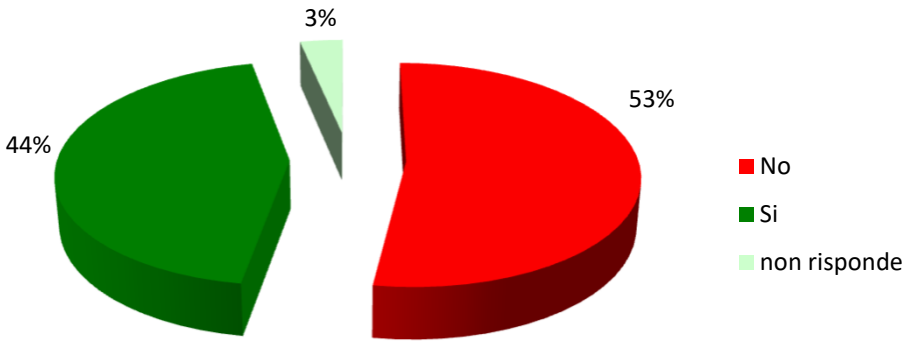


E' difficile educare il paziente tenendo conto del tempo a disposizione?

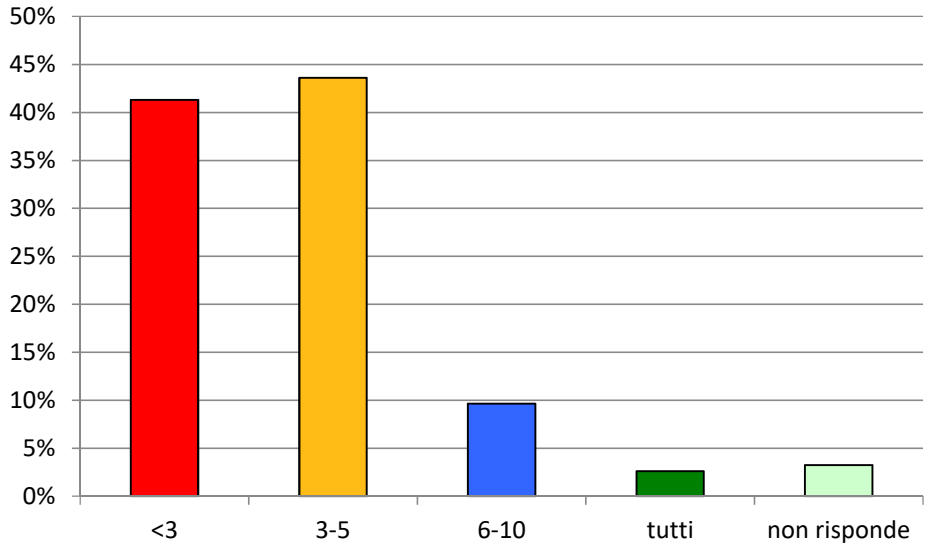


ASMA e ITALIA: survey

Utilizza del materiale informativo per i pazienti asmatici?



Quanti devices ad uso dimostrativo ha nel suo ambulatorio?



ASMA: corretto uso dei devices

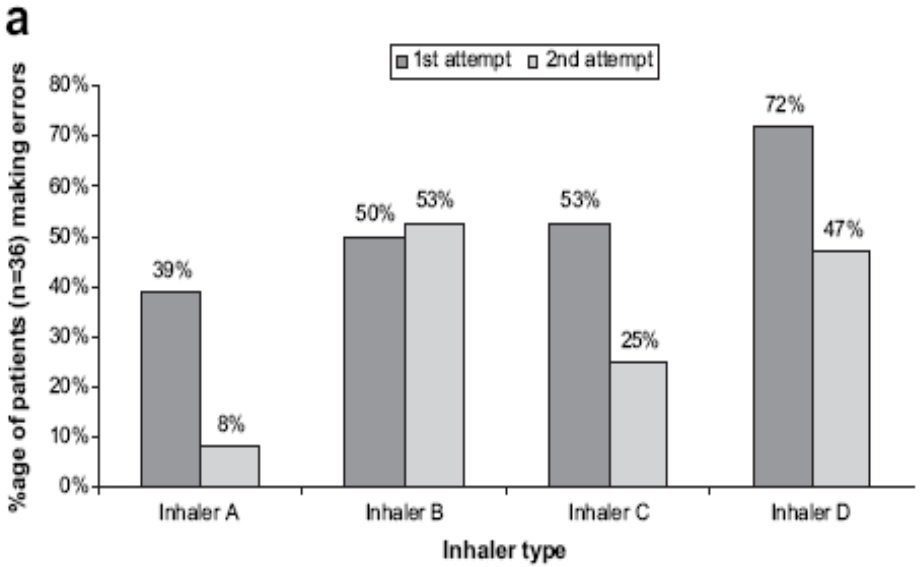
ASMA: corretto uso dei devices

CME Article

Choosing inhaler devices for people with asthma: Current knowledge and outstanding research needs☆

