STUDY INCLUSION CRITERIA

The following inclusion criteria were used to determine eligibility of patients who met the following inclusion criteria based on the patient’s history during the previous 12 months:

- In 12 years of age
- Moderate or severe asthma (according to the NAEPP criteria)
- Under continuous care of a physician for at least 12 months

We used one of the following inclusion criteria:

- Inhaled corticosteroid equivalent to ≥800 mcg of fluticasone MDI/day
- Inhaled corticosteroids equivalent to 1440 mcg/day or more of any dose of an additional controller medication

- Leukotriene inhibitors/inhaled anticholinergics (montelukast, zafirlukast, zileuton)
- Long-acting β-agonists
- Cromolyn sodium
- Regularity
- Thymopentin

The control algorithm for this study was developed using both NAEPP/NHLBI1 and GINA2 guidelines.

Rationale:

To improve asthma treatment, we suggest that moderate asthmatics may benefit from less aggressive treatment than at levels at which these patients have a statistically significantly greater probability of UC asthma.

Resource Use for C and UC Asthma Patients, Prior 12 Months

<table>
<thead>
<tr>
<th>Resource Use</th>
<th>C (n=37)</th>
<th>UC Asthma Patients (n=826)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>850 (n=433)</td>
<td>154 (n=37)</td>
</tr>
<tr>
<td>ER</td>
<td>0 (n=37)</td>
<td>41 (n=37)</td>
</tr>
<tr>
<td>Hospitalizations (total days, n)</td>
<td>0 154 (n=37) 154 (n=37)</td>
<td></td>
</tr>
<tr>
<td>Taking oral CS</td>
<td>0 13 13</td>
<td></td>
</tr>
<tr>
<td>Used short-acting 2 agonists</td>
<td>0 12 12</td>
<td></td>
</tr>
<tr>
<td>Used oral theophylline</td>
<td>0 0 0</td>
<td></td>
</tr>
<tr>
<td>Used oral corticosteroids</td>
<td>0 10 10</td>
<td></td>
</tr>
<tr>
<td>Used oral leukotriene inhibitors</td>
<td>0 0 0</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions

In this sample of moderate to severe asthmatic patients from community-based specialty practices, we found an overall 81.9% rate of UC asthma.

- These patients consume a high level of healthcare resources.
- A high proportion of these patients have atopic characteristics.
- Asthma severity was the only significant predictor of UC asthma.

- As compared to severe asthmatic patients, moderate asthmatic patients were more likely to be UC.

- This may suggest that this population is not being treated aggressively enough with controller medications.

- Once treatment is established that corresponds to severity, the emphasis is on assessing cortisol to determine if the goals of therapy have been met and if further adjustments are needed.

- We found few correlates between patient characteristics, disease, treatment, and prescription parameters in this study.

- To improve asthma treatment, we suggest that moderate asthmatics may benefit from less aggressive treatment than at levels at which these patients have a statistically significantly greater probability of UC asthma.

- The results of this study may support less aggressive treatment for moderate asthmatics.

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