Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/asthma-care-simpler-smart-therapy/54192/

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Making Asthma Care Simpler with SMART Therapy

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Marcus Shaker, who's a Professor of Pediatrics and Medicine at the Dartmouth Geisel School of Medicine in New Hampshire. He'll be discussing how expanding access to SMART therapy can help improve adherence and outcomes in patients with asthma. Let's hear from him now.

Dr. Shaker:
One of the therapies that we use quite a bit is a Single Maintenance and Reliever Therapy. It's called SMART therapy. And what SMART does is it combines both the controller and the reliever in one device. So it's super simple. Patients basically can take this inhaler when they need it, and if they need it more than a couple times a week, they can take it regularly. And it's really just a great way to improve adherence, and it addresses variations in health literacy. And so I think a very simple approach to asthma can be as needed, use SMART; the inhaler's called budesonide-formoterol.

And did you know that there is a medication that's currently FDA approved for mild intermittent asthma? It's over the counter, and it's actually inhaled epinephrine. It's been approved for many years, but it's actually not recommended to be used for asthma by any allergy or pulmonary society in the world. But it's currently over the counter, and you can go to the pharmacy and for $30, you can buy this inhaled epinephrine. And if you inhale it when you're having chest tightness and having a difficult time breathing, it will probably make you feel better.

Now, there's some evidence that this inhaler could be helpful off-label for severe allergic reactions if you do more than the recommended dose, but it's not really perhaps the best option to have available for asthma. And the reason is, is because folks don't understand that by taking inhaled epinephrine alone to treat asthma, inflammation can build up in the chest, and that can cause a dangerous exacerbation that the inhaled epinephrine won't treat. So if you need a frequent reliever for your asthma, you also need to be on a controller to address the underlying inflammation.

So we actually modeled this out, and we asked ourselves if this SMART therapy—this single maintenance and reliever therapy—was available like inhaled epinephrine and people could just pick it up over the counter and use it if they needed it, what would the outcomes look like? If you modeled a policy world where SMART therapy was available just like inhaled epinephrine was available—and SMART therapy is recommended where inhaled epinephrine isn't—we found that the availability of the over-the-counter SMART would result in close to 12,000 fewer asthma deaths in this country. It would save $70 billion, and it would prevent nearly 15 million severe exacerbations.

I think a policy case can be made that SMART should be available over the counter, and this is one analysis that supports it. If you don't have the option to take something, you can't take it, and decreasing the cost of SMART therapy and making it more available, I think, would be a powerful step in improving adherence.

Announcer:
That was Dr. Marcus Shaker talking about the potential impacts of expanding asthma patients' access to SMART therapy. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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