A New Era In Asthma Management

Assessing Asthma Control Children, Adolescents and Adults

Kevin R. Murphy, M.D.

Boys Town National Research Hospital Director of Clinical Research

Clinical Professor Department of Pediatrics University of Nebraska Medical Center







- Recognize the impact of uncontrolled asthma on patients with asthma in the United States
- Review the ability of patients, physicians and asthma control tools to identify symptom impairment and exacerbation risk
- Demonstrate that the point-of-care use of the asthma control composite tool AIRQ[®] best identifies uncontrolled asthma resulting in improved asthma control

Burden of Disease: Uncontrolled Asthma in the United States



CDC. Most Recent National Asthma Data. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm.

Tran TN, MacLachlan S, Hicks W, et al. Oral corticosteroid treatment patterns of patients in the United States with persistent asthma. J Allergy Clin Immunol Pract. 2021;9(1):338-346

Projected Health and Economic Burden of Asthma if Control in the US Does Not Improve

Projections from 2019 to 2038 among patients aged 15 years or older...



17.7 Million

patients are projected to be living with asthma in 2038, up from 15.9 million patients in 2019 **Uncontrolled asthma**

52%

of all patient-years with asthma will be uncontrolled Cost

≈\$1 Trillion

is the projected cumulative total-direct (\$300.65 B) and excess-indirect (\$662.9 B) cost associated with uncontrolled asthma

Yaghoubi M, et al. Am J Respir Crit Care Med. 2019;200(9):1102-1112.

Unmet Need: Improving Asthma Control



Assessment of Asthma Control

"When you cannot measure what you are speaking about and express it in numbers, your knowledge is meager and unsatisfactory"



Asthma Insights and Management (AIM) Survey

National Survey of Physicians, Asthma and Non-Asthmatic Patients

Population	Sampling Frame	Completed Sample	
Patient Surveys: 7/29/09 – 9/10/09			
Current asthma	National 60,682 households screened	2500	
Non-asthma population	National	1004	
Physician Survey: 8/21/09 – 10/01/0	9		
Health care professional - Family practice - Allergist - Pulmonologist - Internal medicine	AMA/AOA master list	309 (101) (104) (54) (50)	

AMA: American Medical Association AOA: American Osteopathic Association

Asthma Insights and Management (AIM) Survey



Survey Results: Overview

- Asthma Symptoms
- The Burden of Asthma
- Exacerbations, Flareups, and Attacks
- Asthma Control, Management, and Treatment

Asthma Insights and Management (AIM) Survey



Patient and Physician Attitudes About Asthma Management

Agree Asthma Is Considered Well Managed If:



Murphy KR, et al. Allergy Asthma Proc. 2012;33(1):54-64.

Unmet Need: Addressing the Comprehensive Assessment of Asthma Control

As in

Asthma control consists of 2 domains, represented by **symptom impairment** and **exacerbation risk**

Many asthma control questionnaires (ACQ, ACT, CACT and ATAQ) that are recommended by expert guidelines or reports to assess adolescents and adults with asthma address only the **impairment domain**

Unmet Need: Addressing the Comprehensive Assessment of Asthma Control



Asthma control consists of 2 domains, represented by **symptom impairment** and **exacerbation risk**

Many asthma control questionnaires (ACQ, ACT, CACT and ATAQ) that are recommended by expert guidelines or reports to assess adolescents and adults with asthma address only the impairment domain

The PRECISION Program was initiated to develop innovative, **validated tools** to improve the **identification** of uncontrolled asthma and **educational resources** for both practitioners and patients

Precision Program: Multidisciplinary Advisor Network



US Advisor-Developed PRECISION Tools

Asthma Guidelines



AIRQ™

10 item, yes/no, low literacy asthma impairment and risk control tool

AIRCOMPASS™

An asthma evaluation and management tool for healthcare providers based on a patient's AIRQ[™]

Asthma Resource Center

An asthma educational website for all healthcare providers

Access at www.airqscore.com

AIRQ[™] Validation Studies

CROSS-SECTIONAL STUDY

- Objective:
 - Derive the final AIRQ[™] questions, scoring algorithm, and cut-points to validate AIRQ[™] as a measure of current asthma control (Impairment and Risk)
- N = 442 patients, all severities, > 12 years, 12 clinical sites

LONGITUDINAL STUDY

- Objective:
 - Validate a Follow Up AIRQ[™]
 - Assess the ability of AIRQ[™] to predict future exacerbations
 - Compare the AIRQ[™] to other control tools
- N = 1121 patients, 25 clinical sites

