

TORONTO, ONTARIO
June 21st and June 22nd, 2001

SPONSORED BY GLAXOSMITHKLINE
Chaired by Dr. Kenneth R. Chapman



Summary of Proceedings

Purpose of this Summit

“Significant improvements in the treatment and management of asthma are possible – and the cost and burden of this disease to the health care system and to society as a whole can be reduced,” stated Paul Lucas, President and CEO of GlaxoSmithKline. “Asthma is a manageable disease and through proper control and good management, patients can drastically improve their health and quality of life.”

Unfortunately, there are barriers that prevent optimal outcomes. In order to identify those barriers and develop

strategies to overcome them, GlaxoSmithKline held a Respiratory Summit in Toronto at the end of June 2001. Close to 80 participants heard from experts on the current state of asthma treatment and on how asthma management can be improved. Summit participants included doctors, nurses, asthma educators, respiratory therapists, officials from the Ministry of Health and Long Term Care, and patients and officials with the Asthma Society of Canada and the Ontario Lung Association.

“The Respiratory Summit is the latest initiative that GlaxoSmithKline has sponsored over the past 30 years to help improve the lives of Canadians with asthma,” said Stephen Dibert, Manager, Policy and Government Relations for GlaxoSmithKline. “GlaxoSmithKline has established and supports community asthma care centres in Ontario and across Canada.”

Since late 1995, more than 4,000 people have used these services to improve the way they manage their disease. Partnering with the Asthma Society of Canada and the Ontario Lung Associa-

tion, Glaxo has launched The 30 Second Asthma Test, one of the largest asthma education awareness campaigns in Canada.

“We are not controlling asthma in Canada and in Ontario today.”

Dr. Ken Chapman

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It is hoped that by supporting this inaugural meeting and future respiratory summits across Canada, there will be an increased commitment by all those involved in asthma treatment to improve its care.

The goal of the Summit is to establish cross-functional working groups to identify key issues in optimal management and develop and implement solutions. It is also hoped that relationships between key stakeholders, such as government, patients, physicians, educators and industry will be strengthened.



HIGHLIGHTS OF THE PRESENTATIONS

Dr. Ken Chapman chaired the meeting and presented the first report outlining the current state of treatment for asthma among adults. Dr. Chapman is the Director of the Asthma and Airway Centre of the University Health Network in Toronto and a professor of medicine at the University of Toronto. He told the group that "we are not adequately controlling asthma in Canada and in Ontario today."

In a national survey conducted by Angus Reid, 76% of 1,001 asthma sufferers surveyed reported that at least one of their symptoms was not being properly controlled when measured against the Canadian Asthma Association Consensus Guidelines. However, 85% of the people believed that their illness was being properly managed. Even their doctors felt that their asthma was being controlled.

For children, the situation is similar, according to Dr. Joseph Reisman. He is Chief of Pediatrics at the Children's Hospital of Eastern Ontario in Ottawa. "Asthma is the most common chronic childhood condition affecting about 7-10% of children. It accounts for more lost school days than any other problem and, despite the pharmacological advances that have been made, it is a significant cause of childhood morbidity." said Dr. Reisman

According to the Canadian Consensus Guidelines on asthma treatment, the majority of people with asthma should:

- ◆ be able to enjoy activities untroubled by asthma symptoms,
- ◆ not need to take time off work or school,

- ◆ not require visits to the emergency room or need hospital care.

Unfortunately, those goals are seldom met.

A number of reasons for this were identified by both Drs. Chapman and Reisman. Diagnoses are not always being carried out properly. Many doctors do not use spirometry and other lung functioning tests appropriately or send their patients for allergy testing. In addition, medications are often not prescribed properly and/or patients are not taught to use their medications properly.

"The existence of an action plan has been shown to reduce deaths and hospitalizations significantly."

Dr. Gerard Cox

Both physicians pointed out that the most appropriate treatment for asthma is prevention of the symptoms through the use of inhaled corticosteroids. These medications are to be used on a daily basis in order to prevent symptoms, and should be supplemented by "rescue" medications called bronchodilators. Unfortunately, studies have shown that many patients are either only given the "rescue" medications and over-use them or are only given the inhaled steroids for short periods of time.

In addition, patients are seldom taught to be effective partners in their own care, nor are they given helpful self-management steps for times when their asthma worsens.

Fear of Side Effects

Fear of side effects from the use of inhaled corticosteroids is another issue that does tend to prevent some parents from having their children use these drugs. Dr. Reisman cited one major study conducted in both the United States and Canada over a six-year period that demonstrated that this fear is unfounded.

Children given inhaled corticosteroids had much better control of their asthma and did not develop any of the problems believed to be associated with steroid use. There were no clinically significant height difference, increased bone thinning, cataract development, sexual maturation problems or any other differences between those treated with steroids and those treated with placebo or non-steroids.

Unexplained Mystery

An unexplained mystery of seasonal asthma worsening was described by Mr. Neil Johnston, an epidemiologist at the Firestone Institute for Respiratory Health in Hamilton. He pointed out that hospitalizations for asthma peak in late September each year and that this is consistent not only for all age groups but throughout the northern hemisphere. Determining why this happens may help scientists understand the mechanisms of the disease and lead to better preventative treatments.



“Partners-in-Care”

Although there may be barriers, good asthma control is achievable, according to Dr. Gerard Cox, also of the Firestone Institute for Respiratory Health in Hamilton.

