SciTechnol
International Publisher of Science, Technology and Medicine

Journal of Pulmonary Medicine

# Difficult to treat Asthma in adults and adolescents

**Priyanka Gupta**

*VPS Lifecare Hospital, UAE*

## Abstract

Difficult asthma signifies a medical situation where an earlier diagnosis of asthma occurs, and asthma-like indications and asthma attacks continue, notwithstanding the high-dose asthma cure treatment. The health of a trivial subset of asthma patients deteriorates, and they are significantly overwhelmed by healthcare expenses, reduced productivity, and low quality of life. Although these patients are <5% of all asthma patients, they are accountable for up to 50% of asthma-related healthcare costs. Patients with difficult-to-control asthma require a meticulous and precise path to their diagnosis and treatment.

The evaluation steps are:

(1) confirmation of the diagnosis of asthma. Furthermore, to exclude alternative airway diseases that mimic asthma and various diagnosis, particularly chronic obstructive pulmonary disease (COPD) and fold dysfunction ("pseudo-asthma").

(2) identification and eradication of triggers that worsen asthma. Besides, there are unknown exasperating factors, including unrecognized allergens, occupational activators, tobacco smoking, tender reaction, dietary additives, drugs, gastro-esophageal reflux, upper airway disease, systemic diseases, that got to establish and avoid/ treat.

Psychological factors also are vital in some patients; however, it is difficult to understand whether these are fundamental or secondary to difficult disease. Most patients with "difficult asthma" need treatment with high-dose inhaled corticosteroids and long-acting inhaled β2-agonists. Despite maximal inhaled therapy, these patients would require frequent bursts or chronic daily therapy with oral corticosteroids. These patients could have "resistant" inflammation with a persistent inflammatory state. (steroid- dependent). In hand-picked patients, extra medical care with leukotriene modifiers or anti-IgE antibody could improve asthma control and may permit tapering of corticosteroids. Rising proof suggests that completely different phenotypes of adverse or therapy-resistant asthma exist. Recognition of those subgroups permits tailored therapy and prevents overmedication in a trial to normalize lung function in patients with irreversible airflow obstruction.

## Biography

Priyanka Gupta is a Specialist in the Pulmonary medicine department at the VPS Lifecare Hospital, Abu Dhabi, UAE. She is DNB - Respiratory Medicine from esteemed hospital Rajan Babu Institute of Pulmonary Medicine and Tuberculosis, New Delhi, India and has awarded European Diploma in Adult Respiratory Medicine (EDRM) by the European Respiratory Society (ERS) in Paris, France in 2018 and MRCP (Speciality certification in Respiratory Medicine) by Royal College of Physicians, the United Kingdom in 2017. She is an active member of various respiratory and critical care societies, including the European Respiratory Society (ERS), American College of Chest Physicians (CHEST), European Society of Intensive Care Medicine (ESICM), Indian Chest Society (ICS). She has extensive experience in Pulmonary Medicine, with a particular interest in Asthma, COPD, sleep apnea, pneumonia, advanced lung diseases, including interstitial lung diseases, connective tissue and granulomatous lung diseases. Also, she specializes in and actively practices Critical Care medicine and has overseen the initiation and implementation of quality initiatives in Critical Care.


7th International Conference on COPD and Lung Health, October 20, 2020

**Citation:** Priyanka Gupta, Difficult to treat Asthma in adults and adolescents, COPD 2020, 7th International Conference on COPD and Lung Health, October 20, 2020, Page No-09