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Burden of Asthma According to GINA Treatment Steps in the French Constances Cohort
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ABSTRACT

OBJECTIVES - Data on burden, health care consumption and costs of asthma are scarce in France. The objective of this study was to describe the burden of asthma according to GINA treatment steps in the French prospective general population CONSTANCES cohort. **METHODS** - Data (medical assessment & self-questionnaires) from 170,000 participants included between 2012-2019 were extracted. Participants were considered as current asthmatics if asthma was reported at inclusion and asthma symptoms and/or treatments were present in 2019. Patients were classified according to GINA treatment steps (steps 1-2, steps 3-4 and step 5). The results were compared to non-asthmatic participants matched according to a propensity score calculated on age, sex, region of residence, precariousness score and year of inclusion. **RESULTS** - Among 170,000 participants aged 18-69 years, 6,783 asthmatics (1,566 not treated for asthma, 2,444 GINA1, 251 GINA2, 1,054 GINA3, 1,315 GINA4, 153 GINA5) were identified and matched with 6,783 controls. Asthmatics had a mean age of 45 years with an increase in age with GINA steps. The average BMI also increased with the GINA treatment step. For participants with asthma, average annual ambulatory cost and average annual hospitalization cost were respectively €1,925 and €719 (versus €1,376 and €511 for participants without asthma) ($p < 0,0001$). The frequency of asthmatics with symptoms, airflow limitation, cardiovascular risk factors and co-morbidities, outpatient visits and hospitalizations were higher for asthma participants and increased with GINA treatment steps, as well as inpatient and outpatient costs. Pharmacy costs were almost ten times higher for GINA 5 participants than for GINA 1-2 participants: €393 versus €3187; $p < 0,0001$). **CONCLUSIONS** - The burden of asthma can be estimated at €757 per year and per patient on average in the population and increases with GINA treatment step, as well as the burden of symptoms and comorbidities.

KEYWORDS: -

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