John Haughney[a,*], David Price[a], Neil C. Barnes[b], J. Christian Virchow[c], Nicolas Roche[d], Henry Chrystyn[e]

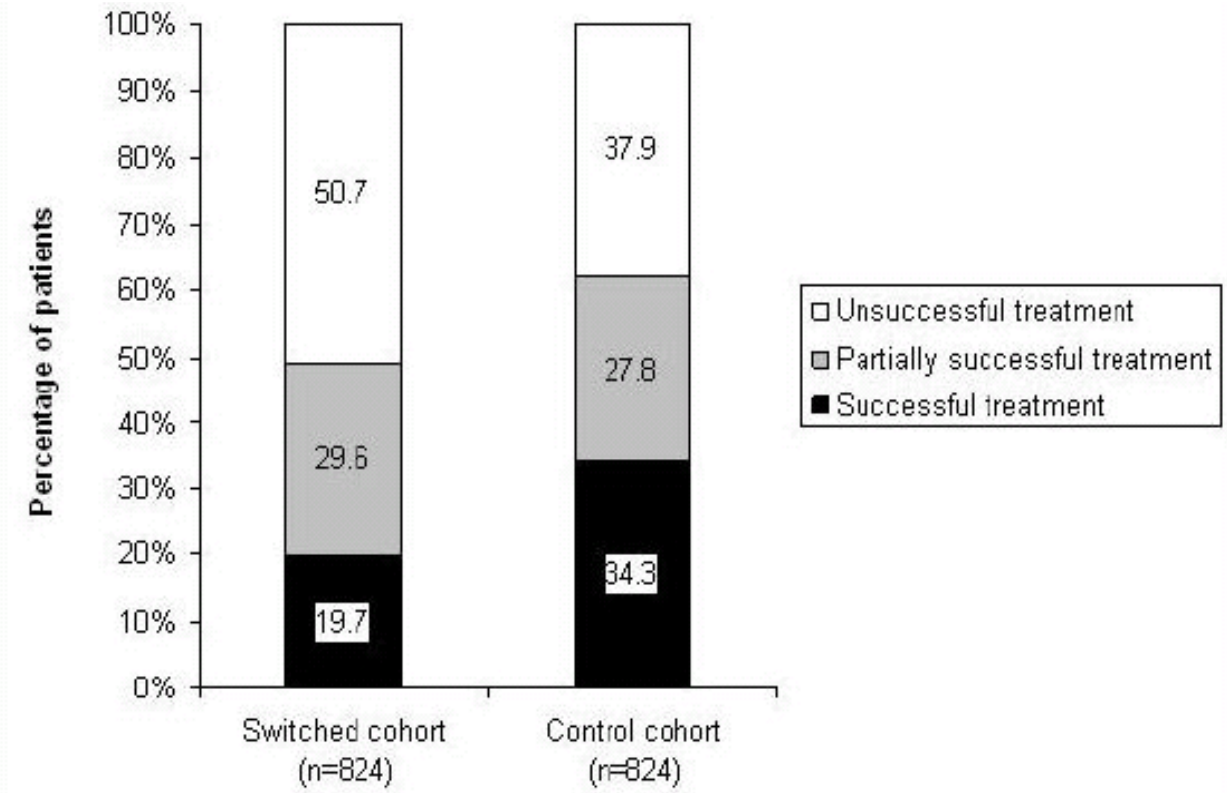
Frequenza di errori commessi dai paz. con asma o BPCO nell'utilizzo di un inalatore



Un'inadeguata tecnica inalatoria può essere associata ad una riduzione fino al 50% della quantità di farmaco che si deposita nel polmone

