



Revista Portuguesa de Pneumologia

ISSN: 0873-2159

sppneumologia@mail.telepac.pt

Sociedade Portuguesa de Pneumologia  
Portugal

Bousquet, J.; Rosado Pinto, J.; Barbara, C.; Correia da Sousa, J.; Fonseca, J.; Pereira Miguel, J.; Boavida, J.; Todo Bom, A.; Malva, J.; Robalo Cordeiro, C.  
Portugal at the cross road of international chronic respiratory programmes  
Revista Portuguesa de Pneumologia, vol. 21, núm. 5, septiembre-octubre, 2015, pp. 230-232  
Sociedade Portuguesa de Pneumologia  
Lisboa, Portugal

Available in: <http://www.redalyc.org/articulo.oa?id=169741611003>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative



## EDITORIAL

# Portugal at the cross road of international chronic respiratory programmes



July 1–4, 2015 two meetings will be held with the Directorate General of Health in Lisbon, Portugal to discuss chronic respiratory programmes of the WHO Global Alliance against Chronic Respiratory Diseases (GARD)<sup>1,2</sup> and European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)<sup>3</sup> (AIRWAYS ICPs: Integrated Care Pathways for airway diseases).<sup>4</sup> The goals of these meetings will be to make an update of these two international actions and to strengthen the WHO noncommunicable disease (NCD) action plan (2013–2020).

Chronic respiratory diseases (CRD) include asthma, rhinitis and COPD, occupational lung diseases, sleep apnoea syndrome and genetic syndromes such as cystic fibrosis.<sup>1,2</sup> Over 1 billion people in the world suffer from CRDs. They represent one of the priorities of the EU (3053rd and 3131st Conclusions of the EU Council, 2010 and 2011)<sup>5,6</sup> and the United Nations (High Level meeting on Non-Communicable Diseases, 2011).<sup>7</sup> The 2011 Polish Presidency of the EU Council made the prevention, early diagnosis and treatment of asthma and allergic diseases a priority for the EU's public health and policy in order to reduce health inequalities.<sup>5</sup> The early determinants of CRDs were reinforced during the Cyprus Presidency of the EU Council.<sup>8</sup> The 2014 Italian Presidency of the EU Council has prioritized CRDs. CRDs represent a model of chronic diseases due to their prevalence, burden (3 million annual deaths due to COPD), and comorbidities with other chronic diseases.<sup>9</sup>

European Innovation Partnerships (EIP) attempt to enhance EU competitiveness and tackle societal challenges by fostering innovation. Active and Healthy Ageing (AHA) is a major societal challenge common to all countries and to all populations.<sup>10</sup> Ageing, intertwined with socioeconomic inequalities, is an under-appreciated cause of poverty. AHA needs to be promoted very early in life to be successful. The EIP on AHA is deployed in 3 areas and 6 action plans.<sup>11</sup>

AIRWAYS ICPs (integrated care pathways for airway diseases) has been selected as the model of NCDs for Area 5 of the B3 Action Plan of the EIP on AHA (DG Sanco and DG CNECT).<sup>4</sup> It was launched by NHS England (Newcastle, February 2014) and has been endorsed by the EIP on AHA Reference Site Network. The goals of AIRWAYS ICPs include

**Table 1** Goals of AIRWAYS ICPs.

1. Proposing a common framework of care pathways for chronic respiratory diseases which will facilitate comparability and trans-national initiatives
2. Proposing plans targeted to all populations according to culture, health systems and income
3. Developing a strategy based on WHO PEN and the essential list of drugs for low and middle income countries
4. Informing cost-effective policy development, in particular strengthening those on smoking and environment exposure
5. Aiding risk stratification in chronic disease patients with a common strategy
6. Building a sentinel network for allergic diseases and asthma
7. Having a significant impact on the health of citizens in the short term (reduction of morbidity, improvement of education in children and of work in adults) and the long-term (healthy ageing)
8. Tackling chronic diseases across the life cycle
9. Defining active and healthy ageing
10. And ultimately reducing the healthcare burden (emergency visits, avoidable hospitalizations, disability and costs) while improving quality of life and promoting active and healthy ageing. In the longer term, the incidence of disease may be reduced by innovative prevention strategies

the launch of a collaboration to develop multisectoral CRD care pathways (ICPs) in European countries and regions, as part of the EIP on AHA (Area 5 of the Action Plan B3 of EIP on AHA, DG Sanco, DG CNECT) as well as a global scale up with WHO GARD (GARD demonstration research project).<sup>1,2</sup> AIRWAYS-ICPs has strategic relevance to the European Union Health Strategy and the WHO NCD Action Plan (2013–2020). The goals of AIRWAYS ICPs are listed in [Table 1](#).

