

Letter to Editor

Confusing Terminology: Difficult Asthma, Difficult-to-Treat Asthma, Difficult-to-Control Asthma, Therapy-Resistant Asthma, Severe Asthma, and Refractory Asthma. Which One is Truly Severe Asthma?

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Dear Editor,

Clear definitions of “difficult asthma” and “severe asthma” are very important in terms of using a common language in our daily practice. If a patient is diagnosed with severe asthma, determination of phenotypic patterns and assessing targeted treatments according to these phenotypes should be the next step. However, physicians often use the terms “severe asthma” and “difficult asthma” interchangeably and disagreeably. The term “difficult asthma” (also known as difficult-to-treat asthma or difficult-to-control asthma) is used for patients whose condition is uncontrolled despite GINA step 4 or 5 treatment. This uncontrolled asthma may be difficult to treat owing to inadequate or inappropriate treatment, comorbidities such as obesity, gastroesophageal reflux disease, chronic rhinosinusitis, poor adherence, and allergen exposure. Asthma may also be misdiagnosed. It is recommended that patients presenting with “difficult asthma” have their asthma diagnosis confirmed and be evaluated and managed by an asthma specialist for longer than three months [1]. The most commonly accepted terminology for “severe asthma” (also known as refractory severe asthma, therapy-resistant asthma, or difficult-to-treat asthma), defined by the Task Force and supported by the European Respiratory Society and American Thoracic Society is, “The disease that remains uncontrolled despite GINA step 4 or 5 treatment (high dose ICS and LABA or leukotriene modifier/theophylline) for the previous year, or treatment with systemic corticosteroids for at least half of the past year, or if the disease can only be controlled with these treatments.” [1]. In other words, “severe asthma” is a subset of “difficult asthma”. The most significant point in these terminologies is that all difficult asthma should not need to be severe

asthma. Difficult asthma can be defined as severe asthma only if all the factors have been excluded (Figure 1). GINA’s definition of severe asthma is the same as the ATS/ERS consensus definition of severe asthma, and it has been reported that the definition of severe asthma should only be reserved for patients with truly severe asthma (refractory severe asthma or therapy-resistant asthma) [2].

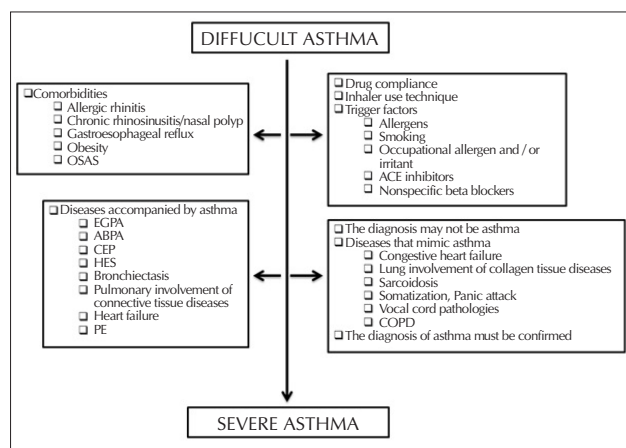


Figure 1. Differentiation between difficult asthma and severe asthma OSAS: obstructive sleep apnea syndrome; EGPA: eosinophilic granulomatosis with polyangiitis; ABPA: allergic bronchopulmonary aspergillosis; CEP: chronic eosinophilic pneumonia; HES: Hypereosinophilic Syndrome; PE: pulmonary embolism; ACE: angiotensin-converting enzyme; COPD: chronic obstructive pulmonary disease

We believe that “difficult asthma” should be defined as the disease that is uncontrollable despite GINA step 4 or 5 treatment under all circumstances, and “severe asthma” should be defined as asthma that is controllable using GINA step 4 or 5 treatment or that which remains “uncontrolled” despite this therapy after all the other factors (drug compliance, technique, differential diagnosis, and diseases accompanying asthma) have been excluded. In this way, the definitions of “difficult asthma” and “severe asthma” would become clearer. The use of just two clear definitions would eliminate the confusion surrounding terminologies such as difficult asthma, difficult-to-treat

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asthma, difficult-to-control asthma, therapy-resistant asthma, severe asthma, and refractory asthma. We also believe that patients with uncontrolled asthma should be referred to a clinic specialized in asthma as having “difficult asthma.” In such cases, an asthma specialist should decide whether or not the patient has “severe asthma” and can further be treated using the most suitable phenotype-based options including monoclonal antibodies, long-term systemic steroids, or macrolides, or severe asthma may be excluded.

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