

Comparative Study of Efficiency in the Disease Modifying Treatment of Asthma

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Abstract

The cost/effectiveness ratio plays a very important role in the management of chronic diseases, in particular in asthma for several years the development of multiple protocols we saw to design a platform which meets the needs patients with asthma by providing them with appropriate, efficient and inexpensive treatment remains a particular concern of the scientific community, ... despite its efforts, current medical practice often finds itself confronted with a reality that does not match ambitions recommendations, especially in low-income countries where accessibility or even the availability of necessary drugs is lacking cause of failure and complications. Faced with these obstacles, it is important to consider replacing expensive drugs with cheaper ones in order to understand good care in low-income countries. our study highlighted the importance of the substitution of inexpensive protocols, the effectiveness of which remains concerned compared to protocols of very high efficiency.

Keywords: *Efficiency; Disease Modifying Treatment; Asthma*

Introduction

Asthma is not public health problem unique to develop countries, but in developing countries the frequency of the disease varies considerably more over the majority of asthma-related death occur in low and middle-income countries and this amounts to poor care due to lack of medication and education.

Which far appears to be cost effectiveness ratio Plays very important role in the management of chronic diseases especially in asthma.

For several years the development of multiple protocols WE saw to design a platform that meets the needs of the patient asthmatic by providing appropriate efficient and inexpensive treatment remains a particular concern et of the scientific community.

Despite its effort, current medical practice often finds itself confronted with reality that does not match the ambitions of the recommendations especially in low -income countries where accessibility or even the availability of necessary drugs is lacking causing failure and complication faced with these obstacles it is important to consider replacing expensive drugs with cheaper ones in order to understand good care in low-income countries. Our study highlighted the important of the substitution of inexpensive protocols the effectiveness of which remains concerned compared to protocols of very high efficiency.

Interest of the Study

a prospective randomized study was carried out on a cohort of 100 asthmatic classified as stage 4 according to GINA 2019, of all aged between 16 and 60 years old all presenting with a moderate limitation of the MED 25 - 75% between 40 and 50% of the theoretical value, taken as an evaluation parameter if the different protocols used in our study.

Methods

We divided the cohort into 2 groups:

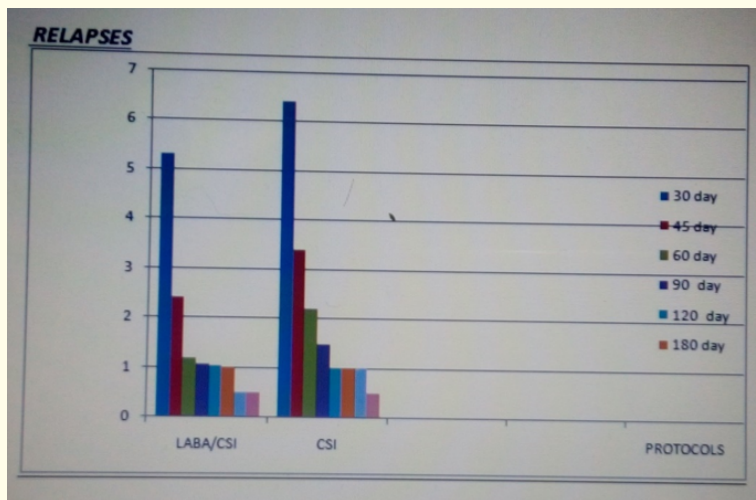
- Group A: Includes 50 patients under protocols 1 LABA/ CSI usual doses 250 mg two takes.
- Group B: Includes 50 patients under protocols 2 CSI usual doses 250 mg two takes.

WE took as elements of evaluation of the 2 protocols the number of relapses and the measurement of the DEM 25 - 75%.

Discussions

On the evolution of the 2 protocols

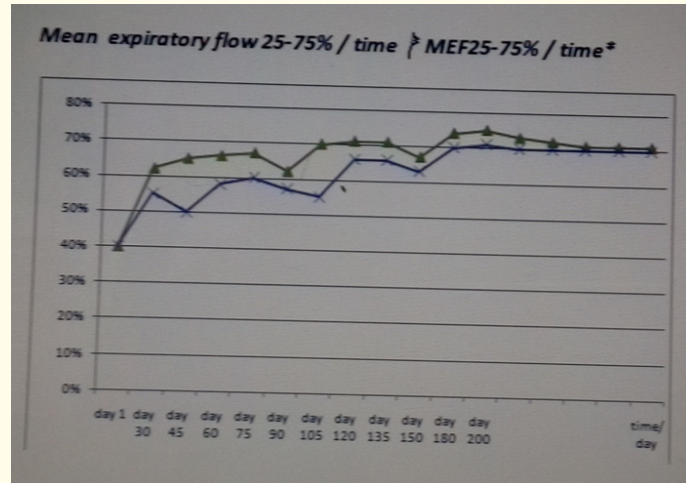
In the group A, a favorable and rapid evolution has been observed from the beginning 2 relapses have been reported in 5,3% of patients with favorable recovery without persistence of the distal ventilatory deficit, on the other hand group B has undergone a slow but favorable enameled evolution of 3 relapses in 6,4% of patients.



Graph 1

The green curve represents group A placed under protocols 1, it illustrates the variations of the MED 25 - 75% as a function of time After 180 days of treatment it reaches the saturation plateau which reflects the maximum responses to protocols 1. on the other hand

the move curve which represents group B placed under protocols 2 shows a less rapid but favorable development reaching the saturation plateau after 200 days.



Graph 2

The results observed lead us to conclude that the two protocols used ultimately have the same therapeutic effect over the long term the speed of response and the number of the relapses make the difference between the two so protocols 1 the cost if Which is higher seems by far rapid efficacy and decreases the risk of relapses then protocols 2 presents a slow efficacy at beginning but over the long term it reaches the efficacy of protocol 1, in other words the efficiency of protocol 2 represents a significant difference in terms of cost, so it is not very significant in terms of efficiency [1-7].

Conclusion

In all chronic diseases efficiency plays a crucial role in the management of patients in order to understand a rigorous and effective management strategy.

In the case of asthma where the practitioner must enact compliance adapted to the socio-economic conditions of its patients (choice if efficacy and inexpensive drugs) and to achieve satisfactory compliance (by availability of necessary drugs)...which defines efficiency.

Bibliography

1. Medical files: respiratory disease center of Doctor M Bentrard Annaba Algeria.
2. Antiasthma drugs used in our study. JSK, ASTRA- ZINICA, ABDI BRAHIM and CHIES laboratories Algeria.
3. Statistical studies Staff (disease respiratory center of M Dr Bentrard).

4. Basic drug in the treatment of asthma review of respiratory diseases update November 2020.
5. Dr M Bentrada. Spirometric studies center of respiratory diseases.
6. Spirometric interpretation according to the recommendations of ATS/ERS 2019.
7. Treatment and prevention of asthma update 2019 by global initiative for asthma.

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