Portugal has been promoting CRDs for over 10 years by the scientific Societies and, more recently, through the National

Program on Respiratory Diseases, from the Directorate-General for Health.

The first meeting will review the different actions of AIRWAYS ICPs and launch some activities which are finalized. Among them, a repository for good practices, the new ARIA 2015 guidelines, the MACVIA-ARIA sentinel network and the scaling up strategy.

Allergic rhinitis is one of the most prevalent diseases in the world (25% of the EU population). Although symptoms of rhinitis appear to be trivial, the disease affects social activities, school and work performance and allergic rhinitis is associated with a detrimental effect on examination performance.<sup>12</sup> It is often associated with or precedes asthma. Allergic rhinitis has been considered to alter AHA if not appropriately managed.<sup>5,6</sup> ARIA, a guideline for allergic rhinitis and its comorbidity with asthma, was the first comorbidity guideline in chronic diseases. It was developed in the late 1990s in collaboration with WHO using the recommended methodology for guidelines (Shekelle).<sup>13</sup> It was updated in 2008.<sup>14</sup> It has been revised using the GRADE methodology (2010).<sup>15–17</sup> It is the most widely used guideline for rhinitis, and rhinitis and asthma comorbidity globally.<sup>18</sup> ARIA is implemented in 64 countries and the pocket guide of the guideline has been translated into 52 languages. However, there is a need to develop a new set of recommendations which will be integrated care pathways. The ARIA 2015 will be launched during the meeting in Lisbon.

The MACVIA-ARIA Sentinel Network (MASK) proposes to study the symptoms of patients suffering from allergic symptoms during the pollen season in order to make them sentinels for the onset and severity of the pollen season. Patients are geolocalised and will evaluate their symptoms by visual analogue scale (VAS) using a cell phone with a touch screen or internet. This information will be coded and sent to a central database and subsequently to all patients registered in the system. A Clinical Decision Support System (CDSS)<sup>19,20</sup> will immediately propose advice for (standardized) pharmacologic treatment. Patients with uncontrolled disease (SCUAD)<sup>21</sup> will be easily defined as those resistant to treatment despite optimal treatment. Moreover, conjunctival symptoms and asthma will be monitored by the system. It will be combined with CARAT (Control of Allergic Rhinitis and Asthma Test)<sup>22,23</sup> in order to better phenotype the patients, and an e-learning tool.

The EIP on AHA has proposed a 5-step framework for developing an individual scaling up strategy: (1) what to scale up: (1–1) databases of good practices, (1–2) assessment of viability of the scaling up of good practices, (1–3) classification of good practices for local replication and (2) how to scale up: (2–1) facilitating partnerships for scaling up, (2–2) implementation of key success factors and lessons learnt. This strategy has already been applied to the CRD action plan of the EIP on AHA.

This meeting will have the support of the Région Languedoc Roussillon<sup>24</sup> and the Coimbra Region, and will be the third meeting of the Collaborative Network of EIP on AHA Reference Sites.

The second meeting will be the GARD annual meeting and will review advances of this WHO alliance.

Both meetings are supported by the Portuguese Respiratory Society and show the implication of this society in international actions on CRDs.

