

Severe asthma service in a large district general hospital during the COVID pandemic

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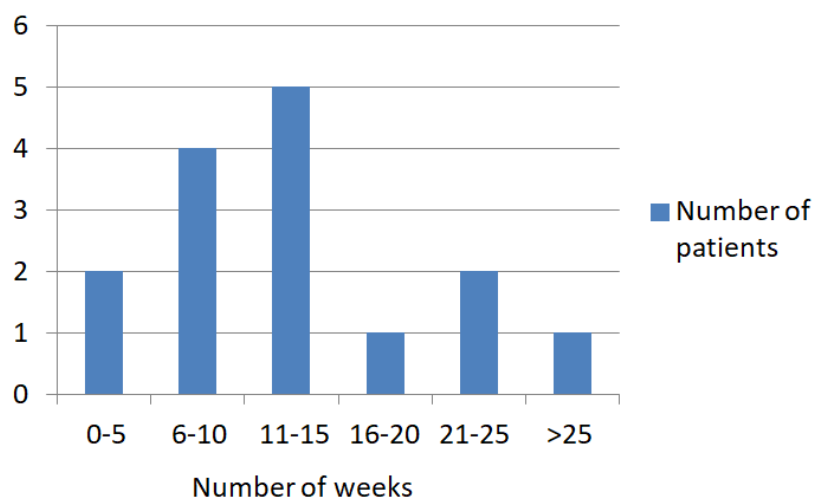


INTRODUCTION

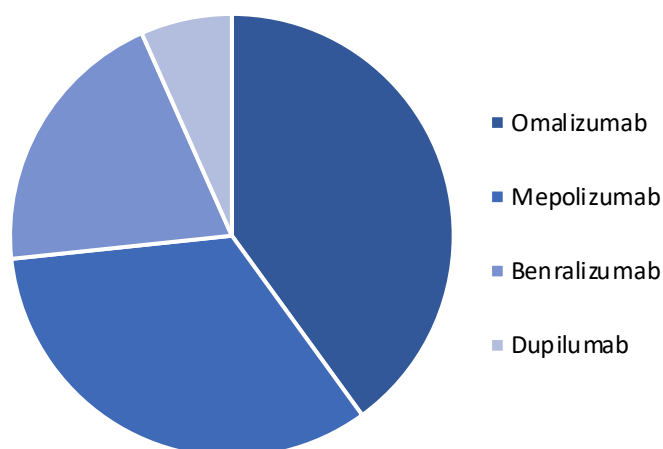
Severe asthma remains a high burden to patients and healthcare systems.¹ 96 patients died from asthma in 2021, and annual deaths from asthma in Scotland have not improved significantly for many years.²

In NHS England, patients with asthma can be started on biologic treatments only after being reviewed and assessed in specialised tertiary asthma centres. In NHS Scotland, most health boards have developed care pathways to commence patients with severe asthma on biologic therapy locally. This includes discussion at the local severe asthma multidisciplinary meeting (MDT). Respiratory services throughout the UK have been under pressure due to the COVID-19 pandemic.

Time from MDT to first injection



Biologic therapy distribution



AIM

To review the effects of the COVID-19 pandemic on the severe asthma service in a large district general hospital (NHS FIFE).

METHOD

Patients discussed at the NHS Severe Asthma MDT between March 2021 – April 2022 were included. Patient details were obtained from the database of all patients discussed at the NHS Fife Severe Asthma MDT meetings. All relevant data was then collected from the database and MDT outcome letters.

RESULTS

- 56 patients were discussed at the MDT meetings
 - mean age 57 years old
 - 37 females, 19 males
- 14 patients approved to be started or switched onto new biologic treatment
- The average time from MDT decision to starting new biologic was 12 weeks (range from 2 to 30 weeks)
- 1 patient had a life-threatening asthma exacerbation (ITU admission requiring ECMO) while waiting to be started on biologic

CONCLUSION

The pandemic has had a significant impact on the delivery of biologic therapies in the severe asthma service, in particular delays in starting biologic injections due to reduced staff allocation to the service. This delay in initiating treatment increases risk of mortality and morbidity from severe asthma. More resources should be allocated to help a timely delivery of treatment and local care pathways may need to be updated to facilitate this.

THE FUTURE

Repeat audit of the asthma service has commenced.

REFERENCES

- 1) Jones TL, Neville DM, Chauhan AJ. Diagnosis and treatment of severe asthma: a phenotype-based approach. Clinical medicine (London, England) [Internet]. 2018;18(Suppl 2):s36–40. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6334025>
- 2) Mortality data - ScotPHO [Internet]. www.scotpho.org.uk. Available from: <https://www.scotpho.org.uk/health-wellbeing-and-disease/asthma/data/mortality-data>