AIRQ™ CROSS-SECTIONAL Validation STUDY

Background

- Asthma exacerbation risk increases with worsening asthma control
- Prevailing numerical control tools, such as ACT[™] and ACQ[™], evaluate only current symptom impairment despite the importance of also assessing risk based on exacerbation history
- An easy-to-use questionnaire addressing impairment and risk domains of control is needed

Objective

 Derive the final AIRQ[™] questions, scoring algorithm, and cut points to validate AIRQ[™] as a measure of current asthma control (Impairment and Risk)

Murphy KR et al, on behalf of the US PRECISION Advisory Board. J Allergy Clin Immunol Pract. 2020;8(7):2263-2274.e5.

AIRQ™ CROSS-SECTIONAL VALIDATION STUDY

Characteristics

- 442 patients, aged ≥12 years
- Patients had physician-diagnosed asthma and were followed in specialty practices
- Patients spanned all Global Initiative for Asthma (GINA) severities
- Geographic and socio-economic diversity
- 12 unique specialty practices

Methodology

Patients completed:

- 10 original yes/no screener questions in addition to 5 new questions
- A 5-point Likert scale question on self-perceived asthma control
- ACT[™]

HCPs completed:

- A form summarizing past year's clinical, physiologic, and biomarker data
- A 5-point Likert scale question on patient's asthma control following chart review, patient interview, and exam

Murphy KR et al, on behalf of the US PRECISION Advisory Board. J Allergy Clin Immunol Pract. 2020;8(7):2263-2274.e5.

The Criterion Standard of Asthma Control AIRQ[™] was Validated Against



Exacerbation was defined as a change in asthma clinical status requiring a course of systemic corticosteroids (oral steroids for \geq 3 days) OR an emergency department, urgent care, or unplanned office visit for an asthma exacerbation (not associated with a hospitalization) OR hospital stay for asthma for >24 hours.

*Well-controlled: ACT^m >20 and no OCS use, ED/unplanned visits, or hospitalizations. Not well-controlled: ACT^m of 16-19 *or* 1 burst of OCS *or* 1 visit to the ED/unplanned visit due to asthma in the past 12 months with no hospitalizations in the past 12 months. Very poorly controlled: ACT^m \leq 15 *or* \geq 2 bursts of OCS *or* ED/unplanned visits or hospitalized due to asthma in the past 12 months.

Murphy KR et al, on behalf of the US PRECISION Advisory Board. J Allergy Clin Immunol Pract. 2020;8(7):2263-2274.e5.

Candidate AIRQ[™] Questions

Item*	Model 1 Well-controlled vs Not-well- controlled/Very Poorly Controlled	Model 2 Well-controlled/Not-well-controlled vs Very Poorly Controlled
1. Are you currently prescribed any of the inhalers below? (GINA 4/5 ICS/LABA fixed-dose combinations)		
In the past 2 weeks, has coughing, wheezing, shortness of breath, or chest tightness:		
2. Caused you to use your rescue inhaler or nebulizer more than 4 times?		
3. Limited the activities you want to do every day?	Xª	
4. Bothered you during the day on more than 4 days?	Xp	
5. Woke you up from sleep more than 1 time?		Xa
In the past 12 months, has coughing, wheezing, shortness of breath, or chest tightness:		
6. Caused you to take steroid pills or shots, such as prednisone or Medrol [®] ?	Xp	Xp
7. Caused you to go to the emergency room or have unplanned visits to a health care provider?		Xp
8. Caused you to stay in the hospital overnight?		
Has coughing, wheezing, chest tightness, or shortness of breath:		
 Ever caused you to be in an intensive care unit, have a breathing tube put down your throat, or made you think your life was in danger? 		
Spirometry is a breathing test in which you are coached to blow all of your air out as hard and as fast as you can ("blow, blow, blow") until there is no more air to blow out:		
10. Has it been more than a year since you had this test?		
In the past <u>2 weeks</u> :		
11. Did you have to limit your social activities (such as visiting friends/relatives or playing with pets/children) because of your asthma?	Xc	Xc
12. Do you feel that it is difficult to control your asthma?		Xc
13. Has wheezing, coughing, shortness of breath, or chest tightness caused you to use your rescue inhaler or nebulizer <u>every day</u> ?	Xc	Xp
14. Has wheezing, coughing, shortness of breath, or chest tightness limited your ability to exercise?	Xª	
15. Has wheezing, coughing, shortness of breath, or chest tightness bothered you during the day every day?		

