Preface

Sabina Škrgat[1,2]

Asthma is an airway disease which, in its severe forms, represents a serious burden for patients – due to continuous treatment and its side effects, comorbidities and asthma exacerbations. Many of them have a continuous fear of new exacerbations that might happen in future and a lower quality of life as they are deprived of many a fine experience.

It is still possible to die because of asthma. My teachers still saw young people die in intensive care units due to severe asthma exacerbations. I was exceptionally fortunate to become a medical doctor at a time when the basic therapy with inhaled glucocorticoids had already been introduced, although the knowledge about the mysteries of inhalers and inhalation techniques was far from being as clear as it is today. This was a proper revolution in asthma treatment. Now, in the area of biologics, we – the therapists – are probably in the middle of the second revolution in asthma treatment. But despite all these steps forward, we can see that it is still not possible to prevent, at least in some patients, a need for systemic glucocorticoids in maintenance or sporadic treatment. These patients might have a huge systemic glucocorticoid burden, they have greater mortality and they need a special care. They are vulnerable, and they have my special attention since they need a multidisciplinary approach: it means that they need not only a pulmonologist, but also gastroenterologist, endocrinologist, diabetologist and otorhinolaryngologist. Undoubtedly important and valuable partners in the team are also an experienced severe asthma nurse, psychologist, nutritionist, good respiratory physiotherapist and clinical pharmacist to provide support. When patients experience this approach which enables them to control their asthma, they often say that they are not often treated so comprehensively. My answer to them is simple and clear: "You are not merely the lungs that come through the door of our outpatient clinic, but you are a whole person." Many times this is followed by silence, a timid smile and a moment of happiness – both the patient's and mine in my role of a therapist. Because we have succeeded, both the patient and my team.

My belief is that in addition to a perfectly organized "micro-environment" in which the patients are treated, a good professional outcome also requires professional consensus at a national level, which has actually been achieved in numerous fields. The cherry on the cake is surely our participation at the international level, both regionally and at the level of the European Respiratory Society. The idea to launch the Severe asthma forum was born in cooperation with prof. Peter Korošec who is an exceptional authority on basic asthma principles. Our cooperation with him was a great privilege and the opportunity for excellent brainstorming debates. International cooperation provides opportunities

1 University Medical Centre Ljubljana, Ljubljana, Slovenia

2 Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

https://doi.org/10.26493/978-961-293-157-5.13-14

CC BY-SA

for verification of our own knowledge, profession and organization. It also mirrors the quality of our work. The SHARP initiative (Severe Heterogeneous Asthma Research collaboration, Patient-centred) is an excellent example of this kind of work and I thank prof. Ratko Djukanović for invitation to this working group.

And I am really happy about something else – the inquisitiveness of young people that I have the honour to teach, who easily follow, who notice something that I do not and respectfully let me know, and who have the courage for new and difficult beginnings. They feel with these patients who are somehow specific nonetheless.

The present monograph has taken a long time and a lot of thought to emerge. As a matter of fact, the idea was first expressed in the company of my friends, prof. Zvonka Zupanič Slavec and prof. Jonatan Vinkler. In this safe "spirit" it sailed on. I enjoyed the course of its creation because of the responses and efforts of the authors. And because of their sense of responsibility which could be felt throughout the more than one year of our work. This monograph consists of six basic chapters. The basic principles of asthma pathogenesis are followed by a chapter on the long path of glucocorticoids in the treatment of asthma, which summarizes both the historical aspect and development of treatment, as well as highlights the problem of side effects and the burden of oral glucocorticoids. The story in the monograph then evolves with multidisciplinary approaches to the treatment, diagnostic and therapeutic challenges and asthma phenotypes, and ends with still existing contradictions and dilemmas. I would especially like to thank prof. Sanja Popović-Grle and prof. Mitja Košnik for their excellent performance. We wished to write professional texts and let them be read by fellow doctors and their teams who are already trained in the art of asthma, and those who are yet to become so. If the present monograph helps them in this, our purpose will be achieved.

Because treating a patient with severe asthma is not just a therapy, it is also a bit of art.

Good luck!