

DOI: 10.5152/TurkThoracJ.2019.25

[Abstract:0401] MS-032 [Accepted: Oral Presentation] [Asthma Allergy]

## Burden of Disease Associated with Asthma Among the Adult General Population of Five Middle Eastern Countries: Results of the SNAPSHOT Program

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**Objectives:** Asthma affects millions of people worldwide and a serious burden of disease occurs. However, data on asthma burden from the Middle East are limited. As part of this analysis programs SNAPSHOT Egypt, Turkey and the Gulf region (Kuwait, Saudi Arabia and United Arab Emirates) disclose the asthma burden.

**Methods:** The SNAPSHOT program was an observational, cross-sectional program conducted by telephone in adult population of five countries. Asthma diagnosis was made according to guidelines and criteria of real life studies. The collected data included demographic information, doctor visits and asthma control. Quality of life was questioned by using EQ-5D questionnaire and limitations in daily activities were questioned by using modified Sheehan Disability Scale.

**Results:** Of the 33,486 individuals enrolled in the SNAPSHOT program, 939 answered questions about asthma burden. In total, 367 (44.2%) patients had uncontrolled asthma (ACT E19) and EQ-5D-3L values and EQ-VAS scores were significantly lower than control asthmatics ( $p < 0.0001$ ). A significant number of patients with uncontrolled asthma reported negative effects on their daily living activities ( $p < 0.0001$ ). In general, 355 (37.8%) patients with asthma were followed by a physician, but most of them were unscheduled visits (695; 78.0%). 352 of the 445 patients with asthma in Turkey, responded to questions related disease burden. Of these, 198 (60%) had asthma control and 132 (40%) were uncontrolled. 49.3% of the patients were followed by a doctor and 39% of the visits were planned. The number of patients who had regular health services in Turkey (67.2%;  $n=229$ ), was greater than the number of those who never receiving health services (20.2%;  $n=69$ ) ( $p < 0.0001$ ). Asthma was uncontrolled in 57.5% of those receiving regular health care and 34.9% of those who did not receive health care ( $p=0.0530$ ). EQ-VAS score ( $75.3 \pm 19.8$ ) and EQ-5D-3L values were higher in patients with controlled asthma than those with uncontrolled asthma ( $60.7 \pm 24.2$ ) ( $p < 0.0001$ ). 53.7% of the patients stated that they had symptoms in their social lives and 52.2% in family life.

**Conclusion:** Uncontrolled asthma is a significant burden due to the increase in healthcare utilization in these countries. In this study, it is shown that most of the asthma patients are followed up by a physician and receive regular health care in our country. It is understood that, despite regular follow-up, patients who are uncontrolled with asthma are not adapted to meet the needs and expectations of their treatment.

**Keywords:** Asthma, disease burden, control of asthma