May 2025

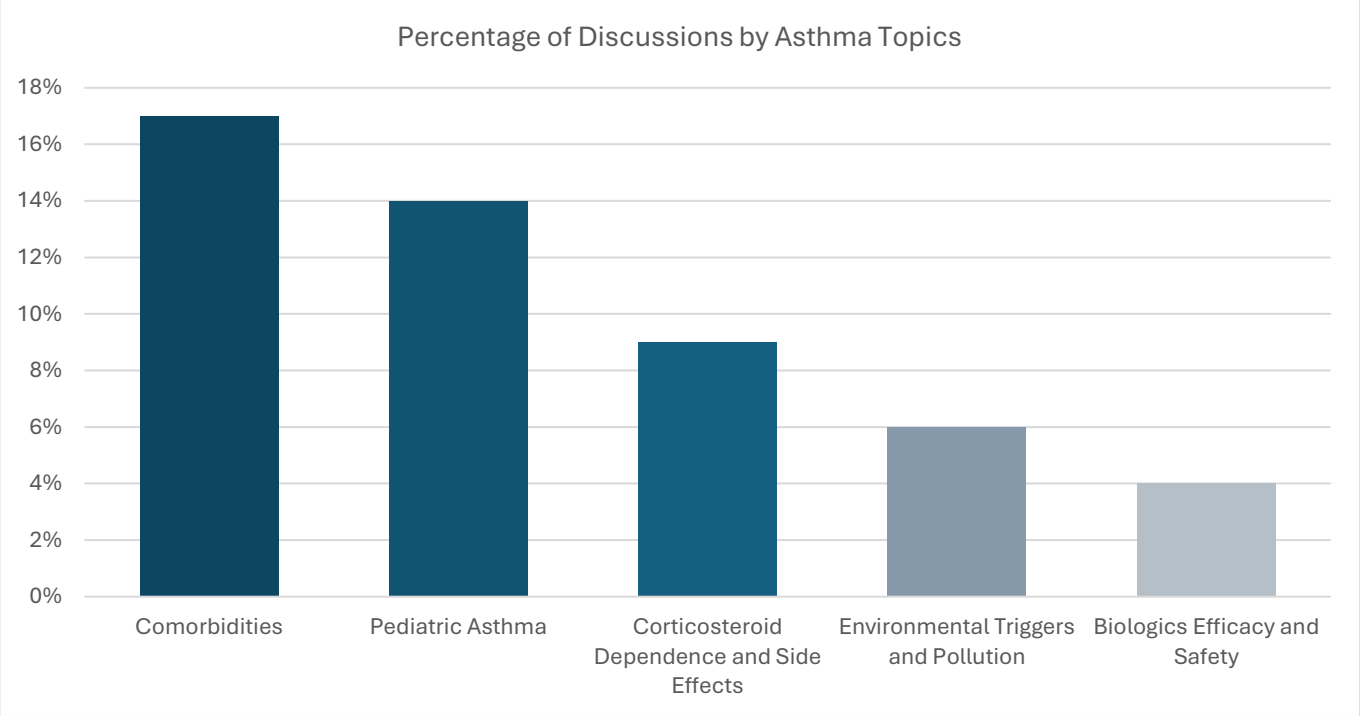
Extraction date: May 13th, 2025
Topics/keywords: 'asthma'
Data types: posts, comments, likes, polls
Geographical segment: global physicians, physicians by region

Analyzed data points on G-Med: 3,534
Specialties: Pulmonology; Family Medicine; Internal Medicine
Countries analyzed: 66
Reach: 35,720