X indicates significant items in a specific model. ^a P < .05, ^b P < .0001, ^c P < .001. Italicized items retained in validated AIRQTM.

Sensitivity and Specificity Calculations Determined AIRQ[®] Control Cut Points



AIRQ [®] Score Cutoff		Specificity	Positive Predictive Value	Negative Predictive Value	Area Under ROC
≥1	0.98	0.55	0.82	0.93	0.765
≥2	0.90	0.79	0.90	0.79	0.845
≥3	0.74	0.93	0.96	0.62	0.832
≥4	0.58	0.99	0.99	0.52	0.781
≥5	0.43	0.99	0.99	0.45	0.710

Cut points of 0-1, 2-4, and 5-10 best represented well-, not well-, and very poorly controlled asthma. ROC, receiver operating characteristic.

Well-/Not Well-Controlled vs Very Poorly Controlled



AIRQ [®] Score Cutoff	Sensitivity		Positive Predictive Value	Negative Predictive Value	Area Under ROC
≥2	0.96	0.55	0.64	0.94	0.756
≥3	0.85	0.74	0.73	0.85	0.796
≥4	0.74	0.89	0.85	0.80	0.815
≥5	0.59	0.96	0.92	0.74	0.775
≥6	0.46	0.99	0.97	0.69	0.723

The Asthma Impairment and Risk Questionnaire (AIRQ[®]) Assesses BOTH Impairment and Risk

For use by diagnosed Please answ	health care pro with asthma. A er all of the questi	viders with their p IRQ [®] is intended to ons below.	oatients 12 yea o be part of a	ars and older who n asthma clinic v	o have been isit.	
in the past a	weeks, has cough	ing, wheezing, shortr	ness of breath, o	or chest tightness:		
1. Bothe	red you during the	day on more than 4 d	days?		Yes	No
2. Woke	you up from sleep	more than 1 time?			Yes	No
3. Limite	ed the activities yo	u want to do every da	ίλ5		Yes	No
4. Cause	ed you to use your	rescue inhaler or nebu	ulizer every day	?	Yes	No
Primateore* MIST	Prolife Respicick*	Proventil*HEA (Merck Sherp)	Ventalier* HFA	Xopenex HFA* (Sunovion	Albuterol suifate or Xo	prom?
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The ARG* is mean to help your health care providers talk with you about your asthma control. The AIRG* does not diagnose asthma. Whatever your AIRG* score (total **YES** answers), it is important for your health care team to discuss the number and answers to each of the questions with you. All patients with asthma, even those who may be well-controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases¹. Only your medical provider can decide how best to assess and treat your asthma.



10-item, equally weighted, yes/no composite asthma control questionnaire with 7 impairment and 3 risk items

- Well-controlled (0-1)
- Not well-controlled (2-4)
- Very poorly controlled asthma (5-10)





AIRQ[™] Validation Studies

LONGITUDINAL STUDY

- Design:
 - Year long study
 - 1121 patients, 25 clinical specialty sites

• Objective:

- Develop and validate a Follow Up AIRQ[™]
- Evaluate the ability of AIRQ[™] to predict future asthma exacerbations
- Assess patient and physician use of AIRQ[™]
- Compare the AIRQ[™] to other measures of asthma control

Follow-up AIRQ[®] With a 3-month Exacerbation Recall Period



- Developed to enable monitoring of control and assessment of management interventions between annual visits
- The Follow-up AIRQ[®] retains the 2-week recall for the symptom-based questions but has a 3-month recall period for the risk-based exacerbation questions

In the <u>past 3 months</u> , has coughing, wheezing, shortness of breath, or chest tightness:	
8. Caused you to take steroid pills or shots, such as prednisone or Medrol®*?	Yes No
9. Caused you to go to the emergency room or have unplanned visits to a health care provider?	Yes No
10. Caused you to stay in the hospital overnight?	Yes No

IC. Caused you to stay in the hospital overhigh

Follow-up AIRQ[®] With a 3-month Exacerbation Recall Period



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8. Caused you to take steroid pills or shots, such as prednisone or Medrol®*?	Yes
9. Caused you to go to the emergency room or have unplanned visits to a health care provider?	Yes
10. Caused you to stay in the hospital overnight?	Yes No

The Follow-up AIRQ[®] offers the opportunity to assess the impact of educational and/or therapeutic interventions!

