

# The Brussels Declaration

## TEN POINT PLAN TO REVOLUTIONISE ASTHMA MANAGEMENT IN EUROPE

*"Together we can defeat the burden of asthma."*

### Asthma is a public health issue with a massive impact

- 32 million people have asthma in Europe<sup>1</sup>
- Every hour one person dies of asthma in western Europe<sup>2</sup>
- Asthma is the cause of one in every 250 deaths in the world<sup>3</sup>
- Asthma is a respiratory manifestation of systemic inflammatory processes<sup>4</sup>
- The total cost of asthma in Europe is approximately €17.7bn per year<sup>5</sup>
- The economic and social costs of asthma are largely due to uncontrolled disease: they are likely to rise as asthma severity and prevalence increase<sup>6</sup>
- Improved diagnosis and management saves lives and saves money as shown by the Finnish Asthma Program<sup>7</sup>
- Children require specific and tested approaches in asthma management – they are NOT little adults<sup>8</sup>
- Patient and professional groups urge authorities to support partnerships between patients and their healthcare professionals

It has been shown by the Juniper Asthma Control Questionnaire that less than one third of patients are well controlled.<sup>9</sup> It is clear that guidelines on their own are not enough. It is the diagnosis, assessment, and consistent management of asthma, working with the patient, that will allow individuals to be fully active and achieve everything that a citizen of Europe deserves.

We have identified ten points for change that we believe must be addressed to reflect the current understanding of asthma and its impact on the individual and society. We also addressed the management of asthma from a political and policy aspect, as well as the approach needed by clinicians dealing with the everyday patient. The needs and perspectives of patient groups, the patient with asthma, their families and care givers are a central focus within this Declaration.

The ten key points identified in the Declaration will only make a difference if they produce real change in action with all colleagues involved in the care of people with asthma, as well as the organisations that represent their needs.

<sup>1</sup>GINA Global Initiative for Asthma. *The Global Burden of Asthma Report*, 2006

<sup>2</sup>World Health Organisation, [www.int/mediacentre/factsheets/fs206/en/](http://www.int/mediacentre/factsheets/fs206/en/)

<sup>3</sup>Masoli M, Fabian D, Holt S, Beasley R. *The Global Burden of Asthma Report*, 2004

<sup>4</sup>Brussels Declaration, [www.summitforchange.eu](http://www.summitforchange.eu)

<sup>5</sup>European Federation of the Allergy and Airway Diseases Patients Association (EFA), [www.efanet.org](http://www.efanet.org)

<sup>6</sup>Stephen T Holgate, Price D and Valovirta E. *Asthma out of control? A structured review of recent patient surveys*, *BMC Pulmonary Medicine* 2006;6 (Suppl 1):S2

<sup>7</sup>Haahtela et al. *Thorax* 2006. Finnish Asthma Program

<sup>8</sup>Brussels Declaration, [www.summitforchange.eu](http://www.summitforchange.eu)

<sup>9</sup>William M. Vollmer et al. *Association of Asthma Control with Health Care Utilization and Quality of Life* *Am. J. Respir. Crit. Care Med.*, Volume 160, Number 5, November 1999, 1647-1652

### Ten Point Plan of Action

1. Asthma must be recognised as a serious public health issue by society and asthma care should be made a political priority.
2. Policy makers and Professional Bodies, including European Patients' Associations must respond now to the developing understanding of asthma including recognition of asthma as a respiratory manifestation of systemic inflammatory processes.
3. The medical community, guided by its Professional Bodies, should also agree that asthma is different in adults, children and different ethnic groups and needs to be managed in different ways.
4. There should be an immediate update of the European Medicines Agency (EMA) Regulatory Guidance Note on asthma, which is essential to ensure that asthma treatment and diagnosis responds to the latest scientific knowledge, clinical and real world experience.
5. Guidelines should continue to be based on clinical trial evidence, but also take into account health economic and outcomes studies that reflect 'real-world' patient care and family life, including studies that particularly address the child/infant.
6. Those responsible for funding studies at EU level must consider research which helps to answer questions about the impact of other diseases on asthma, how to promote adherence to optimal treatment by both professionals and patients and advance patient-centred care, effective prevention strategies and prevalence studies.
7. Policy makers, politicians, doctors and third parties must explore variation in asthma care across Europe and distinguish between normal variation due to differences in healthcare systems and cultures, and variation that can be reduced through policies that improve organisation of care and clinical practice.
8. National policies should incentivise the organisation of care so that patient groups and people with asthma can actively participate in and make choices about their care.
9. The EU and national governments must liaise with other agencies to understand and reduce the impact of environmental factors on asthma such as smoking, air pollution, hazards in schools, day care, the work place and home, as well as other environmental triggers.
10. National policies should set targets for healthcare providers to keep registries, reduce hospitalisations, emergency healthcare use, days off work and days off school experienced by people with asthma and encourage use of tools/instruments to assess asthma control and reasons for poor control where it exists in the individual.

### Declaration Faculty

- Professor Stephen Holgate** *MRC Clinical Professor of Immunopharmacology, University of Southampton, UK*
- Liz Lynne** *MEP, West Midlands, UK*
- Professor Hans Bisgaard** *University of Copenhagen, Denmark*
- Professor Leif Bjermer** *University of Lund, Sweden*
- Professor Tari Haahtela** *University of Helsinki, Finland*
- Professor Rob Horne** *Professor of Behavioural Medicine, Department of Policy and Practice, The School of Pharmacy, University of London*
- Professor Andrew McIvor** *McMaster University, Hamilton, Canada. Chairman of Canadian Thoracic Society Asthma Committee*
- Svein-Erik Myrseth** *President of the European Federation of the Allergy and Airway Diseases Patients Association (EFA), Norway*
- Susanna Palkonen** *Executive Officer of the European Federation of the Allergy and Airway Diseases Patients Association (EFA), Belgium*
- Professor David Price** *Professor of Primary Care Respiratory Medicine, University of Aberdeen, International Primary Care Respiratory Group (IPCRG), UK*
- Dr. Mike Thomas** *Asthma UK Research Fellow Department General Practice and Primary Care, University of Aberdeen, UK*
- Dr. Erkkka Valovirta** *Chairman of the Allergy Section of the Finnish Society of Paediatrics, Finland*
- Professor Ulrich Wahn** *Charité Berlin, Germany*



### Summit for Change in Asthma Management

The Brussels Declaration captures the key conclusions of the 'Summit for Change in Asthma Management' meeting held in the European Parliament on the 18th and 19th of October 2006. Hosted by Member of the European Parliament Liz Lynne and Professor Stephen Holgate from the University of Southampton, the Summit brought together senior politicians, clinicians, regulatory experts and patient representatives. The Brussels Declaration addresses the management of asthma from a public health policy aspect, as well as the approach required by clinicians and healthcare professionals in dealing with the everyday patient. The needs and perspectives of the patient with asthma, their families and care givers are given a central focus.