

Characteristics of severe asthma patients included in the French Palomb Cohort.

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INTRODUCTION

- Severe asthma is defined « as asthma that requires treatment with high dose inhaled corticosteroids plus a second controller and/or systemic corticosteroids to prevent it from becoming “uncontrolled” or that remains “uncontrolled” despite this therapy » (*Kian Fan Chung, 2014*).
- Severe asthma patients represent **5% to 10%** of asthmatic patients. This severe form of asthma has a major impact on the quality of life of patients (exacerbations and symptoms). Even if the mechanisms of severe asthma are not clearly understood, research aimed to identify patients phenotypes, biomarkers and the use of biotherapy treatments to improve asthma control and exacerbations.
- In France, nearly **5%** of asthmatic patients have a severe asthma. Among adults older than **55 years old**, nearly **60 000 hospitalizations** and almost **900 deaths** per year are related to this severe chronic respiratory disease (*Inserm, 2023*).
- The French Palomb Cohort of Severe Asthma patients was created in order to improve knowledge about the disease.
- The aim of this work was to describe clinical features of patients included in the French Severe Asthma Palomb cohort.

METHODS

Recruitment by 30 pulmonologists
Independent or Hospital
Grand Sud-Ouest region

Anonimized data (CNIL)

Real life follow-up
Patients included since January 2019 ;
Recruitment ongoing

Inclusion criteria (GINA 2019)

- ≥ 18 years old
- Follow-up before inclusion > 6 months
- Combination of high doses of ICS and LABA and anticholinergic associated with or without :
 - OCS
- Anti-IgE, anti-IL5, anti-RIL5, anti-IL4, anti-IL13 based treatments
- Bronchial thermoplasty



RESULTS

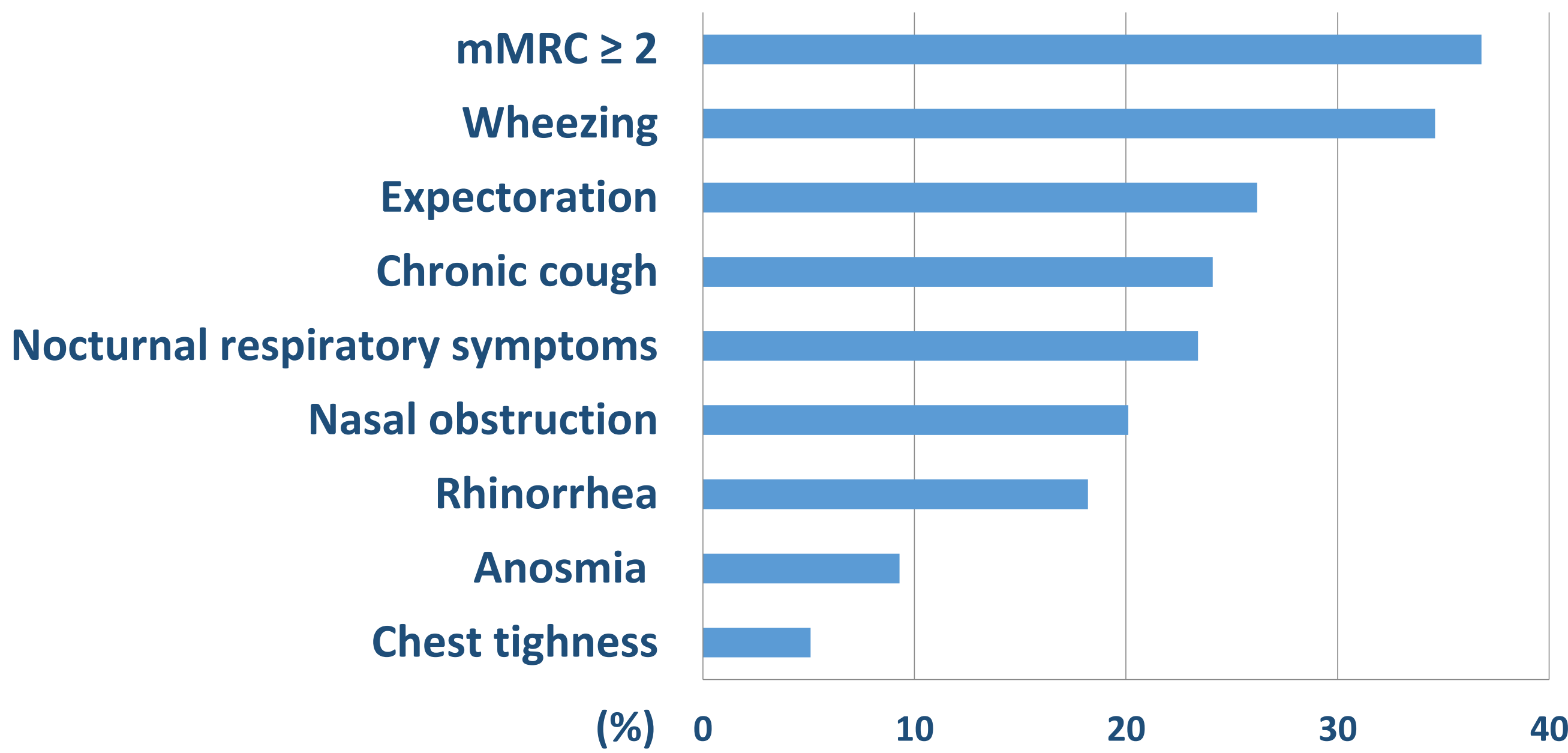
In January 2023, a total **214** patients were included. **90** patients had at least one visit of follow-up (**41.6%** of patients).