AIRQ® in Clinical Practice: Predictor of Asthma Exacerbations



AIRQ® Control Level is Highly Predictive of Exacerbation Risk

The year long longitudinal study enrolled 1121 patients from 24 geographically diverse specialty care (allergy or pulmonology) sites

Log Odds of Any Patient-reported Asthma Exacerbation



AIRQ control level over the short term (0-3 months) and long term (12 months) predicts those patients who are at increased likelihood of future exacerbations

Beuther DA, et al. J Allergy Clin Immunol Practice. 2022;10(12):3204-3212.e2. McCann W, et al. Poster presented at: The American Academy of Allergy, Asthma & Immunology (AAAAI); February 24-27, 2023.

Odds Ratio of Patient-Reported Asthma Exacerbations in 12-Month Follow-up

The year long longitudinal study enrolled 1121 patients from 24 geographically diverse specialty care (allergy or pulmonology) sites



Murphy KR, et al. J Allergy Clin Immunol In Practice (2024), doi: https://doi.org/10.1016/j.jaip.2024.04.050

Asthma Impairment and Risk Questionnaire (AIRQ[®])

AIRQ[®]

- Easy to use, point of care assessment of asthma control
- 10-item, equally weighted, yes/no composite asthma control questionnaire with 7 impairment and 3 risk items
- Follow up AIRQ demonstrated construct validity using a 3-month exacerbation recall

Please ansy		a. Alica halan	intended to be	part of an a	sthma clinic vi	iit.
In the past	2 weeks, has o	oughing, whee	zing, shortness of	breath, or ch	est tightness:	
1. Both	ered you during	the day on m	ore than 4 days?			Yes No
2. Wok	e you up from :	sleep more tha	n 1 time?			Yes No
3. Limi	ted the activitie	s you want to	do <u>every day</u> ?			Yes No
4. Caus	sed you to use	your rescue inh	aler or nebulizer 🖻	very day?		Yes No
Prinstere ⁿ HIST Amphastar Presidenter	Postiel HEA (Tevo Respiratory, LLC)	ProAir Respiratory	Provereil ¹⁴ HFA (Merck Starp B Defrae Gere, a subsidiary of Marck & Co., Inc.)	Vertoin' HFA (GaesSreitsKine) of Alterature index	Xperses HRX* (Surpoint Parmaceuticals inc.) or	Abuterol subtre or Kosener's Darwen Pharmaeulicals Inc.) Parathean 1911
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in the nast	2 weeks	Plea	te see all prescribing informat	ion for all products.		
5. Did y	you have to lim laying with pets	it your social ac s/children) beca	tivities (such as vi ause of your asthm	siting with frie a?	ends/relatives	Yes No
6. Did abili	coughing, whee ty to exercise?	zing, shortness	s of breath, or ches	t tightness lin	nit your	Yes No
7. Did 3	you feel that it v	was difficult to	control your asthm	ia?		Yes No
In the past	12 months, has	coughing, whe	eezing, shortness	of breath, or o	hest tightness:	
8. Caus	sed you to take	steroid pills or	shots, such as pre-	dnisone or Me	drol**?	Yes No
9. Caus a he	sed you to go to alth care provid	o the emergend ler?	y room or have un	planned visits	to	Yes No
10. Caus	sed you to stay	in the hospital	overnight?			Yes No
					Total YES An	swers 🗌
What Do	es My AIRQ™	Score Mean	?			
 Cause 	sed you to take sed you to go to alth care provic sed you to stay as My AIRQ ^{TP} is meant to hely agnose asthma, o discuss the nu may be well-cor	steroid pills or o the emergence er? in the hospital Score Mean o your health ca . Whatever you umber and answ strolled, can hav	shots, such as pre- cy room or have un overnight?	dnisone or Me planned visits ith you about I YES answers questions witi k. As asthma c	drol**? s to Total YES Ar your asthma cont), it is important t n you. All patients control worsens, ti	Yes N Yes N Yes N Yes N rol. The AIRQ [™] or your health with asthma, even be chance of an



AIRQ[®] Levels of Control

- 0-1 = Well-controlled
- 2-4 = Not Well-controlled
- 5-10= Very Poorly Controlled

