# Severe asthma and the role of eosinophils



tight tight chest sirways.

Asthma coughing wheezing

lungs control hospital chronic lung disease attack severe

#### NEARLY 242 MILLION

PEOPLE WORLDWIDE HAVE ASTHMA.1



UP TO 10% MAY HAVE SEVERE ASTHMA.<sup>2</sup>



People with severe asthma are at high risk of an asthma attack or 'exacerbation'.3

NEARLY 40% ARE HOSPITALISED AT LEAST ONCE A YEAR FOR THE TREATMENT OF AN EXACERBATION.4



ASTHMA COSTS AN ESTIMATED €19 BILLION A YEAR ACROSS EUROPE.<sup>5</sup>





Direct and indirect costs are up to 3 or 4 times higher for severe asthma patients compared to mild asthma patients.<sup>6,7</sup> 1 in 7 asthma patients have missed at least one day of work in a two-week period.8







#### Role of Eosinophils

Not all asthma is the same: Severe asthma can have a number of underlying causes, including eosinophilic inflammation.9

Studies suggest approximately 60% of severe asthma patients may have eosinophilic airway inflammation.<sup>10</sup>

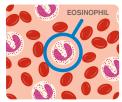


### Eosinophils are a type of white blood cell.

They are believed to play a role in protecting the body by increasing in number to defend the body against parasites and also accumulate wherever allergic reactions take place.<sup>11,12</sup>







Blood smear showing increasing eosinophil levels

## Eosinophils play a role in the development of asthma.

In people with asthma, inflammatory mediators released from the eosinophil cause inflammation in the lungs, making it difficult to breathe and increasing the risk of an exacerbation.<sup>13</sup>

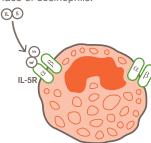






Inflamed airways with airway narrowing

Eosinophils are primarily regulated by the signalling protein **Interleukin-5** (IL-5), which binds to its receptor on the surface of eosinophils.<sup>14</sup>



Single eosinophil cell showing IL-5 binding to a receptor on its surface

#### References

1. Global Burden of Disease Study 2013 Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;386:743–800 2. Moore WC, et al. Characterisation of the severe asthma phenotype by the National Heart, Lung, and Blood Institute's Severe Asthma Research Program. *J Allergy Clin Immunol*. 2007;11:405-413. 3. Kupczyk M, et al. Frequent exacerbators – a distinct phenotype of severe asthma. *Clin Exp Allergy*. 2014;44(2):212-221. 4. The ENFUMOSA Study Group. The ENFUMOSA cross-sectional European multicentre study of the clinical phenotype of chronic severe asthma. *Eur Respir J*. 2003;22:470-477. 5. Accordini S et al. The Cost of Persistent Asthma in Europe: An International Population-Based Study in Adults. *Int Arch Allergy Immunol*. 2013;160:93-101. 6. Antonicelli L, et al. Asthma severity and medical resource utilisation. *Eur Respir J*. 2004;23(5):723-729. 7. Godard P, et al. Costs of asthma are correlated with severity: a 1-yr prospective study. *Eur Respir J*. 2002;19(1):61-67. 8. Dolan CM, et al. Design and baseline characteristics of the epidemiology and natural history of asthma: outcomes and treatment regimens (TENOR) study: a large cohort of patients with severe or difficult-to-treat asthma. *Ann Allergy Asthma Immunol*. 2004;92:32-39. 9. Walford HH, Doherty TA. Diagnosis and management of eosinophilic asthma: a US perspective. *J Asthma Allergy*. 2014;7:53-65. 10. GlaxoSmithKline. Data on File (Document Number: 2015N248497\_00). 2015. 11. Asthma and Allergy Foundation of America. Eosinophilic asthma. Available online at: https://www.aafa.org/display.cfm?id=8&sub=17&cont=801. [Last accessed: November 2015]. 12. Rothenberg ME. Eosinophililia. *N Engl J Med*. 1998;338:1592-1600. 13. Malinovschi A, et al. Exhaled nitric oxide and blood eosinophils independently associate with wheeze and asthma events in NHANES s

Date of preparation: November 2015