PATIENTS CHARACTERISTICS

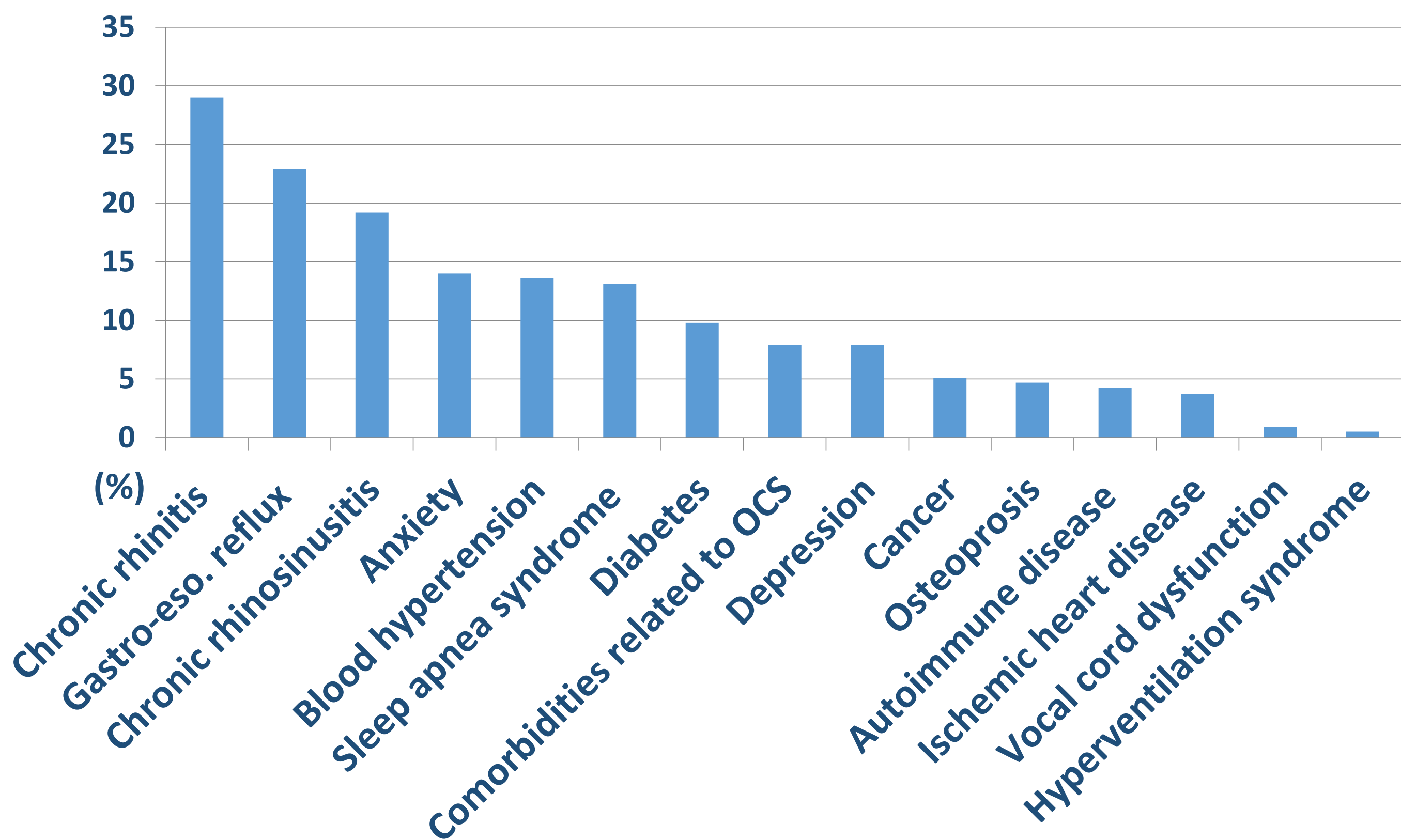
	N (%)
Female	132 (61.7)
Age (mean, ±)	55.1 [± 16.4]
Age < 65 years old	145 (67.8)
Smoking status ¹	
Non smoker	137 (65.9)
Ex-smoker	61 (29.3)
Smoker	10 (4.8)
Regular use of e-cigarette	9 (4.2)
BMI ≥ 30 ²	57 (30.0)
Location ³	
Urban	98 (48.0)
Semi-rural	63 (30.9)
Rural	43 (21.1)

