

2003, Asthma Awareness Year

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At the beginning of the 21st century, asthma is still the most important disease in the pediatric population and occupies third place, after hypertension and osteoarthritis, in adults. In the last few decades, morbidity and mortality from asthma have increased^{1,2} despite the existence of effective therapy and the publication of many guidelines, notably the 2002 “Global Initiative for Asthma” (GINA), the “Recommendations for the Care of the Patient With Asthma” of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and the Spanish Society of Family and Community Medicine (semFYC), and the 2003 “British Guideline on the Management of Asthma.”³⁻⁵

Since its creation, SEPAR’s Assembly on Asthma has been aware of the important role pneumologists play in controlling bronchial asthma in order to improve patients’ quality of life. The Assembly is also cognizant of the need to reduce direct and indirect costs of this chronic disease (70% of the total cost of asthma can be attributed to poor management of the disease).^{6,7} The objectives of the Assembly on Asthma have always been to practice evidence-based medicine and to inform the general public about the disease. To these ends, we have created protocols and guidelines, and organized informative campaigns (the last of which, carried out in 2000, was extremely well executed, reaching a wide audience). Annual informative campaigns are also organized on World Asthma Day.

Health care professionals in respiratory medicine have been promoting the formation of associations of asthma patients and their families to allow these people to participate in activities designed to provide information and support to help them manage the disease. In addition, SEPAR’s Professional Affairs Committee has been supporting efforts to place information on asthma in the media. According to the Press Department report, in 2002 there were 14 525 400 impacts (number of people accessing scientific information published in traditional print media and on-line) for news related to asthma in 42 publications.

In 2002, the Board of Directors of SEPAR designated the year 2003 “Asthma Year” in order to give a new impetus to asthma informative campaigns and to increase awareness of the disease. In the same year the ASTHMA 2003 Committee, linked to the Respira Foundation, was founded in order to plan activities that would achieve the desired objectives. The sponsorship of 14 pharmaceutical companies made it possible to produce the “Asthma Management-Spanish Guidelines” (GEMA),⁸ and 6 of the most important firms gave further support to publicity during the “Asthma Year.” The most important objectives of the ASTHMA 2003 Committee were to encourage discussion among health professionals (both specialists and primary care providers), to enhance their scientific understanding of asthma, and to inform the general public about the disease.

In order to achieve their first objective, GEMA—a compendium of current knowledge about asthma with explicit reference to levels of evidence—was produced. Using epidemiological and clinical data from Spain, GEMA deals with various aspects of the disease, including some untreated in previous guidelines (difficult-to-control asthma, life-threatening asthma, occupational asthma, rhinitis, patients’ recommendations for health professionals, etc). The broadest possible consensus to date on asthma in Spain was sought, as well as the standardization of terms and criteria. GEMA was presented at the 36th National Congress of SEPAR and can be found on the Society’s website.

Members of the ASTHMA 2003 Committee, in collaboration with respiratory medicine societies, dedicated the last months of the year to presenting GEMA, encouraging people to read it, and promoting discussions on the subject of asthma. For this purpose, meetings were held and press conferences called so that the media could publicize the topics treated. In some autonomous communities, pneumologists themselves have brought the discussion to primary care centers, and in some areas continue to do so.

An attempt was made to find new ways to achieve the second objective—that of increasing public knowledge about asthma. To this end, a journalism prize for print and audiovisual media was created, as well as a children’s prize (for drawing) and a youth prize (for writing), in order to interest the media and

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formal educators in the disease and promote their reflection. These activities had the support of all the asthma patients' associations. Finally, a leaflet was published with the main messages of the campaign. We hope this leaflet will be distributed in all the major pneumology services, primary care centers, and pharmacies of Spain. Our aim is to encourage dialogue between physicians and patients about asthma and health.

Our first scientific objective—to increase health professionals' understanding of asthma—seems to have been achieved. However, the day-to-day reality of asthma is still very different from what we could have hoped for in view of efforts in this field in recent years.⁹ Despite all the guidelines and educational programs, asthma remains an underdiagnosed, undertreated, and poorly controlled disease in all countries, including Spain.¹⁰

“Where have we failed?” we should ask. Asthma, like all chronic diseases, has an emotional and social impact on patients, alters their lifestyle, and creates dysfunctions at work and at home, especially for adolescents. Moreover, patients whose asthma is not stabilized find themselves in frequent contact with the health care system and dependent on it. While guidelines may help professionals increase their knowledge of the disease, in many cases they do not alter behavior with respect to clinical practice,¹² just as merely providing information does not alter patient behavior. We health care professionals, especially pneumologists, must reconsider our role if we are to guide patients towards successful management. It is just as important to provide asthma patients with the necessary tools for managing their disease as it is to prescribe the correct medication. To have an agreed management plan is a prerequisite for both physician and patient. It is not merely a question of proposing a potentially effective self-treatment plan and insisting that patients comply with it. The challenge lies in accepting patient participation and being open to patients' own proposals for the management of their asthma.¹³ In order to achieve this end, we must facilitate a relationship with patients that will help clarify what medical care is needed in relation to their personal situation. Cooperation between physician and patient is the key that will allow us to bridge the gap that exists today between the efficacy of management plans and their effectiveness.^{14,15} “Asthma Year 2003” should not be consigned to the forgotten past, but should rather be the first step towards a new way of working for the society's Board of Directors and towards the establishment of more dynamic and direct forms of participation for members of the Assembly. Also important will be a new impetus for research on asthma through collaborative projects and through opening research opportunities to all members. Finally, “Asthma

Year 2003” should also be a starting point from which to join forces with other concerned groups (allergists, asthma patient associations, etc) on the basis of common objectives, practices, and knowledge.

In conclusion, “Asthma Year 2003” leaves us with the challenge of continuing our efforts to ensure that GEMA is read and its recommendations followed in daily clinical practice, of continuing to promote knowledge about asthma in the general population, and of encouraging patients' self-management of the disease. These are the challenges that we pneumologists will have to face if we want to change the current situation of the disease.

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