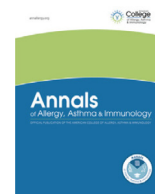




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Editorial

Asthma, in quest of optimizing care



Although our understanding of asthma has been quickly developing, the more we learn, the more questions arise.¹ In the asthma edition of the *Annals of Allergy, Asthma & Immunology* this year, several excellent articles highlight our advances in knowledge and remaining gaps.

The perspective article of Nelson² provides us a great historic review of asthma care and offers hope for the future, specifically in the non-T2 population. Building on this, a review by Carr³ carefully explores the T2-low phenotype, which represents approximately 25% to 50% of individuals with asthma. As would be expected from their inflammatory milieu (neutrophil up-regulated or paucicellular), these patients generally do not respond or have reduced response to corticosteroids. Currently, there are very few treatment options, but they include the addition of a long-acting muscarinic receptor, azithromycin, and if appropriate, weight loss and smoking cessation. There however are hopeful options on the horizon, including biological agents targeting thymic stromal lymphopoietin.

An article by Szefer et al⁴ evaluates the question “Should asthmatic children simply be treated as little adults?” concluding children with asthma should receive personalized care similar to all individuals with asthma and suggesting caregivers should consider a different paradigm of care in the young age group, instituting more aggressive controller therapy earlier, in the milder disease strata, with the hope of altering the natural history of asthma.

In their continuing medical education review, Jackson and Bacharier⁵ explore the literature regarding the use of inhaled corticosteroids (ICSs) for the prevention of asthma exacerbations. The authors stress that it is important for clinicians to remember that many patients with asthma have suboptimal adherence with their ICS and when faced with an exacerbation over-rely on their short-acting β -agonists and often actually reduce use of their ICS. With this in mind, the authors explore the evidence-based approaches that patients are likely to adhere to. They point out that significant gaps exist regarding the issue of escalated dosing of controller therapy. Specifically, although dynamic ICS dosing, particularly low-dose ICS/long-acting β -agonist combination therapy, has been found to have

consistent benefit in mild asthma in adolescents and adults, data in infants and children are lacking. Once again, the true unmet need is what to do for individuals with T2-low asthma when faced with an exacerbation.

These articles reveal that this is an exciting time in our care of patients with asthma. In the past few years, there has been a logarithmic growth in our knowledge regarding the inflammatory drivers of asthma. With this new knowledge, novel therapies have and continue to be developed, which will allow us to truly implement personalized care for our patients. The *Annals of Allergy, Asthma & Immunology* will continue to bring you the newest literature regarding this evolving science, focusing on the perspective of a clinician. Stay tuned.

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