## References

1. Bousquet J, Dahl R, Khaltaev N. Global alliance against chronic respiratory diseases. *Allergy*. 2007;62(3):216–23.
2. Bousquet J, Khaltaev N, 148 pp. Global surveillance, prevention and control of Chronic Respiratory Diseases. A comprehensive approach. Global Alliance against Chronic Respiratory Diseases. World Health Organization; 2007, ISBN 978 92 4 156346 8.
3. Bousquet J, Michel J, Standberg T, Crooks G, Iakovidis I, Gomez M. The European Innovation Partnership on Active and Healthy Ageing: the European Geriatric Medicine introduces the EIP on AHA Column. *Eur Geriatr Med*. 2014;5(6):361–2.
4. Bousquet J, Addis A, Adcock I, et al. Integrated care pathways for airway diseases (AIRWAYS-ICPs). *Eur Respir J*. 2014;44(2):304–23.
5. Samolinski B, Fronczak A, Włodarczyk A, Bousquet J. Council of the European Union conclusions on chronic respiratory diseases in children. *Lancet*. 2012;379(9822):e45–6.
6. Samolinski B, Fronczak A, Kuna P, et al. Prevention and control of childhood asthma and allergy in the EU from the public health point of view: Polish Presidency of the European Union. *Allergy*. 2012;67(6):726–31.
7. Beaglehole R, Bonita R, Alleyne G, et al. UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. *Lancet*. 2011;378(9789):449–55.
8. Bousquet J, Tanasescu CC, Camuzat T, et al. Impact of early diagnosis and control of chronic respiratory diseases on active and healthy ageing. A debate at the European Union Parliament. *Allergy*. 2013;68(5):555–61.
9. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet*. 2012;380(9836):37–43.
10. Rechel B, Grundy E, Robine JM, et al. Ageing in the European Union. *Lancet*. 2013;381(9874):1312–22.
11. European Innovation Partnership on Active and Healthy Ageing. The specific actions and how to engage in their implementation. 06/03/12; 2012 [http://europea.eu/research/innovation-union/pdf/active-healthy-ageing/20120306\\_howtopdf](http://europea.eu/research/innovation-union/pdf/active-healthy-ageing/20120306_howtopdf)
12. Walker S, Khan-Wasti S, Fletcher M, Cullinan P, Harris J, Sheikh A. Seasonal allergic rhinitis is associated with a detrimental effect on examination performance in United Kingdom teenagers: case-control study. *J Allergy Clin Immunol*. 2007;120(2):381–7.
13. Bousquet J, Van Cauwenberge P, Khaltaev N. Allergic rhinitis and its impact on asthma. *J Allergy Clin Immunol*. 2001;108 5 Suppl:S147–334.
14. Bousquet J, Khaltaev N, Cruz AA, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 update (in collaboration with the World Health Organization. GA(2)LEN and AllerGen). *Allergy*. 2008;63 Suppl 86:8–160.
15. Brozek JL, Akl EA, Alonso-Coello P, et al. Grading quality of evidence and strength of recommendations in clinical practice guidelines. Part 1 of 3. An overview of the GRADE approach and grading quality of evidence about interventions. *Allergy*. 2009;64(5):669–77.
16. Bousquet J, Schunemann HJ, Zuberbier T, et al. Development and implementation of guidelines in allergic rhinitis – an ARIA-GA2LEN paper. *Allergy*. 2010;65(10):1212–21.
17. Padjas A, Kehar R, Aleem S, et al. Methodological rigor and reporting of clinical practice guidelines in patients with allergic rhinitis: QuGAR study. *J Allergy Clin Immunol*. 2014;133(3):777–83.e4.
18. Bousquet J, Schunemann HJ, Samolinski B, et al. Allergic Rhinitis and its Impact on Asthma (ARIA): achievements in 10 years and future needs. *J Allergy Clin Immunol*. 2012;130(5):1049–62.

19. Bright TJ, Wong A, Dhurjati R, et al. Effect of clinical decision-support systems: a systematic review. *Ann Intern Med.* 2012;157(1):29–43.
20. Jaspers MW, Smeulders M, Vermeulen H, Peute LW. Effects of clinical decision-support systems on practitioner performance and patient outcomes: a synthesis of high-quality systematic review findings. *J Am Med Inform Assoc.* 2011;18(3):327–34.
21. Bousquet J, Bachert C, Canonica GW, et al. Unmet needs in severe chronic upper airway disease (SCUAD). *J Allergy Clin Immunol.* 2009;124(3):428–33.
22. Azevedo P, Correia de Sousa J, Bousquet J, et al. Control of Allergic Rhinitis and Asthma Test (CARAT): dissemination and applications in primary care. *Primary Care Respir J.* 2013;22(1):112–6.
23. Fonseca JA, Nogueira-Silva L, Morais-Almeida M, et al. Validation of a questionnaire (CARAT10) to assess rhinitis and asthma in patients with asthma. *Allergy.* 2010;65(8):1042–8.
24. Bousquet J, Bourquin C, Augé P, et al. MACVIA-LR Reference Site of the European Innovation Partnership on Active and Healthy Ageing. *Eur Geriatr Med.* 2014;5(6):406–15.

J. Bousquet, J. Rosado Pinto, C. Barbara,  
J. Correia da Sousa, J. Fonseca, J. Pereira Miguel,  
J. Boavida, A. Todo Bom, J. Malva, C. Robalo Cordeiro\*

\*Corresponding author.

*E-mail address:* [carlos.crobalo@gmail.com](mailto:carlos.crobalo@gmail.com)  
(C. Robalo Cordeiro).

Available online 12 August 2015