Haughney J et al., Respir Med 2010;CME 3: 125-131

ASMA: corretto uso dei devices



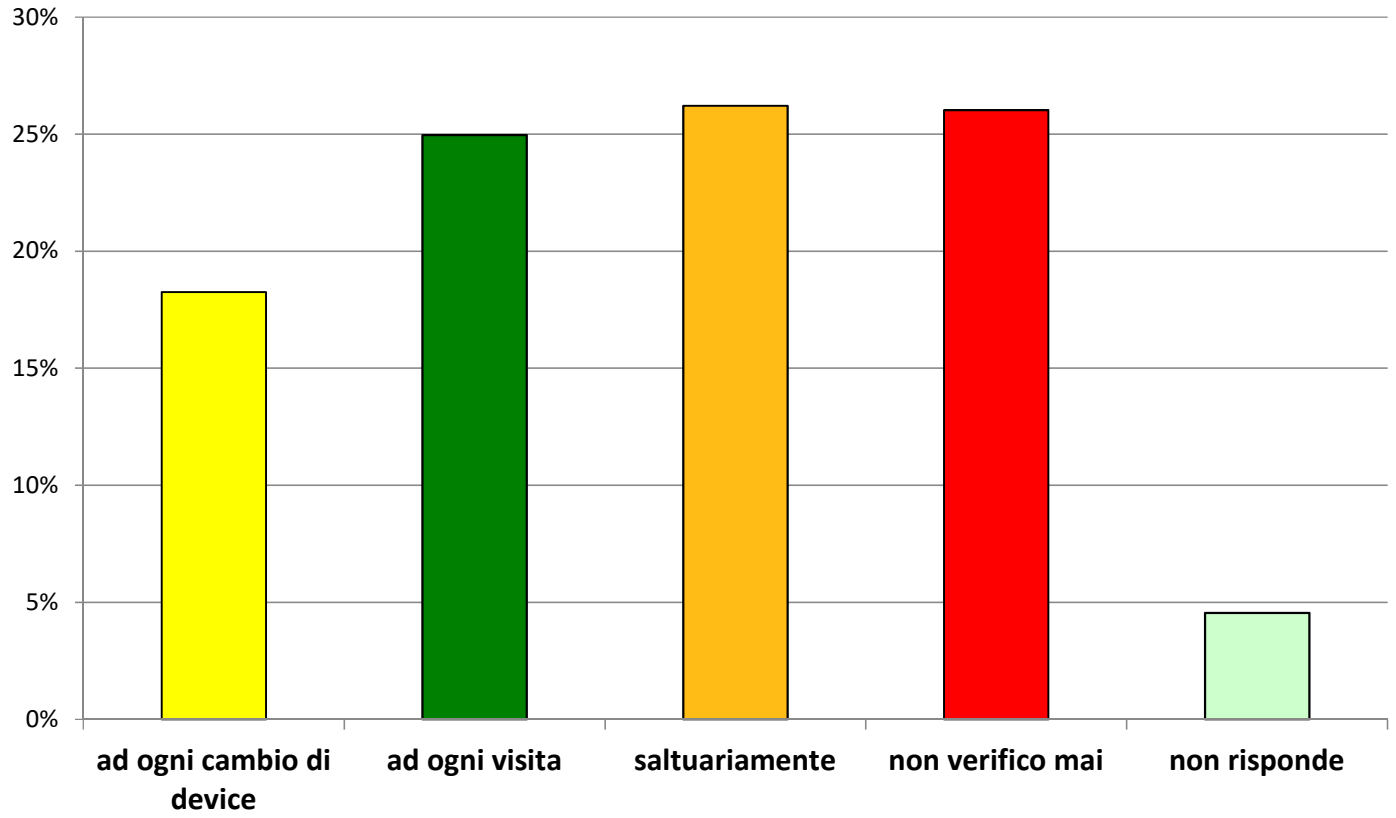
Il controllo dell'asma è stato definito come misura composita: uso di SABA, uso di steroidi orali, riacutizzazioni, terapia controller

Il cambio dell'erogatore senza una consulenza con il medico è associato al peggioramento del controllo dell'asma

Thomas M et al., BMC Pulmonary Medicine 2009; 9:1

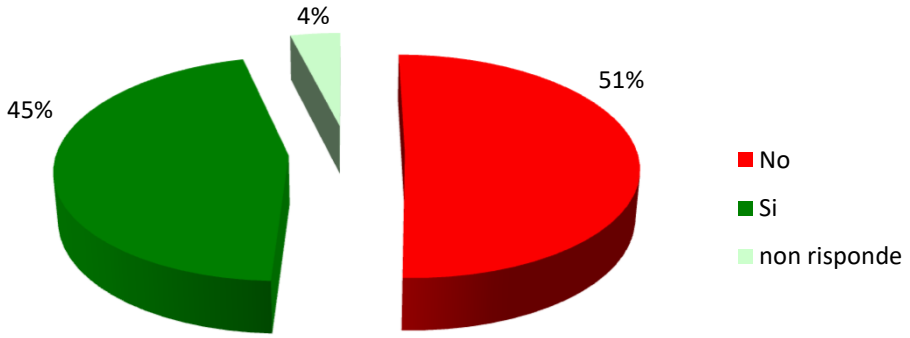
ASMA e ITALIA: survey

Quanto spesso verifica la tecnica inalatoria nei suoi pazienti asmatici?

