

Multidisciplinary severe asthma management: The role of hospital pharmacists in accredited specialized asthma units for adults in Spain

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Asthma is an inflammatory disorder that affects between 339 million people worldwide, leading a high economic impact[1]. Despite the efficacy of standard therapies, in many cases they do not manage to mitigate the symptoms; thus, finding new treatments is a permanent challenge. In patients with severe asthma, the emergence of biological medications in the pharmaceutical market has allowed personalized medicine, adjusted to the predominant pathophysiological alterations in each individual[2].

The complexity of the management of these patients makes it necessary to follow up in specialized units. Unlike in other countries, in Spain, according to the requirements established for accreditation, these units must be multidisciplinary integrated by pulmonologists, allergists, nurses and psychologists[3,4], but pharmacists are not included. However, their involvement in the care of chronic patients, such as patients with severe asthma, has already proven advantageous in other pathologies, improving clinical results, safety and efficiency of medication use[5]. Pharmacists' knowledge about pharmacokinetics and pharmacodynamics and their treatment approach from a global perspective, not fragmented, provides transversality to the care of this patient population. In hospital follow-ups of other respiratory diseases, it is already recommended that a pharmacist be a part of the multidisciplinary team[6]. Pharmacist participation has been associated with an increased quality of life. Regarding asthma, published studies in other countries confirm that pharmacists' interventions achieve a more efficient medication use and disease control[7].

In recent years, with the use of biological therapies, the complexity of the treatments for asthma patients has increased even more. It should be noted that, already in other diseases such as rheumatology, hospital pharmacists have extensive experience in the monitoring and optimization of these products, since these are classified as medicines for hospital use. In economic terms, biologics used in severe asthma, as in other pathologies, has increased health spending on medicines remarkably. Previously, in other medical specialties the implementation of efficiency strategies by pharmacy services in coordination with medical services has managed to greatly reduce costs in hospitals[8]. In addition to this, in asthma patients must be taken into account the contribution to their high economic impact of inhaled bronchodilators use. According to the latest data reported by the Spanish National Health System, inhaled therapies are at the top of the pharmaceutical budget in our country. β -adrenergics in combination with corticosteroids occupy the second position in expenditure of the health system in medicines[9]. In this regard, hospital pharmacists in coordination with community pharmacists can contribute significantly to an optimal use and adherence to inhaled therapies in patients with severe asthma in hospital follow-up.

Despite what was said before, the participation of hospital pharmacists in multidisciplinary units for severe asthma in Spain is still scarce so far. However, their involvement could add value to the care of patients with severe asthma. Their role can be key in the coordination of the medication use process; collaborating with other professionals to achieve a more efficient pharmacotherapy. Furthermore, pharmacists can provide information to patients and collaborate in the monitoring and promotion of adherence and adequate therapeutic compliance. The fact that severe asthma is a disease of increasing prevalence, which affects chronic patients with increasingly personalized and diverse treatments[10], is an opportunity to improve their healthcare with the incorporation of pharmacists to accredited units in the hospitals.

Conflict of interests

Authors have no conflict of interest

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