The healthcare costs associated with comorbidities of refractory asthma and systemic steroid exposure in the UK (Refractory Asthma & Steroid Exposure)

First published: 08/11/2013 Last updated: 21/02/2024



### Administrative details

#### **EU PAS number**

EUPAS5032

#### **Study ID**

5033

#### DARWIN EU® study

No

#### **Study countries**

United Kingdom

#### **Study description**

This study will use the UK's Optimum Patient Care Research Database (OPCRD) to address a number of objectives relating to refractory asthma in the UK. The findings of the OPCRD evaluations will be compared to those of the British Thoracic Society's Difficult Asthma Registry morbidity prevalence data to help provide best morbidity prevalence estimates for the UK's refractory asthma populations and to inform the development of models to estimate the burden of steroid-induced morbidity.The study will consist of two key phases:Phase 1: a cross-sectional matched cohort comparison of morbidity rates in patients with refractory asthma, those with well-controlled asthma and in non-asthmatic controls.Phase 2: a 7-year longitudinal matched cohort comparison of new incidence of morbidities in patients with refractory asthma, well-controlled asthma and non-asthmatic controls.

#### **Study status**

Ongoing

### Research institutions and networks

### Institutions

### Queen's University Belfast

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### Networks

Respiratory Effectiveness Group (REG)
Belgium
Denmark
France
Germany
Greece
Hungary
Italy
Netherlands
Spain
Sweden
United Kingdom
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Network ENCePP partner

# Contact details

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Primary lead investigator Heaney Liam

## Study timelines

Date when funding contract was signed Planned: 19/08/2013 Actual: 19/08/2013

Study start date Planned: 02/09/2013 Actual: 02/09/2013

Date of final study report Planned: 01/04/2014

### Sources of funding

• Other

### More details on funding

University, Respiratory Effectiveness Group

## Study protocol

Refractory Asthma and oral steroid use\_OPCRD study protocol\_final281013.pdf (1.09 MB)

## Regulatory

#### Was the study required by a regulatory body?

No

#### Is the study required by a Risk Management Plan (RMP)?

Not applicable

### Methodological aspects

## Study type

# Study type list

#### Study type:

Non-interventional study

#### Scope of the study:

Disease epidemiology Other

#### If 'other', further details on the scope of the study

Cost effectiveness modelling

#### Main study objective:

To provide best morbidity prevalence estimates for the UK's refractory asthma populations to inform models to estimate the burden of steroid-induced morbidity.

# Study Design

#### Non-interventional study design

Case-control Cohort Cross-sectional

## Study drug and medical condition

#### Anatomical Therapeutic Chemical (ATC) code

(H02AB06) prednisolone prednisolone

#### Medical condition to be studied

Asthma

### Population studied

#### Age groups

Adolescents (12 to < 18 years) Adults (18 to < 46 years) Adults (46 to < 65 years) Adults (65 to < 75 years) Adults (75 to < 85 years) Adults (85 years and over)

**Estimated number of subjects** 30000

## Study design details

#### Data analysis plan

For both Phase 1 and 2 of the study, well-controlled asthma patients and nonasthmatic controls will be matched to refractory asthma patients. To increase the power of the analysis matching will be on a 5-to-1 basis, with five randomly selected well-controlled asthma patients and five non-asthmatic control patients matched to each refractory asthma patients.Matching criteria will be patients': age, gender, year of birth.Phase 1: cross-sectional evaluation: Frequency of existing morbidities in the 2 year period (2011-2013) will be evaluated and reported separately for each group. Rate ratios will be evaluated for each morbidity with 95% confidence intervals. Phase 2: longitudinal evaluation: incidence of new morbidities in the period 1 April 2006-present day will be evaluated for each patient group.Survival analyses will be conducted, patients who are lost to follow up (e.g. through leaving the practice or through death) will be censored.

### Data management

### Data sources

**Data sources (types)** Electronic healthcare records (EHR) Other

#### Data sources (types), other

Prospective patient-based data collection

## Use of a Common Data Model (CDM)

#### **CDM** mapping

No

# Data quality specifications

#### **Check conformance**

Unknown

#### **Check completeness**

Unknown

#### **Check stability**

Unknown

#### **Check logical consistency**

Unknown

### Data characterisation

#### Data characterisation conducted

No