



## Current treatment Methods of Asthma Prevalence and its Historical Trends

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### DESCRIPTION

Across nations, geographical regions, and even within nations with diverse geographies and social strata, the frequency of asthma varies greatly. The Indian Study on Epidemiology of Asthma, Respiratory Symptoms and Chronic Bronchitis in Adults (INSEARCH) assessed the national burden of asthma at 17.23 million with an overall prevalence of 2.05%. According to the most current Global Burden of Disease report (GBD, 1990-2019), 34.3 million Indians are predicted to have asthma, which represents 13.09% of the global burden. In addition, 13.2 deaths per 1,000 people in India were related to asthma. In the Indian population, asthma accounted for 27.9% of DALYs (Disability-Adjusted Life Years). Overall, India has a mortality rate that is three times higher and DALYs that are more than twice as high as the global average [1,2]. Studies conducted globally using a consistent technique can explain the disproportionate mortality and morbidity.

The GAN (Global Asthma Network) study examined certain topics that the International Study of Asthma and Allergies in Childhood (ISAAC) studies did not, such as the prevalence of asthma symptoms in parents of young children and the drugs used to treat it. This study aimed to examine the GAN Phase I data from Indian centres for the prevalence of asthmatic symptoms in children (aged 6-7 years and 13-14 years) and their adult parents. The change in the prevalence of asthmatic symptoms in children compared to previous ISAAC studies and associated environmental factors. The current use of medications among children and adults with asthma [3].

Contrary to what is commonly believed, the time trends of asthma prevalence from our study are not rising in recent decades. Yet, our data shows a considerable decline in the prevalence of present wheeze, which has been thought of as an asthma symptom. Because the ISAAC and GAN investigations used the same methodology, recruitment sites, and investigators, it was possible to reasonably compare the data and evaluate the temporal trends. The prevalence of the majority of the causes of current wheeze, including paracetamol use, maternal smoking, farm exposure, pets in the home, trucks passing by the house,

and use of antibiotics during the first year, was also significantly lower in the GAN study compared to the earlier ISAAC studies. Throughout this time, severe car pollution standards have also been put into effect in India. In contrast, utilization of variables believed to be protective for asthma, like fruit consumption and whether a kid has ever been nursed, increased dramatically in the GAN Phase. Moreover, national asthma guidelines were developed and implemented, which also would have produced better results. The reduction in the frequency of present wheeze may be explained by the change in the aforementioned environmental conditions [4,5].

### CONCLUSION

The prevalence of present wheeze was 3.16 % in children aged 6-7, 13.3 % in adolescents, and 3.63 % in adults, respectively. Asthma under diagnosis and under treatment was identified as an issue. Less than 1% of undiagnosed people take the daily ICS as prescribed, while up to 82% of subjects with present wheezing and up to 70% of subjects with severe asthma symptoms go undetected. The usage of daily ICS was comparatively low, even among those with a clinical diagnosis of asthma who were now wheezing.

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