Severe Asthma Units Accredited by the Spanish Society of Allergology and Clinical Immunology (SEAIC): Experience and Future

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LETTERS TO THE EDITOR

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To the Editor:

Severe asthma is currently estimated to affect 3% to 10% of asthmatic adults [1,2] and up to 2.5% of asthmatic children [3]. Management of these patients has a major impact on health care costs and the consumption of resources: previous studies in Spain have estimated the cost of severe asthma at €8554 per patient per year [4].

Therefore, while it is necessary to perform a rigorous and systematic study in patients who present chronic symptoms of severe asthma, the particularities of the disease in some cases require the study to be individualized. These 2 apparently discordant needs have led to the drafting of consensus guidelines advising that severe asthma should be identified and controlled in specialized and preferably multidisciplinary clinics [5,6]. This reality was recently reinforced with the development of specific biological drugs for the treatment of patients with severe asthma based on very well-defined indications and follow-up [7].

In 2015, the Asthma Committee of the Spanish Society of Allergology and Clinical Immunology (SEAIC) addressed the task of establishing the necessary requirements for the accreditation of different levels of care for severe asthma units throughout Spain.

The objectives of this process were to improve the clinical care of patients with severe asthma by unifying criteria of good clinical practice, to structure and facilitate clinical management, and to promote research into severe asthma. Another fundamental objective was to improve the education of the asthmatic patient: it is known that adequate training increases adherence and disease control [8].

The accreditation levels were Basic Severe Asthma Unit (SAU) and Excellence SAU. The evaluation was based on essential, recommended, and excellence criteria. According to the fulfillment of these criteria, the SAUs were accredited as Basic or Excellent. The criteria required for the accreditation can be consulted at https://www.seaic.org/profesionales/acreditacion-unidades-de-asma-grave and are summarized in the Table.

Briefly, the flow of patients to the SAU must come from both outside and inside the hospital. It is important to inform those responsible for specialized and primary care about the existence and function of the SAU, and the flow of asthmatic patients between primary and specialized care and the asthma unit must be bidirectional. The SAU is recommended to work as a multidisciplinary unit in close contact with related services, such as pneumology, ENT, gastroenterology, and psychiatry.

The units must follow the SEAIC guidelines on asthma management, and their service portfolio must be in line with these recommendations.

As specified in the Spanish Guidelines for Asthma Management [6], the diagnosis of this disease requires a respiratory history compatible with the disease and positive results in functional testing. An SAU must have the necessary tools to avoid false diagnoses.

The endo- and phenotype must be taken into consideration when planning treatment in patients with severe asthma, since the therapeutic approach differs in each case. Therefore, the SAU must have the necessary tools to be able to distinguish between endo- and phenotypes of asthma.

Several comorbidities should be considered in patients with severe asthma, and some are relevant because they may result in misattribution of symptoms to asthma. Identifying and evaluating triggers for asthmatic symptoms (exposure to allergens and workplace chemicals, smoking, and frequent infections) is also important. The SAU must have the means to identify both comorbidities and aggravating asthma factors.

Furthermore, the SAU must provide effective education and training for the asthmatic patient based on a plan including the key skills for self-management of asthma: inhalation technique, medication adherence, a written action plan, and knowledge of the disease. In addition to scheduled care, the SAU must have the means for occasional treatment of patients who experience clinical worsening.

Five years after initiation of the program, 31 SAUs have been accredited (9 Basic and 22 Excellence). The accreditation program includes a periodic audit and a 5-year reaccreditation process.
The accreditation program will continue to improve, with a review of the criteria, which will be adapted to the clinical and therapeutic situation of the asthma patient. In addition, network-based research work will be promoted in accredited SAUs. The program will continue to aim to improve clinical care and research in such a complex disease as severe asthma.

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**Conflicts of Interest**

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**References**

Descriptive Study of Job Opportunities in the Allergy Field

Posadas Miranda T, Rial Prado MJ, Meijide Calderón A, Fernández de Alba Porcel I, Zambrano Ibarra G on behalf of the Young Allergists and Interns Committee (CAJMIR) of the Spanish Society of Allergology and Immunology (SEAIC)

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To the Editor:

Allergy is a fairly young medical specialty that has been practiced in Spain from 1926 and was officially recognized in 1978 with a specific training program. The Spanish Society of Allergy was constituted in 1948 and has been known as the Spanish Society of Allergy and Clinical Immunology (SEAIC) since 1974 [1]. Today, it comprises 1518 associates, 15% of whom are under 35 years old.

Data on junior members’ employment status gives a subjective impression of a low supply of jobs, thus diminishing the attraction of allergy for many doctors choosing a specialty. The objective of this letter is to describe the current employment situation of young allergists, their job opportunities after training, the percentage of unemployment, and the percentage who abandon the specialty. Possible strategies can be proposed by SEAIC to promote the visibility of specialists and initiatives to increase the attractiveness of allergology.

The Young Allergists and Interns Committee (CAJMIR) of the SEAIC performed a survey among its members from different geographical areas to gather information on specialists trained between 2009 and 2019, taking into account professional situation, unemployment, and abandonment of the specialty. The information on employment situation covered both public and private practice, scholarships, and other situations. No information was requested on quality or job type (eg, full-time, temporary). Descriptive statistics were analyzed using IBM SPSS v. 20 (IBM Corp.).

Of the 591 allergology positions offered by the Ministry of Health between 2009 and 2019, a total of 574 were taken up. Data were obtained from 487 people (85% of the positions). Of these, 72% were women (n=350) and 18% men (n=90), and data for the remaining 10% (n=47) were unknown. In 4.51% of positions, the job opportunity was not filled.


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