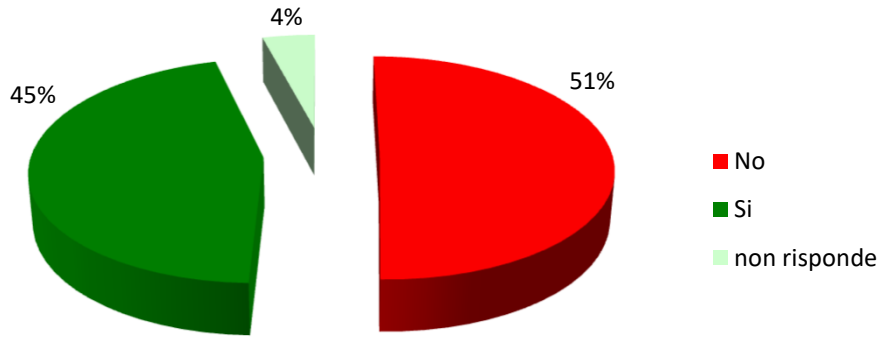


ASMA e ITALIA: survey

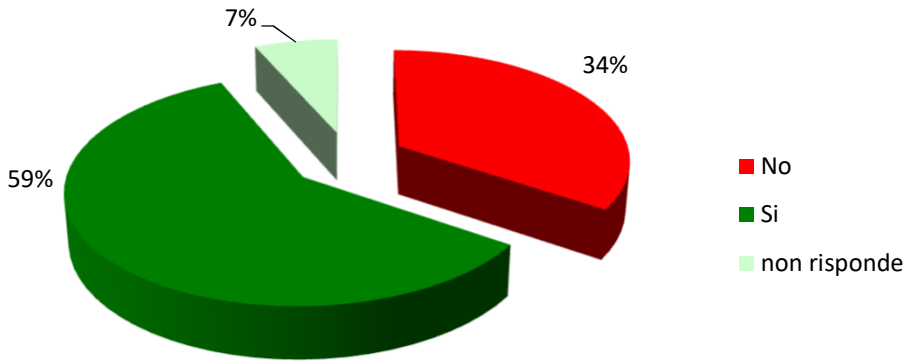
Crede di conoscere adeguatamente tutti i devices disponibili?



Crede di conoscere i limiti e i vantaggi di ogni device?



Sa mostrare al paziente il corretto uso di ogni devices?



CONCLUSIONI

- Il survey ha dimostrato come i MMG sono **consapevoli di quanti siano i propri pazienti asmatici** e quanti di essi tendono ad avere esacerbazioni gravi di malattia;
- Minore è la consapevolezza sulla percentuale di **fumatori** tra i pazienti asmatici;
- Diversi sono i fattori che possono influenzare l'**aderenza al trattamento**;
- Il MMG è consapevole della necessità di **educare i pazienti asmatici** al trattamento e al **corretto utilizzo dei devices**;
- Tuttavia sono ancora ampiamente migliorabili la conoscenza dei MMG sull'utilizzo dei devices e il tempo dedicato per l'educazione del paziente asmatico.


thank you
danke
謝謝
рахмат
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
dziękuję
bedankt
спасибо
Баярлалаа
faafetai lava
vinaka
спасибі
blagodaram
dank je
misaotra
matondo
paldies
grazzi
mahalo
tapadh leat
хвала
asante
manana
obrigada
murakoze
tenki
chokrane
mauruuru
hvala
kiitos
dankie
nandri
nanni
dhanyavad
bayarlalaa
gràcie
köszönöm
enkosi
akun
dankon
ačiū
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mamnun
дякую
go raibh maith agat
sukriya
kop khun krap
chnorakaloutioun
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arigatô
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diolch
xièxie
감사합니다
তোমাকে ধন্যবাদ
rahmat
kam sah hamnida
didi madloba
mësi
sagolun
sobodi
dēkuji
barka
mersi
kia ora
spas
welalin
tack