## Media Contact:

Angel Waldron, Director of Communications 202-974-1223 <a href="mailto:awaldron@aafa.org">awaldron@aafa.org</a>

## Patient Advocates, Medical Professionals and Industry Stakeholders Unite to Curb Oral Corticosteroid Overexposure in Asthma Treatment

WASHINGTON, D.C. – November 15, 2018 – Many asthma patients are prescribed oral corticosteroids (OCS) to treat moderate-to-severe flares and decrease the risk of emergency department (ED) visits or hospitalizations, but with chronic use comes the potential for serious health risks. The Asthma and Allergy Foundation of America (AAFA) is partnering with allergy and asthma patient advocacy groups, medical professional societies and industry stakeholders to raise awareness of OCS stewardship and develop strategies to curb reliance on OCS.

Asthma is a chronic lung condition affecting more than 22 million Americans. Five to 10 percent of the total asthma population are believed to have severe asthma. There is no cure for asthma, but a range of conventional and advanced medications can help control symptoms.

A recent Asthma and Allergy Foundation of America (AAFA) survey of 519 patients with asthma found that nearly 85 percent used at least one course of OCS in the previous 12 months and 64 percent had done so two or more times. Patients who take two or more courses of OCS in a 12-month span may have severe or poorly controlled asthma and should speak with a qualified asthma specialist.

Oral corticosteroids are a common treatment for acute asthma flare-ups. While the medication has been shown to reduce ED visits and hospitalizations due to flare-ups, it may be used chronically in severe asthma patients.

Short-term risks associated with OCS overexposure include elevated eye pressure (glaucoma), fluid retention, high blood pressure, weight gain and problems with mood, memory and behavior. Long-term risks include cataracts, infections, osteoporosis, high blood sugar levels in patients with diabetes, thin skin, bruising, and a slower healing process for wounds. While OCS can be an important tool in managing asthma in certain cases, their use should always be carefully monitored by an asthma specialist or a primary care provider with expertise in asthma.

In recent years, new and innovative treatments have emerged, targeting certain types of severe or difficult-to-control asthma in ways never before possible and reducing chronic use of oral corticosteroids by severe asthma patients. OCS are relatively inexpensive, fast-acting and easy for patients to access; they remain attractive to payers, patients and other stakeholders within the healthcare system. Without an organized approach to intervention, it is believed that OCS overexposure will persist.

8201 Corporate Drive, Suite 1000, Landover, Maryland 20785 • 202-466-7643 • info@aafa.org







The collaborative is urging for a systematic effort to curb OCS overexposure by:

- 1. Educating patients and their caregivers about the risks associated with chronic or recurrent OCS use, the importance of adherence to other asthma medicines, and advanced treatment options.
- Ensuring that patients have access to qualified asthma specialists or primary care providers
  with asthma expertise; who can address adherence concerns, determine if a patient has a
  severe, difficult-to-control form of asthma that might benefit from innovative targeted
  treatments; and carefully monitor OCS use.
- 3. Supporting healthcare providers (allergists, pulmonologists and primary care) to develop and adopt OCS-sparing strategies and practice shared decision-making.
- 4. Urging government agencies to modernize public health policies and materials to reflect the importance of OCS-sparing interventions.
- 5. Petitioning payers to adopt OCS-sparing strategies by providing appropriate and timely access to conventional and advanced treatment options based on the clinical judgement of the treating HCP in consultation with the patient.
- 6. Ensuring primary and urgent/emergency care providers recognize when to refer patients to an asthma specialist, or a primary care provider with asthma expertise.
- 7. Empowering urgent/emergency care providers, asthma educators and other health professionals to engage with patients about OCS risks at point-of-care.

Read the full Oral Corticosteroid Stewardship Statement at <u>aafa.org/ocs</u>.

## About AAFA

Celebrating 65 years of service, AAFA is the oldest and largest non-profit patient organization dedicated to improving the quality of life for people with asthma, allergies and related conditions through research, education, advocacy and support. AAFA provides practical information and community-based services through its digital communities and network of chapters and support groups. Through its Kids with Food Allergies division, AAFA offers the most extensive online support community for families of children with food allergies. AAFA also helps consumers identify products suitable for those with asthma and allergies through the asthma & allergy friendly® Certification Program. For more information, visit aafa.org.





