HELPING FAMILIES UNDERSTAND BIOLOGIC THERAPY FOR SEVERE PEDIATRIC ASTHMA

DISCUSSION TOPICS

FOR THE PHYSICIAN...

- Parents/caregivers and their children who suffer from severe asthma that may respond to a biologic agent will have questions about these medications
- This guide is designed to aid in your shared decision-making conversations that center on the use of biologic therapies for pediatric asthma

HELP FAMILIES UNDERSTAND DISEASE SEVERITY

- Pediatric patients who experience uncontrolled asthma symptoms despite treatment with high doses of inhaled corticosteroids plus a second controller or oral corticosteroids may have severe asthma
- The goal of treatment is to minimize the occurrence of asthma attacks or exacerbations

Personalizing the conversation

- Utilize an age-appropriate assessment tool to aid in collecting information regarding symptom control
- Inquire about the frequency and severity of exacerbations, including use of rescue inhalers, oral corticosteroids, and emergency department or urgent care visits
- Ensure families understand the definition of "control" and whether the current treatment regimen is adequately controlling their children's asthma symptoms

EXPLAIN THE CONSEQUENCES OF UNCONTROLLED ASTHMA

Inflamed Bronchial

Tube of a Patient

With Asthma

Normal

Bronchial Tube

- During an acute asthma attack or exacerbation, the lung tissue becomes inflamed, bronchial muscles constrict, and airways narrow, restricting the amount of air that can travel to and from the lungs
- Long periods of uncontrolled asthma cause constant inflammation of the lungs that can lead to airway remodeling and irreversible lung damage ultimately leading to significant disability
- Good asthma control may be the best way to prevent exacerbations, lung damage, and the potential long-term effects of asthma

Personalizing the conversation

- Expand on the previously established definition of uncontrolled asthma, explaining that poor control can be caused by several factors, including medication nonadherence, uncontrolled triggers, comorbid conditions, or ineffective medication
- Discuss the short-term and long-term consequences of frequent exacerbations in children which may include impaired daily activities, recurrent hospitalizations, and even death
- Explain the harmful effects of chronic oral corticosteroid courses within the treatment of symptoms or exacerbations in children

WHAT ARE BIOLOGIC THERAPIES FOR PEDIATRIC ASTHMA?

- Children who have uncontrolled moderate-to-severe asthma—those who have frequent exacerbations despite traditional inhaled medication—may benefit from biologic therapies
- Compared with traditional inhaled medications, biologics more precisely target specific immunologic molecules that contribute to inflammation in the lungs and increase the risk of exacerbations
- A number of different biologic medications are currently available and approved for pediatric use
- Each targets signaling factors in the body that are important drivers of certain types of asthma, eg, asthma related to allergies or high levels of particular substances or cells

Personalizing the conversation

• Explain why your pediatric patient is a candidate for biologic therapy

WHAT CAN FAMILIES EXPECT FROM BIOLOGIC THERAPY?

• Biologics do not cure asthma

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- Biologics are used in addition to a child's current treatment regimen
- Biologics are injectable medications
 - Some biologics can be self-administered at home, whereas others must be administered in a doctor's office
- Biologics, like all asthma medicines, must be taken regularly
 - The frequency of administration varies from every 2 weeks to every 8 weeks
- Some biologics may also treat other coexisting conditions, such as atopic dermatitis, chronic urticaria, and rhinosinusitis, among others

5 ADDITIONAL INFORMATION FAMILIES NEED TO KNOW

- Side effects from biologics are typically mild, with the most common being soreness at the injection site
- It is important to note that each biologic is unique, with its own safety warnings and precautions
- Some children begin to feel better in a few weeks, while others may not experience benefits for several months
- All patients are monitored closely when starting biologic therapy and then afterward at regular intervals
- There may be an opportunity to deescalate inhaled therapy if the biologic is found to be adequately effective

Personalizing the conversation

• Describe which biologic therapies are appropriate for your pediatric patient

Personalizing the conversation

 Ask how your patient and their family/caregiver feels about starting biologic therapy



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