Helping Patients Understand Biologic Therapy for Poorly Controlled Asthma

**DISCUSSION TOPICS**

**FOR THE PHYSICIAN...**

- Your patients with moderate or severe asthma who may benefit from a biologic agent may have many questions about these medications
- This guide is designed to help you and your patients in *shared decision making* regarding the use of biologic therapies for asthma

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1. **HELP PATIENTS UNDERSTAND DISEASE SEVERITY**

   - Patients who experience asthma symptoms despite treatment with high doses of inhaled or oral corticosteroids may have moderate or severe asthma. That is, their asthma is said to be *uncontrolled*.
   - The *goal of treatment* is to minimize the occurrence of asthma attacks or exacerbations.

   **Personalizing the conversation**

   - Inquire about the frequency and severity of your patient’s exacerbations, including use of rescue inhalers, oral corticosteroids, and emergency department visits.
   - Help your patient understand whether their current treatment regimen is adequately controlling their asthma symptoms (define *controlled*).

2. **EXPLAIN THE CONSEQUENCES OF UNCONTROLLED ASTHMA**

   - Long periods of uncontrolled asthma can lead to a process known as *airway remodeling* in the lungs.
   - This remodeling can lead to the development of scar tissue (fibrosis), which does not work like normal lung tissue.
     - Can lead to severe *lung damage* and significant disability.
   - Good asthma control may be the best way to prevent airway remodeling and scar tissue formation.

   **Personalizing the conversation**

   - Build on previously established definition of *uncontrolled* asthma.
   - Discuss the consequences of frequent exacerbations and oral corticosteroid courses.

3. **EXACERBATIONS CAN OCCUR DESPITE ADHERENCE TO INHALED MEDICATIONS**

   - There are different types of asthma.
   - In some patients, an allergic reaction can trigger an attack.
   - In other patients, particularly those with more severe disease, the body’s immune system overreacts, which can induce an attack when other triggers are present.

   **Personalizing the conversation**

   - Discuss your patient’s asthma phenotype, as well as why standard inhaled therapies may not be adequately controlling the asthma symptoms.
WHAT ARE BIOLOGIC THERAPIES FOR ASTHMA?

- Patients who have uncontrolled moderate-to-severe asthma—those who have frequent exacerbations despite traditional treatments—may benefit from biologic medications.
- Compared with traditional medications, biologics more precisely target specific immunologic molecules that contribute to inflammation in the lungs and to exacerbations.
- A number of different biologic medications are currently available:
  - Each targets signaling factors in the body that are important drivers of certain types of asthma—e.g., asthma related to allergies or high levels of particular substances or cells.

WHAT PATIENTS CAN EXPECT FROM BIOLOGIC THERAPY

- Biologics are used to treat a subgroup of patients: those with uncontrolled moderate or severe asthma.
- Biologics do not cure asthma.
- Biologics are used in addition to a patient’s current treatment regimen.
- Biologic therapy, like all asthma medicines, must be taken regularly:
  - For asthma, biologic therapy may be dosed every 2 weeks to every 8 weeks.
- Biologic treatments for asthma are injectable medications:
  - Some biologics can be self-administered at home, whereas others must be administered in a doctor’s office.

ADDITIONAL INFORMATION PATIENTS NEED TO KNOW ABOUT

- Side effects from biologics are typically mild:
  - It is important to note that each biologic is unique, with its own safety warnings and precautions.
- Some patients begin to feel better in a few weeks while others may not experience benefits for several months.
- Patients will be monitored closely after starting biologic therapy and then afterward at regular intervals:
  - If a patient does not respond adequately to one biologic therapy, another type of biologic may be beneficial.