

## Higher prevalence of depression and anxiety among asthmatic patients

[de Miguel Díez J et al. \*J Asthma\*. 2011 Apr;48\(3\):253-8. Epub 2011 Feb 22.](#)

Aiming to study the psychiatric aspect of asthma, the authors evaluated the occurrence of depression and anxiety among asthmatic patients. Based on questionnaires, patients identified with asthma were enrolled to the study. A second questioner assessed whether they experienced depression or anxiety and whether this was confirmed by a physician's diagnosis and led to prescribed drug therapy. Results demonstrated that asthmatic patients exhibited significant higher prevalence of depression and anxiety when compared to those without asthma. Interestingly, associated variables for both depression and anxiety were associated co morbidities and older age.

## Asthma, a considerable economic burden

[Barnett SB et al. \*J Allergy Clin Immunol\*. 2011 Jan;127\(1\):145-52.](#)

In this paper a calculation of the economic burden of asthma is reported. Data utilized for this estimate was derived from the Medical Expenditure Panel Survey. According to this estimate, it was found that the total incremental cost for society due to asthma was estimated at \$56 billion. As far as the productivity losses of society, these were estimated as \$3.8 billion a year due to asthma morbidity and \$2.1 billion a year due to asthma mortality. It was estimated that during the years 2002-07 the average incremental cost per person per year of asthma was \$3,259. Productivity losses were estimated at \$301 for each worker and \$93 for each student each year.

## Estimating the minimal important difference of the ESWT

[Pepin V et al. \*Thorax\*. 2011 Feb; 66\(2\):115-20. Epub 2010 Dec 8.](#)

The endurance shuttle walking test is an endurance test for assessing the response of chronic obstructive pulmonary disease (COPD) patients to treatments. Pepin V et al., attempted to determine the minimal important difference of this test. In order to do so, patient absolute performance values were compared to a 7 point scale of patient subjective performance changes. It was found that an objective improvement of 65 seconds in walking time and a 95 meter difference in distance were associated with an average objective improvement of 1 point. These changes typically reflect a 13-15% change from baseline values. The authors conclude that an improvement of 45-85 s (or 60-115 m) after bronchodilation may be specific to the intervention administered and is likely to be perceived by patients.

## The doctor-asthma patient relationship is not what it should be

[Braido F et al. \*J Asthma\*. 2011 Apr ;48\(3\):266-74. Epub 2011 Mar 7.](#)

Asthma management is often related to the relationship and understanding which is built between the doctor and the patient. In a survey of 2332 general practitioners (GPs) and their 7884 asthma patient it was found that the communication between physicians and their patients leaves a lot to be improved. Physicians often admitted to communication problems with their patients in a variety of realms of communication and the patients often admitted to lack of information regarding asthma control, integration of asthma into daily life and periodic checkups. Patient lack of satisfaction or understanding was clearly associated with physician response to the questionnaire.

## Improving treatment for asthmatic patients receives a scientific approach

[Papi A et al. \*Eur Respir J\*. 2011 May;37\(5\):982-5.](#)

Although prescribing an inhaler for asthma control is common practice, their many issues which are yet to be addressed in an orderly fashion regarding inhaler therapy. The International Primary Care Respiratory Group (IPCRG) convened a panel of experts to discuss inhaler therapy. Although inhaler therapy is the therapy of choice for asthma control, inhaler technique is a key factor in efficacy of inhaler therapy and different inhalers require different techniques. Care providers should be familiar with the different inhalers, the different techniques of use and be attentive to the abilities and capabilities of the patient being prescribed inhaler therapy in order to prescribe an optimal treatment regimen.

## 3 year olds and their asthma

[Malmström K et al. \*Thorax\*. 2011 Feb;66\(2\):157-62. Epub 2011 Jan 2.](#)

Airway pathology, asthma symptoms and medications were evaluated in a cohort of 53 1 year old children referred to a specialist children's hospital for bronchoscopy due to recurrent upper respiratory tract infections. The children were followed till they were 3 years old. Of the 50 children successfully re-evaluated at 3 years, 40 had an active disease. Reduced lung function, a thicker basement membrane and a greater number of mucosal mast cells at 1 year were all associated with an increased risk for more severe disease as measured by the amount of inhaled corticosteroids purchased throughout the year preceding follow up.