“The existence of an action plan has been shown to reduce deaths and hospitalizations significantly.” However, just having a plan is not sufficient. Patients must follow it – they must become “partners-in-care” with their physicians, they must know what to do, believe it is worth doing, be able to do it, and be positively reinforced for doing it.

Taking Control of Asthma

And that is exactly what Michelle Steele did to control her asthma and restore her life to normalcy. Ms Steele is with the Asthma Society of Canada and she told the conference how she worked with her family doctor and asthma

educators to learn all that she could about proper control.

After being diagnosed, she began treatment and education that involved learning as much as she could; she had consultations with a respirologist and allergist; she learned proper use of her inhaled medications and developed an action plan. After each stage of her treatment, she went back to her family doctor for consultations and updates.

Consistency between formularies and guidelines at a national level is required so that patients can obtain access to the most appropriate drugs.

In just over four months, Michelle was told by her respirologist that she had

her asthma 110% under control. She is now able to once again walk her children to school, return to work and fully participate in her family life.

Success Was Long Delayed

Lynn Blanchard, the Chair of the Board for the Ontario Lung Association has enjoyed similar success in controlling her asthma, but told attendees that her success was long delayed.

Ms Blanchard was first diagnosed with asthma at the age of four and suffered considerably throughout her life. Thanks to the advances in asthma treatment, her life has substantially improved. By utilizing the latest medications and monitoring her progress on a daily basis, Ms Blanchard has steadily improved and has not had to be hospitalized in over 10 years.

RECOMMENDATIONS FROM THE WORKSHOPS

The participants at the summit divided into workshops in order to develop action plans for dealing with the barriers to good asthma control that were identified by the speakers. Three of the crucial areas were medication, education and diagnosis.

Need for Education

The need for more education was a consistent theme throughout all the workshops. It is an accepted practice for

an individual newly diagnosed with diabetes to be referred to an educational program. For asthma, this rarely happens, as there are few programs and very little funding for these initiatives.

Doctors themselves need to be educated about the importance of providing their patients with good information about controlling asthma. Under the present payment schedule, this is not encouraged. Given that physicians spend an

average of six minutes per patient visit, there is little opportunity for this.

In order to help resolve this problem, a series of educational pamphlets will be produced on such topics as: preventing emergency visits, proper compliance with drugs, environmental controls, inhaled corticosteroids in asthma prevention, and pediatric asthma. Both Dr. Chapman and Dr. Reisman will assist in the development of this educational series.



Access to Medications

Lack of consistency between the types of medications that are recommended by the Canadian Consensus Guidelines for good asthma control and those that are approved for payment by government and private insurance company formularies was identified as a major barrier. Consistency between formularies and guidelines at a national level is required so that patients can obtain access to the most appropriate drugs.

For those without a drug plan, paying for asthma drugs can pose a serious financial hardship. This is an issue that should be resolved. Because of the cost, many patients are not being prescribed the proper medications and, to try to help resolve this issue, a booklet will be produced for the public, targeted at those who cannot afford the best asthma medications.

Dr. Chapman will assist with this initiative.

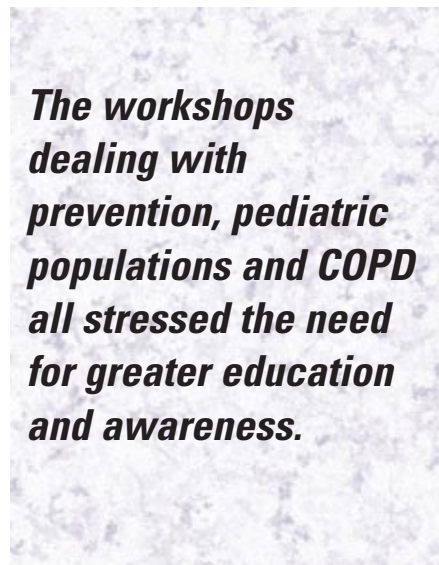
The Use of Spirometry in Diagnosis

The diagnosis workshop participants identified both improper use and under-utilization of spirometry as a major obstacle to proper diagnosis. This problem can be successfully addressed through further education of doctors in the appropriate use of spirometers. A series of educational workshops, pamphlets and catalogues of spirometers for doctors will be put together. Dr. Mary

Noseworthy of the Hospital for Sick Children has volunteered to work in this area.

Prevention, Pediatric Populations and COPD

The workshops dealing with prevention, pediatric populations and COPD (chronic obstructive pulmonary disease) all stressed the need for greater education and awareness. Preventing further asthma attacks and reducing the burden on the urgent care system requires providing patients with more information and education on how to best deal with their symptoms, particularly when there are crises.



For those involved in the treatment of children with asthma, it was recommended that more information be provided about the potential problems that can arise from asthma and how to best deal with them. Similarly, elderly patients with COPD need better access to education, rehabilitation and smoking cessation

programs so that they can better manage their problems rather than just visiting their physicians every few months for repeat prescriptions.

FUTURE DIRECTION

Many of the respiratory summit participants volunteered to work on action plans to help bring about improvements and changes in the treatment of asthma.

Some of these actions include:

- ◆ Presenting the results of the summit to the Ministry of Health and Long Term Care with regard to funding insufficiencies and the development of a pamphlet for people who do not have drug coverage.
- ◆ Convening a centralized planning meeting of volunteers, since many of the action plans contain similar elements like education. Plans are to develop a series of educational pamphlets, workshops and a catalogue of spirometers.
- ◆ Producing an initial report and progress reports, and then convening at a follow-up summit.
- ◆ Convening a special summit to deal with COPD in 2002 and holding a respiratory summit in Western Canada in 2002.

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