

# Asthma Impact America:



## Insights from the Impact of Asthma Survey

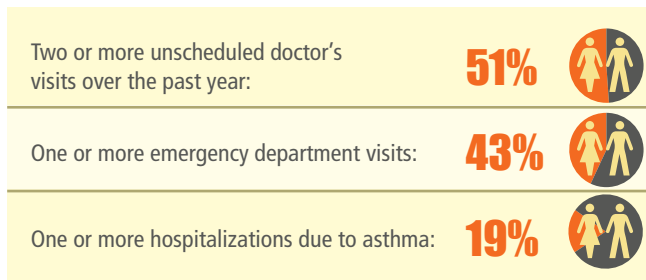
BY NANCY SANDER

Getting the asthma and allergy diagnosis is one thing; living with it is quite another, say patients and families who responded to AANMA's **Impact of Asthma Survey**. The survey was only available online (people were most likely to learn about it through social media outlets, support groups and other health-related organizations) so it probably doesn't fully represent all populations. Even so, answers reveal the fragile and uncertain nature of asthma and related conditions and the burden on families. Highlights:

### Asthma: A Family Affair

When one family member can't breathe well, the whole family suffers. However, nearly half of respondents report having two or more family members with asthma. We asked survey-takers to answer questions about just one family member. One-third chose a child between ages 3 and 10; one-third chose an adult 25 or older. Gender was nearly evenly split; females number slightly higher than males.

Families say uncertainty fills their lives. Frequent unscheduled doctors' visits, emergency treatment and hospitalization rates are high – clear indicators that families are struggling. Add in missed work and school days that go along with these emergencies and the disruptions are exponential.



For 15 percent of patients, one or more asthma episodes were nearly fatal; 8 people reported more than three close calls with death within the last year! Tragically, 11 report losing a family member to asthma at some time in the past.

### Medication Matters

No surprise that 100 percent use a short-acting bronchodilator, but the real news is the high percentage (95%) who also report using some version of an inhaled corticosteroid. If managing asthma were possible using medications only, it would appear this group would have none of the

### What kind of medications do you take?



Quick-relief bronchodilator = **496**

Accuneb, albuterol, Maxair, Primatene Mist, ProAir, Proventil, Ventolin, Xopenex



Inhaled corticosteroid = **220**

Alvesco, Asmanex, Flovent, Pulmicort, QVAR



Combination corticosteroid/long-acting bronchodilator = **177**

Advair, Dulera, Symbicort



Leukotriene modifier = **164**

Singulair



Oral corticosteroid = **14**

Orapred, prednisone, prednisolone



Anti-cholinergic/COPD medication = **19**

Atrovent, Combivent, Spiriva



Biologic = **14**

Xolair



Long-acting bronchodilator = **3**

Serevent

Note: 409 people responded to this survey. Some marked more than one medication within the same group.

disruptions and emergency episodes reported earlier.

Families often struggle to obtain medications at the pharmacy. Most common barriers:

- “cannot be filled/refilled until a later date”
- “needs authorization from insurance provider”
- “not on insurance formulary, must accept a substitute”

For some, the pharmacy no longer stocks brand medications. And sometimes they said it isn’t clear why they have trouble at the pharmacy – is it the way the prescription is written? State laws affecting what pharmacies decide to dispense? A corporate decision to stock only certain medications? And then there are the restrictive formularies health insurance companies use, which might not match the pharmacy’s. We need to explore these areas further.

### Asthma and Allergies Add Up

Almost all families report having some type of insurance, most often through their jobs. Respondents also include 68 Medicare and Medicaid families.

Almost 90 percent say insurance covers the cost of seeing an allergist or pulmonologist, but for many there are strings attached such as high co-pays, annual deductibles and limits to coverage amounts. Even so, 43 percent visited an allergist and 58 percent saw a pulmonologist during the last year.

Nearly one-third spend more than \$1,000 each year in co-pays, medications, devices, tests and deductibles, depending on type of insurance.



15% report near-fatal asthma episodes during the year

Asthma is a complex condition – it takes time, focus, energy and a patient/family/healthcare provider partnership just to establish why symptoms are happening and what we can do about them.

While the majority of these families do have written action plans, they’re still experiencing significant hardships. Why?

Some of it’s just the nature of asthma. You don’t go from having outrageous symptoms to no symptoms overnight. Many of these families are in the learning curve – the worst is behind them, but there’s still a ways to go. Others, well, they’re stuck. Stuck in access-to-care issues; stuck with missed work or school days; stuck with ever-changing healthcare rules made by people who don’t treat asthma patients every single day. Stuck going to appointments with doctors only to have someone else change the prescriptions they just learned how to use.

### No one wants asthma or allergies.

No one enjoys rushing to the hospital or watching their children suffer. Often, it’s what we don’t know that we don’t know that keeps us locked in our suffering. That’s why AANMA listens to families and helps them find solutions – so we can all move on. It’s why we share what we learn with decision-makers – because it’s our firm belief that they sincerely want to help us all be well. Together, we’ll achieve our mission to eliminate barriers that lead to suffering and death due to asthma and related conditions.

*\*National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma*

*Reviewed by William Berger, MD, and Cathy Boutin*

### Yes, my health insurance covers costs associated with:

