Allergol Immunopathol (Madr). 2017;45(2):103–104

Allergologia et immunopathologia

Sociedad Española de Inmunología Clínica, Alergología y Asma Pediátrica

www.elsevier.es/ai

EDITORIAL

Should countries implement asthma strategies? Some fresh ideas from the Global Asthma Network; and a quote from Carl Sandburg

In this issue of A&I, one of the first papers produced by the Global Asthma Network (GAN) is published.[1] Following the rationale and methods of the study, recently available online from the European Respiratory Journal, GAN shows the results of a survey carried out in the majority of the centres of the network (276 centres from 120 countries) inquiring about the existence of a national asthma strategy. The number of national strategies, both for children and adults, was not found to be very high (one in four) although they cover large countries as shown in the world map included in the paper.

As many of the surveyed countries had also data on the prevalence of asthma from the International Study of Asthma and Allergies in Childhood (ISAAC) the authors have been able to establish an association between having a national asthma strategy and the prevalence of the condition. Curiously, countries with asthma strategies (either in children or in adults or in both groups) tended to have higher asthma prevalence, which seems counterintuitive (asthma strategies should be created to lower asthma prevalence). However, the explanation might be the other way around: in countries with higher asthma prevalence public and political concern is higher and facilitates the launching of asthma strategies. Some caveats are pointed out by the authors in order to qualify this association: many countries have not a clear idea of their asthma prevalence; many countries with low asthma prevalence and not a national strategy have large populations; data from the ISAAC study are from 2002 to 2003.

A recent review[2] on national and regional asthma strategies in Europe describes only eight countries having them: Finland, France, Ireland, Italy, The Netherlands, Lodz area of Poland, whole of Poland and Portugal. However, only three of those strategies have been evaluated. Outside Europe, only eight other countries have been identified as having national asthma strategies. Probably Finland is the country with a greater experience and a very well structured asthma strategy which has definitely shown beneficial results.[3] However, not all asthma strategies have shown good results meaning that it does not seem to be a universal recipe. What seems quite clear from the results of the GAN paper is that every country and even every region within a country, especially when countries are very large, should consider having a specific asthma strategy adapted to the local circumstances. Asthma strategies will probably not work when there is not enough political engagement, leadership and commitment, which are not so easily achieved. Copying and pasting asthma strategies from other regions might prove useless; and adaptation to the local peculiarities of people and health organisations and professionals is needed.

On the other hand, and as underlined by Asher et al. in this issue of A&I, the efficacy of a specific asthma strategy cannot be measured in terms of asthma prevalence or incidence but in terms of reducing the asthma burden.[4] Factors such as proportion of patients under control, visits to the emergency department, unscheduled visits to doctors for an asthma attack or asthma deaths should be the outcome variables for assessing asthma strategies. Indeed the impact of asthma strategies on asthma costs should be also assessed. The example from Finland clearly shows that the reduction of the burden of asthma is achievable with asthma strategies.[5]

Although it is not yet realistic to implement asthma strategies addressed to prevent asthma incidence, why not dreaming of them? Quoting Carl Sandburg the poet: ''*Nothing happens unless first a dream*''.

References

1. Asher I, Haahtela T, Selroos O, Ellwood P, Ellwood E, The Global Asthma Network Study Group. Global Asthma Network survey suggests more national asthma strategies could reduce burden of asthma. Allergol Immunopathol (Madr). 2017;45:105–14.

http://dx.doi.org/10.1016/j.aller.2017.02.001

2. Selroos O, Kupczyk M, Kuna P, Łacwik P, Bousquet J, Brennan D, et al. National and regional asthma programmes in Europe. Eur Respir Rev. 2015;24:474–83.
3. Haahtela T, Tuomisto LE, Pietinalho A, Klaukka T, Erhola M, Kaila M, et al. A 10 year asthma programme in Finland: major change for the better. Thorax. 2006;61:663–70.
4. Pearce N, Asher I, Billo N, Bissell K, Ellwood P, El Sony A, et al. Asthma in the global NCD agenda: a neglected epidemic. Lancet Respir Med. 2013;1:96–8.
5. Kauppi P, Peura S, Salimaki J, Jarvenpaa S, Linna M, Haahtela T. Reduced severity and improved control of self-reported asthma in Finland during 2001–2010. Asia Pac Allergy. 2015;5:32–9.

L. Garcia-Marcos[a,b]
[a] *Respiratory and Allergy Units, Arrixaca Children's University Hospital, University of Murcia, Spain*
[b] *IMIB Bio-health Research Institute, Spain*