

# Leading asthma groups tackle definition of clinical remission in treatment of asthma

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As an increasing number of improved asthma treatments are developed, a greater number of people with asthma are finding their symptoms under control. Their improved status raises an important question for health care providers (HCPs) who treat this condition: "What qualifies as clinical remission in the treatment of asthma?"

A panel of 11 experts in [asthma care](#) came together to review available literature to create a working definition. The panel included six allergists, three pulmonologists and two pediatricians. The paper outlining their recommendations is published in [Annals of Allergy, Asthma and Immunology](#).

"As a group, we recognize that with the recent introduction of new biologic therapies for [asthma](#) treatment, the concept of disease remission has become something we can aspire to," said allergist Michael Blaiss, MD, a member of the work group and lead author of the paper. "To date, there is no standard, accepted definition for clinical remission on treatment in asthma. We see this document as a jumping-off point, and a template to allow for further clinical research. HCPs treating those with asthma can use this definition to generate needed data, and we expect the definition to evolve over time."

As the term "remission" has historically implied total control of asthma, without medication use, the work group proposed six criteria for asthma clinical remission on treatment. Of the six criteria, three had unanimous consent while the remaining three had factors that remain under consideration.

The following three criteria were unanimously agreed upon by members of the work group, who said they must be met over a 12-month period, and may be applied to those receiving monoclonal antibody therapy (biologic) for asthma:

1. No exacerbations requiring a physician visit, emergency care, hospitalization, and/or systemic corticosteroid for asthma (i.e., oral, injectable).
2. No missed work or school over a 12-month period due to asthma-related symptoms.
3. Stable and optimized pulmonary function results on all occasions, when measured over a 12-month period, with a minimum of two measurements during the year.

The remaining three criteria (found in the manuscript) deal with frequency of use of certain therapies as well as measures of asthma symptoms such as assessment questionnaires and/or tools.

"While this is a research tool, it also provides an aspirational goal to attempt a more prolonged control," says allergist John Oppenheimer, MD, a member of the work group and corresponding author of the paper. "This is achievable only in a subgroup of people with asthma, but it reinforces the need to optimize and adhere to medications and sets a goal that will hopefully be the catalyst for further research and asthma medication development. It is important to note the document does not address complete remission off medication. It is meant to be a higher standard than control in the asthma patient."

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**More information:** Michael Blaiss et al, Consensus of an ACAAI, AAAAI, and ATS Workgroup on Definition of Clinical Remission in Asthma on Treatment, *Annals of Allergy, Asthma & Immunology* (2023). [DOI: 10.1016/j.anai.2023.08.609](https://doi.org/10.1016/j.anai.2023.08.609)

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