



PULMONOLOGY

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LETTER TO THE EDITOR

For a patient with severe asthma, every day may be his last World Asthma Day

Dear Editor,

We read carefully the interesting article of Arrobas et al "Cost-effectiveness of omalizumab in real world uncontrolled allergic asthma patients" recently published on Pulmonology.¹

We congratulate the authors for considering all important aspects for patients with severe asthma. They included real world patients with asthma that do not always match with those included in randomized placebo-controlled trials;¹ recognized that a significant percentage of patients have uncontrolled asthma, a rate that is particularly higher in severe asthmatic patients;² uncontrolled asthma, especially uncontrolled severe asthma, was associated with increased direct and indirect costs,³ as previously found in our country including a representative sample of patients;² data that come from well-designed cost-effectiveness study like this is generally not considered in national healthcare plans for asthma; the specialist-based indication for biologic drugs such as omalizumab in severe allergic persistent asthma, as in the current study, allowed the reduction of exacerbation rates and increased patients' quality of life, at a societal acceptable cost.^{1,4}

Nowadays, it is unacceptable to treat severe asthmatic patients with oral corticosteroids (OCS) on a daily basis or even during their almost permanent exacerbations.^{1,4} Therefore, we need innovative drugs. The low price of OCS opposes the very high expenses in morbidity and mortality.⁴

We acknowledge the authors because this study will probably give important and relevant support to our national health authorities' decisions in severe asthma care, including our national investments. Similar to other patients with immune-related diseases, severe asthmatics from all ages have the right of equity. People living with severe asthma from all the regions must have access to treatments that, despite not being able to modify the natural history of the disease, can definitely modify their lives. Access to these treatments should be constant, even in a particularly difficult times related with the current Coronavirus Disease 2019 (COVID-19) outbreak.⁵

Patients with severe asthma are included in the high risk group for COVID-19 worse prognosis; it is time to main-

tain asthma under control. All treatments must be used, from inhaled corticosteroids to biologicals, as they were before the outbreak. No risk of increased viral infection susceptibility has been reported to date in previous placebo controlled trials and real world studies with omalizumab, mepolizumab, benralizumab, reslizumab and dupilumab in asthmatic patients. Regarding omalizumab, there is a possible anti-infectious effect. Thus, physicians must maintain biological treatments during the current pandemic.⁵

The World Asthma Day on May 5th 2020 is the first one in the COVID-19 era. Patients with severe asthma are once again concerned with COVID-19 morbidity and mortality, along with patients with other well-known chronic diseases, in particular metabolic, cardiovascular and chronic obstructive pulmonary disease.

It's time to celebrate asthma, in a different way, but it's time to action.

Compliance with Ethics

This study did not involve any studies in human or animal subjects performed by any of the authors.

Authorship

The named authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship of this manuscript, take responsibility for the integrity of the work as a whole, and have given final approval for the version to be published.

Conflicts of interest

The authors have no conflicts of interest to declare.

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