AIRQ[®] MID of 2

AIRQ[®] Predicts Future Exacerbations

- Not Well-Controlled (2-4): [OR]
 [95% (CI)] = 2.14 [1.58, 2.89]
- Very Poorly Controlled (5-10):
 [OR] [95% CI] = 4.60 [3.26, 6.50]

AIRQ® Compared to Existing Assessments of Asthma Control



Performance of the AIRQ[®] Compared to Existing Asthma Control Measures

The year long longitudinal study enrolled 1121 patients from 24 geographically diverse specialty care (allergy or pulmonology) sites



Measures of Asthma Control Compared to AIRQ:

GINA SCT, symptom control tool comprises 4 "yes/no" questions assessing the occurrence of asthma-related daytime symptoms, night awakenings, short-acting b2-agonist use, and activity limitations over the previous 4 weeks. Using the GINA SCT, asthma was assessed as well-controlled if 0 yes responses were recorded, partly controlled if 1 or 2 yes responses were indicated, or uncontrolled for 3 or 4 yes responses.

EO, expert opinion of asthma control was informed by physician interview, physical examination, patient responses to the GINA SCT questions, and review of the chart-abstracted GINA risk factors for poor asthma outcomes. Physician investigators provided their EO using a scale of completely controlled, well-controlled, somewhat controlled, poorly controlled, and not controlled.

ACT[™], Asthma Control Test, a total 5-item score: 5-25 with ≥20 well controlled, 13-19 not well-controlled and ≤12 very poorly controlled

Chipps B, Murphy KR, et al. Ann Allergy Asthma Immunol. 2023;131(4):436-443,

Patients with Prior Year and Subsequent Exacerbations: Rated as Well Controlled



Significantly more patients with prioryear exacerbations who were rated as completely or well-controlled at baseline by <u>GINA SCT, ACT, or EO</u> had ≥1 and ≥ 2 subsequent-year exacerbations than those similarly assessed by AIRQ (p< 0.001).

AIRQ is the least likely control tool to place patients into well controlled who have prior and subsequent exacerbations

ACT[™], Asthma Control Test; AIRQ[®], Asthma Impairment and Risk Questionnaire; EO, expert opinion; GINA, Global Initiative for Asthma; SCT, symptom control tool.

Chipps B, Murphy KR, et al. Ann Allergy Asthma Immunol. 2023;131(4):436-443

Patients with Prior Year and Subsequent Exacerbations: Rated as Uncontrolled



Significantly more patients with prior year exacerbations who were identified at baseline by the AIRQ as <u>uncontrolled</u> went on to have ≥1 and ≥2 subsequent-year exacerbations than those similarly rated by GINA SCT, ACT, or EO (p<.01)

AIRQ is the most likely control tool to place patients with prior and subsequent exacerbations into the uncontrolled category.

ACT[™], Asthma Control Test; AIRQ[®], Asthma Impairment and Risk Questionnaire; EO, expert opinion; GINA, Global Initiative for Asthma; SCT, symptom control tool.

Chipps B, Murphy KR, et al. Ann Allergy Asthma Immunol. 2023;131(4):436-443,

AIRQ[®] vs ACT[™] in Detecting Symptom Impairment

Proportion of Well Controlled Patients with Symptom Impairment in the past 2 Weeks*



With AIRQ as an asthma control measurement tool, less patients with significant disease burden go unnoticed when compared to ACT.

Chipps B, Murphy KR, et al. Ann Allergy Asthma Immunol. 2023;131(4):436-443

*p<.01, pairwise comparison for all symptoms, AIRQ Vs. ACT

AIRQ[®] vs ACT[™]

AIRQ[®]

- Simple yes/no, low-literacy tool that includes both domains of asthma control
- Superior in identifying patients who are experiencing symptom impairment
- Includes past exacerbations and is a robust predictor of future exacerbations



ACT™

- Complicated 5-point Likert scale questions, assessing only symptom control
- Despite being a standard of impairment, misidentifies patients as well-controlled with active symptoms
- No inclusion of past exacerbations as a risk for future exacerbations

AIRQ can alert clinicians to patients that otherwise would have been misidentified as well controlled by ACT, resulting in a Shared Decision-Making conversation that can change both patients and clinician's behaviors and outcomes.

Chipps B, Murphy KR, et al. Ann Allergy Asthma Immunol. 2023;131(4):436-443,

AIRQ® in Clinical Practice: Effect on Asthma Control



AIRQ® in Clinical Practice: Effect on Asthma Control

- 711 patients with asthma aged ≥13 years participated in the 9-month study
- 431 patients in primary care and 280 patients in specialty practice.

