

Up to **50%** of patients with severe asthma are **uncontrolled** despite current treatment^{1*}

77% of eligible patients with severe asthma in the UK are **not receiving a biologic**²



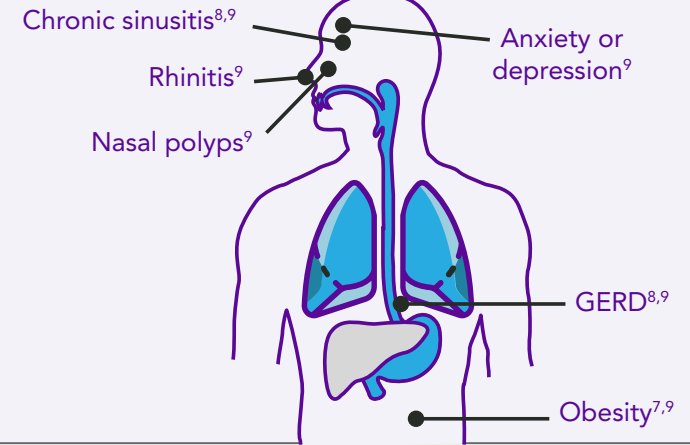
Increased asthma severity is associated with more frequent exacerbations³⁻⁶ and worse asthma control (eg ACQ)^{3,4}

Increased risk of mortality^{7†}

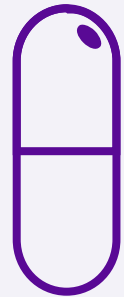


7.1% severe asthma versus **4.5%** without asthma

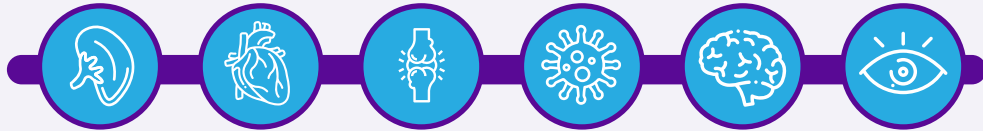
High comorbidity burden^{6-9‡}



Severe asthma still causes substantial clinical and economic burden, despite treatment

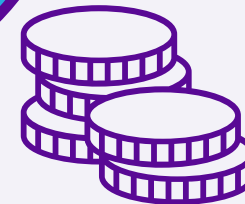


More frequent use^{4,6} and higher dose of oral corticosteroids⁸ with increasing asthma severity



Increased exposure to systemic corticosteroids is associated with increased risk of complications¹⁰

Impact of severe asthma on patients in the UK^{11,12}



Healthcare costs for severe asthma are up to **4.5x higher** compared with mild-to-moderate asthma¹¹



55% of patients with severe asthma report depression¹²



68% of patients with severe asthma are hindered by it in work and/or school¹²



75% of patients with severe asthma need regular emergency care¹²

*In this systematic literature review, uncontrolled asthma was defined as inadequate control despite the use of medium- to high-dose ICS and at least one additional treatment, such as a LABA. Criteria for defining asthma control varied among studies included in the review. †Case-control study using medical claims database in France. Patients with severe asthma (treated with omalizumab and/or medium- or high-dose ICS and a LABA) were compared with matched controls (no asthma). Percentages relate to 3-year cumulative mortality rate (p=0.007). ‡Compared with persistent asthma,† patients without asthma,† mild-to-moderate asthma or severe controlled asthma.†

ACQ, Asthma Control Questionnaire; GERD, gastro-oesophageal reflux disease; ICS, inhaled corticosteroid(s); LABA, long-acting beta-agonist.

1. Chen S, et al. Curr Med Res Opin 2018;34:2075-2088; 2. Asthma UK. Do no harm 2020. Available from: https://www.asthma.org.uk/418cbc36/globalassets/campaigns/publications/severe-asthma_report_final.pdf (Accessed 12 October 2022); 3. Shaw DE, et al. Eur Respir J 2015;46:1308-1321; 4. Pretolani M, et al. Eur Respir J 2017;50. pii: 1700019; 5. Suruki RY, et al. BMC Pulm Med 2017;17:74; 6. Chastek B, et al. J Manag Care Spec Pharm 2016;22:848-861; 7. Bourdin A, et al. J Allergy Clin Immunol Pract 2019;7:1477-1487; 8. Nagase H, et al. Allergol Int 2020;69:53-60; 9. Zeiger RS, et al. J Allergy Clin Immunol Pract 2016;4:120-129; 10. Lefebvre P, et al. J Allergy Clin Immunol 2015;136:1488-1495; 11. Barry LE, et al. Respiratory Research 2017;18:129; 12. Asthma UK. Results from the Asthma UK pilot study. Available from: <https://www.asthma.org.uk/about/media/news/75-of-people-with-severe-asthma-need-regular-emergency-care-new-asthma-uk-survey-finds/> (Accessed 13 October 2022)

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