

## Continuous Challenges in Controlling Asthma

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### DESCRIPTION

Asthma is said to be under control when its signs and symptoms are absent or minimized to the greatest extent possible, allowing patients to carry on with their normal activities. In normal clinical practice, it is observed that more than half of asthma patients are poorly controlled, with significant variation between populations. Primary disease control has a greater impact on patients, deteriorating quality of life, increasing the incidence of work incapacity, loss of school days in children, an increase in disease financial costs, and an increase in exacerbations and hospital admissions. Despite recent advances, such as the availability of new diagnostic tests like the Fractional Exhaled Nitric Oxide (FeNO) test, new treatments like monoclonal antibodies, and widespread availability of management guidelines, asthma control remains far from optimal. Several factors may contribute to poor disease control, with significant variation between countries.

Several authors have examined the factors associated with asthma control, which has led to the identification of aspects that could be key factors in improving these results, though there are differences between the studies. It is well known that treatment adherence is low; a fact mentioned by Hippocrates that still applies and has not improved significantly in the last twenty years or so. Similarly, overestimation of disease control by both patients and doctors will result in effective treatment options and a worse outcome. There appear to be a significant disagreement in this study between the patients' self-assessed perception of control and when it is assessed by their doctor, and has been demonstrated in other populations. Other studies have confirmed the significance of some of these factors, as well as identified new ones that can also contribute to poor asthma control. Comorbidities include anxiety or depression, excessive mucous secretion, occupational exposure to certain agents, being older, an active smoker, a female gender, a better doctor-patient

relationship, obesity, a lower socioeconomic level, previous hospitalizations, a higher frequency of asthma attacks in the previous year, the need for treatment with anticholinergics or leukotriene receptor antagonists, and non-allergic asthma. Because of the characteristics of this population, asthma is usually thought to be more difficult to treat in the elderly.

There is usually a higher morbidity and mortality, poorer symptom identification, lower adherence to treatment, interactions due to intellectual or psychological impairment, and more secondary effects from taking multiple medications, and complications due to socioeconomic difficulties.

However, some studies show that with proper diagnosis, treatment, and follow-up, these patients can achieve disease and exacerbation control comparable to younger patients. There is also small agreement in the results obtained from the various methods available for determining disease control. The control of asthma was recently evaluated in a population of asthmatic patients followed up in specialized clinics using the ACT (Asthma Control Test TM) questionnaire and the Global Initiative for Asthma (GINA) guidelines, with an agreement of 0.45 obtained between both measurement methods.

Ving asthma control does not appear to be simple, given its complex origins and patient variability. This means that its many aspects must be addressed while also individualizing and adapting the approach to each patient. In this regard, patient health education that aids in understanding the disease, identifying warning signs and symptoms, and improving self-management is critical. Recently, the incorporation of new technologies appears to be beneficial, at least for some patients, particularly through applications that can aid in the education and self-management of these patients. In conclusion, it appears there is still a need for an objective systematic evaluation of asthma control to try and identify the factors that can be associated with this situation.

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