- The AIRQ and Asthma Checklist (a point of care decision support tool) was implemented into clinical practice
- Assessment of asthma control (AIRQ) was completed at baseline and at 9 months.



Baseline Assessment of Asthma Control



What Did We Find at Follow-up?

Specialty Practice

- Most patients (95.7%) who were WC at baseline were WC at follow-up
- Over half (65.7%) of NWC patients at baseline were WC at follow-up
- A quarter of VPC patients improved (12.8% WC and 12.8% NWC)

Overall, there was a 113% increase in WC asthma and a 36% decrease in uncontrolled asthma (NWC & VPC)

Significant improvements in asthma control occurred in patients where AIRQ was implemented into clinical practice



Mendoza K. et al, J Allergy Clin Immunology, Volume 153, Issue 2, 2024

A New Era In Asthma Management Asthma Impairment and Risk Questionnaire (AIRQ[®])

PRECISION	Asthm	a Impair	ment and	Risk Qu	estionnai	re (AIRQ™)
For use b diagnose Please ans	y health care d with asthm wer all of the q	providers w a. AIRQ™ is i uestions below	ith their patient intended to be p	s 12 years a part of an as	nd older who i sthma clinic vi	have been sit.
in the past	2 weeks, has c	oughing, whee	zing, shortness of	breath, or cho	est tightness:	
1. Both	ered you during	g the day on me	ore than 4 days?			Yes No
2. Wok	e you up from	sleep more tha	n 1 time?			Yes No
3. Limi	ted the activitie	es you want to o	io every day?			Yes No
4. Cau:	sed you to use	your rescue inh	aler or nebulizer 🖭	very day?		Yes No
					Par P	
Primotene® MIST (Amphastar Pharmaceuticels) or Epinephrine	ProAir* HEA (Teva Reprintory, LLC) or Albuterol sulfate	ProAir RespiClick* (Teva Respiratory, LLC) or Albuterol sulfate	Proventil* HFA (Merck Sharp & Dohme Corp., a subsidiery of Merck & Co., Inc.) or Abuterol sulfate	Ventolin' HFA (GlassSmithiQina) or Albutarol sulfate	Xopenes HFAP (Sunovion Phenesuticals Inc.) or Levalbuterol tartrate	Albuterol sulfate or Xopenex* (Sunovion Pharmaceuticals Inc. or Lavalbotenol HCI
		Pleas	e see all prescribing informati	on for all products.		
In the <u>past</u>	2 weeks:					
5. Did or pl	you have to lim laying with pets	it your social ac s/children) beca	tivities (such as vi ause of your asthm	siting with frie a?	ends/relatives	Yes No
6. Did abili	coughing, whee ty to exercise?	ezing, shortness	of breath, or ches	t tightness lin	nit your	Yes No
7. Did y	you feel that it i	was difficult to	control your asthm	ia?		Yes No
In the past	12 months, has	coughing, whe	ezing, shortness o	of breath, or o	hest tightness:	
8. Cau	sed you to take	steroid pills or	shots, such as pre-	dnisone or Me	drol**?	Yes No
9. Cau: a he	sed you to go t alth care provid	o the emergenc ier?	y room or have un	planned visits	to	Yes
10. Cau	sed you to stay	in the hospital	overnight?			Yes No
					Total YES Ar	nswers 🗌

What Does My AIRQ[™] Score Mean?

The ARG¹ is meant to help your health care providers talk with you about your asthma control. The AIRQ¹⁰ does not diagnose asthma. Whatever your AIRQ¹⁰ score (total WES ansvers), it is important for your health care team to discuss the number and answers to each of the questions with you. All patients with asthma, even those who may be well-controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases.¹⁰ Only our medical provider can decide how best to assess and treat your asthma.



- The AIRQ[™] provides an efficient, easy-to-use assessment of both impairment and risk domains of control
- A Follow-up AIRQ[™] has been validated and available for the assessment of ongoing asthma control
- Compared to ACT, AIRQ[™] is superior in identifying asthma control and predicting risk
- Pediatric AIRQ[™] for children 5-11 yrs. is presently being developed and validated

The AIRQ enhances the clinical assessment of asthma patients and heighten awareness of current uncontrolled asthma and potential future exacerbations.

Access AIRQ[®] at <u>www.airqscore.com</u>

A New Era In Asthma Management Assessing Asthma Control Children, Adolescents and Adults

