



ERS

EUROPEAN
RESPIRATORY
SOCIETY

every breath counts

THE BURDEN OF ASTHMA

TACKLING ONE OF THE MOST COMMON CHRONIC DISEASES IN EUROPE

Asthma is a long-term condition that can affect people of all ages but is likely to begin in childhood. Asthma is associated with airway hyperresponsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing. Asthma is often accompanied by other conditions such as chronic rhinosinusitis and allergic rhinitis.



10 MILLION
people under 45 years
of age have asthma
in Europe



Asthma begins much earlier
in life than other chronic diseases,
imposing a **HIGH LIFETIME BURDEN**
on carers and the community



10% of adult patients
with asthma have
severe asthma



In Europe, **67,000** child asthma cases
per year could be prevented by meeting
the WHO air quality limit values



The direct cost of asthma per
year in Europe is **EUR 20 BILLION**



Lack of **APPROPRIATE TREATMENT**
can lead to death

ERS RECOMMENDATIONS

Increase funding for **BASIC, CLINICAL AND GENETIC RESEARCH**

Although our understanding of asthma has improved, the origins of the disease are still unknown, and there is currently no cure. More EU collaborative research is needed to develop new markers, targeted therapies and vaccines against rhinovirus, and to investigate epigenetic changes related to the environment. This is particularly important for severe asthma which, despite positive advances, does not respond well to current available treatments. Research should also focus on creating new digital technologies to enhance self-management of the disease.

Encourage more **NATIONAL PROGRAMMES** to improve asthma control

Despite experiencing asthma flare-ups and exacerbations of the condition, many asthma patients do not use medications consistently and may find it difficult to use their inhalers most effectively. Poorly treated asthma decreases patient quality of life, and it worsens with age and permanently damages lung function. National asthma programmes, such as the ones implemented in Finland and France, have significantly improved asthma control and reduced hospitalisations and mortality. It is essential for Member States to replicate such programmes, as they have the potential to cut direct and indirect costs for both the patient and society.

Reduce exposure to **RISK FACTORS**

Tobacco smoke, allergens, air pollution and respiratory infections during childhood are important risk factors for the development and the triggering of asthma. The EU needs to ensure strict tobacco control legislation through the Tobacco Products Directive, it must push Member States to implement the WHO Framework Convention on Tobacco Control, and adopt mandatory standards to improve air pollution (indoor, outdoor and occupational exposure) in order to protect citizens from asthma risk factors. At local level, precautions should be taken in schools and playgrounds to reduce exposure for asthmatic children.

Ensure access to **ESSENTIAL MEDICINES**

In most cases appropriate treatment allows asthma patients to lead normal lives. Unfortunately, lack of availability and affordability of essential asthma medications persists. In the UK, an asthma patient pays on average £100 per year (€109) for their treatment, meaning that many people are tempted to cut back on medications because of financial reasons. Governments must guarantee that essential medicines to treat asthma feature on their country's Essential Medicines List and ensure that they are free, subsidised or reimbursed.

SOURCES:

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