¹ 6 missing data, ² 24 missing data, ³ 10 missing data

ASTHMA SYMPTOMS



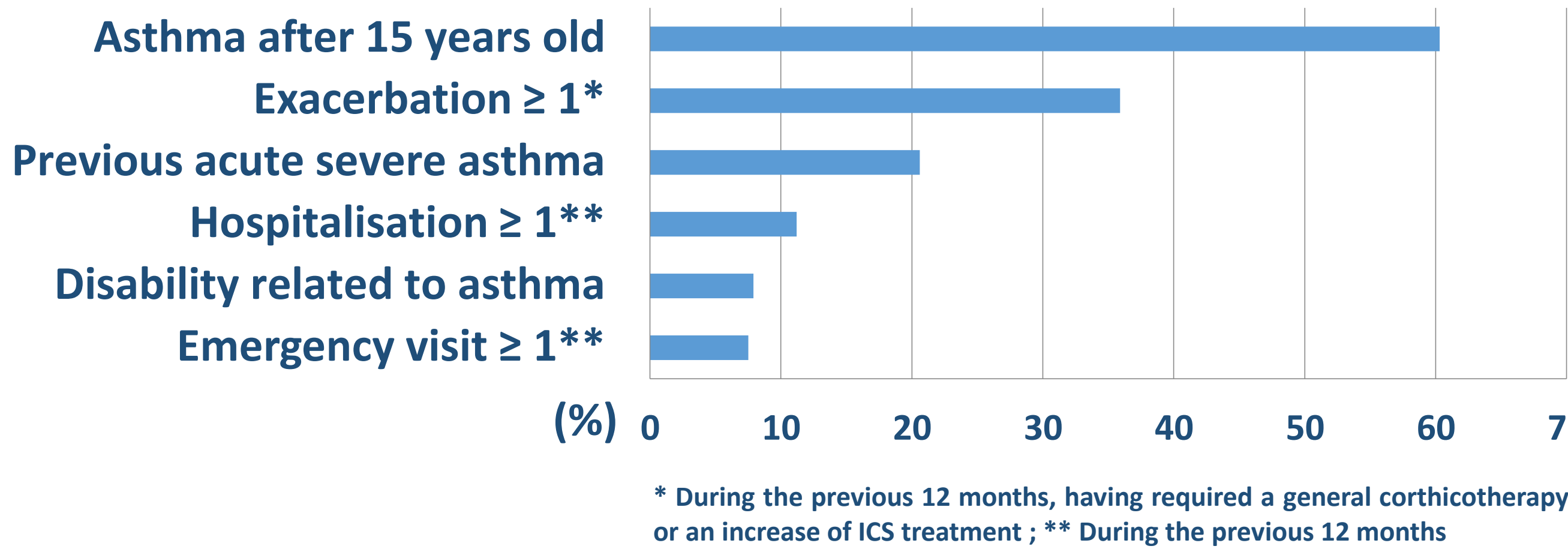
COMORBIDITIES



ASTHMA ENVIRONMENT

	N (%)
Atopic asthma	105 (49.1)
Family history of atopy	61 (28.5)
Food allergy	7 (3.3)
Pet	39 (18.2)
Non-domestic contact with animals	8 (3.7)
Proximity to a source of pollution	9 (4.2)
Proximity to a main road (< 500m)	19 (8.9)

ASTHMA SEVERITY



TREATMENTS & OTHER CLINICAL FEATURES

	N (%)		N (%)
FEV1 post-b % predicted (mean, ±)	81.98 [± 27.95]	Long-acting B	10 (4.7)
Biotherapy treatment at inclusion		Long-acting B + ICS	180 (84.1)
Already on biotherapy	135 (63.1)	Anticholinergic	99 (46.3)
Biotherapy included	26 (12.1)	Oral corticotherapy	32 (15.0)
Not on biotherapy treatment	53 (24.8)	Azithromycin	14 (6.5)
Aim of the biotherapy included (n=26)		Theophylline	1 (0.5)
Reduce the risk of exacerbation	18 (69.2)	<i>Biotherapy</i>	
Improve asthma control	16 (61.5)	Benralizumab	49 (22.9)
Improve dyspnea	14 (53.8)	Omalizumab	45 (21.0)
Improve quality of life	12 (46.1)	Dupilumab	36 (16.8)
Improve FEV ₁	10 (38.5)	Mepolizumab	24 (11.2)
Wean OCS	5 (19.2)	<i>Phenotypes</i>	
Short-acting B ICS	167 (78.0)	Eosinophilic allergic	86 (40.2)
	13 (6.1)	Eosinophilic non allergic	60 (28.0)
		Non eosinophilic allergic	31 (14.5)
		Non eosinophilic non allergic	10 (4.7)
		Missing data	27 (12.6)

CONCLUSION

These are preliminary results of the creation of a regional observatory of patients followed with severe asthma in the French medical framework. Recruitment is still ongoing and future analyzes are expected in order to understand and improve patient care.

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CONFLICT OF INTEREST: The authors have no conflicts of interest to declare.