INTRODUCTION

Asthma presents important challenges and opportunities for managed care. It remains one of the most common medical conditions with a prevalence of almost 6%. Although we understand the pathophysiology of the disease and its environmental and physiological triggers, the incidence of asthma continues to increase. It consumes increasing amounts of medical resources and negatively impacts the quality of life of patients as well as family members.

The National Heart, Lung, and Blood Institute identified target asthma management outcomes that include no sleep disruption, no missed school or work, minimal need for hospital care, normal activity levels, and near-normal lung function. A survey, however, reveals that 30% to 50% of patients or their families report failure in one or more of these treatment goals. We also have well-accepted NIH treatment guidelines that help categorize the severity of asthma based on symptoms and provide treatment recommendations based on disease severity. Still, the prevalence and incidence of asthma are increasing.

Contemporary research may reveal the solution for this situation. Recent studies have emphasized the importance of treating both the inflammatory and constrictive pathways in asthma. Inhaled corticosteroids have well-documented success in reducing airway inflammation found in asthma, and the 2002 update of the NIH treatment guidelines now recommends low-dose inhaled corticosteroids as the primary therapy for mild persistent asthma in patients of all ages. Additionally, there is a synergistic effect when an inhaled long-acting beta2-agonist is used concurrently with an inhaled corticosteroid for moderate and severe persistent asthma. Thus, the management of asthma using dual-controller therapy may offer the best outcomes for candidate patients, and this is reflected in the updated 2002 NIH guidelines for both adults and children.

Managed care combines the medical and business aspects of health care and must take advantage of the link between clinical and economic outcomes. That is, the best clinical outcomes will usually result in the best long-term economic outcomes. The appropriate use of cost-effective medications, such as dual-controller therapy for candidate asthmatics, may provide superior clinical and economic outcomes. Practitioners in managed care can treat asthma using dual-controller therapy to achieve optimum clinical and economic outcomes. Health plans can use this information to help manage formulary decisions regarding asthma medications and evaluate the clinical and economic impact of asthma management.