

## **PS1.011**

### **Overcoming challenges in a young woman with uncontrolled asthma despite inhaled corticosteroid therapy**

*Mari Carmen Anton Sanz, MA Sanchez Calso  
GP, Alpedrete Health Service, Madrid, Spain*

*Corresponding author: Dr Mc Anton Sanz, Saludmadrid, Health Service of Alpedrete, Alpedrete, Madrid. E-mail: mcantonsanz@gmail.com*

#### **Background:** Patient Presentation:

28 Year old female with poorly controlled asthma (frequent episodes of cough, wheezing and shortness of breath). Oral steroids and antibiotics twice in the past 12 months.

#### Pertinent Medical History:

Diagnosed demonstrable, reversible airway disease on several occasions using both spirometry and peak flow.

#### Current Medications:

Fluticasone propionate/salmeterol 250/50 ng accuhaler twice daily.

Salbutamol MDI as rescue inhaler

Patient does not smoke

#### **Method:** Examination and Laboratory:

Total IGE: within normal limits. Specific IgE for grass pollen: high.

Weight: 62 Kg. Height 172 cm. BP 120/70 mm Hg.

FEV1: via spirometry: 92% predicted.

Chest X-Ray: normal.

Therapeutic for the patient: control of asthma symptoms: coughing, night waking, wheezing, shortness of breath.

#### **Results:** Options for Improving Asthma Control:

- Increase ICS dose inc ICS/LABA Therapy

- Add an additional agent to existing ICS/LABA therapy: LTRA, Tiotropium Selection of add-on Therapy for the patient: Tiotropium 5 ng via Respimat Softmist inhaler added to ICS/LABA therapy.

After 4 weeks, The patient reports significant improvement in: control of asthma symptoms and quality of life and ability to exercise, participate in social activities.

**Conclusions:** Management of uncontrolled asthma can be challenging, even in cases of clear, uncomplicated asthma without comorbidity. Systematically consider the reasons for control and intervene where required. Consider the evidence and applicability for new therapeutic options and weigh the benefits and risks.