Introduction

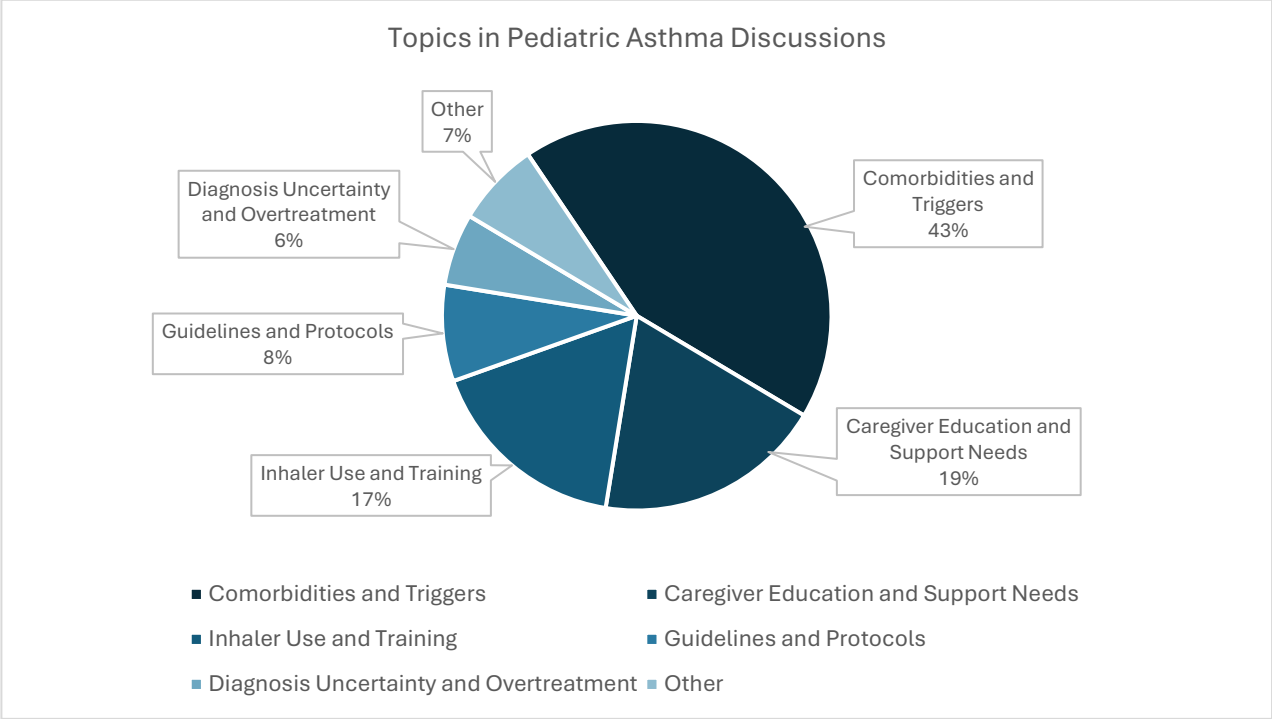
This report provides an in-depth analysis of physician discussions on the topic of asthma, sourced from the G-Med platform. By evaluating unique posts and comments written by physicians, the analysis captures physician concerns, clinical practices, and treatment trends. Keyword-based thematic mapping and sentiment analysis were used to uncover patterns in discussions, focusing on diagnosis, treatment, and follow-up. All content has been translated and standardized for consistency.

Main Concerns of G-Med Physicians on the Topic of Asthma



- **Asthma and Comorbidities (17%):** Physicians discussed allergic rhinitis, GERD, and sinusitis as complicating factors in asthma control.
    - 63% supported integrated care approaches.
    - 37% flagged difficulty managing symptoms across overlapping conditions.

- **Asthma in Pediatric Patients (14% of physician discussions):** Pediatric asthma raised concern over inhaler use, comorbidities and triggers, caregiver education, and long-term treatment safety.
    - **Pediatric Comorbidities and Triggers (43% of pediatric discussions):** Physicians frequently discussed asthma flare-ups linked to allergic rhinitis, infections, and seasonal triggers. Many emphasized distinguishing between viral and asthmatic symptoms in children, particularly in younger age groups.
    - **Caregiver Education and Support Needs (19%):** Caregiver misunderstanding of asthma signs, medication schedules, and inhaler use was cited as a barrier to effective control. Posts called for structured education at diagnosis and follow-up appointments.
    - **Inhaler Use and Technique Training (17%):** Improper inhaler technique, especially in younger children, was described as a core driver of treatment failure. Posts recommended using spacers and visual coaching tools to improve adherence and delivery.
    - **Use of Guidelines and Structured Protocols (8%):** Some physicians endorsed the use of pediatric-specific asthma protocols, including step-based guidance from the Global Initiative for Asthma (GINA), to ensure consistent management and escalation when needed.
    - **Diagnosis Uncertainty and Overtreatment (6%):** A number of physician discussions raised concerns about initiating asthma treatment in very young children without spirometry or clear clinical history, citing risks of unnecessary corticosteroid exposure.



- **Corticosteroid Dependence and Side Effects (9%):** There was active debate on long-term corticosteroid use, especially for uncontrolled asthma.

  - 47% supported its use when other therapies fail.
  - 53% cited risks including metabolic changes and immunosuppression.

- **Environmental Triggers and Pollution (6%):** Environmental exposures like dust, poor air quality, and recent forest fires were identified as key exacerbation drivers.
  - 50% highlighted community-level prevention efforts.
  - 50% described patient frustration with uncontrollable triggers.

- **Biologics Efficacy and Safety (4%):** Biologics were discussed in limited volume, mainly focusing on omalizumab and mepolizumab.
  - 33% reported confidence in effectiveness.
  - 67% noted safety and accessibility concerns.

Key Points on Diagnosis, Treatment, and Follow-Up

Diagnosis (25% of physician discussions)

- **Use of Spirometry and Objective Testing:** Physicians emphasized the importance of spirometry and peak flow testing to confirm asthma diagnosis and monitor progression, with discussions focusing on these tools as critical for early and accurate detection.

- **Challenges in Differential Diagnosis:** A small subset of physicians discussed challenges distinguishing asthma from overlapping conditions such as chronic cough, upper airway issues, or allergic rhinitis. These comments typically emphasized the importance of thorough clinical history and symptom context.

Treatment (33% of physician discussions)

- **Corticosteroid Use and Side Effects:** There was strong attention to long-term side effects of oral steroids, including hyperglycemia and osteoporosis.
  - 75% defended corticosteroids as indispensable in flare management.
  - 25% recommended transitioning to steroid-sparing strategies.

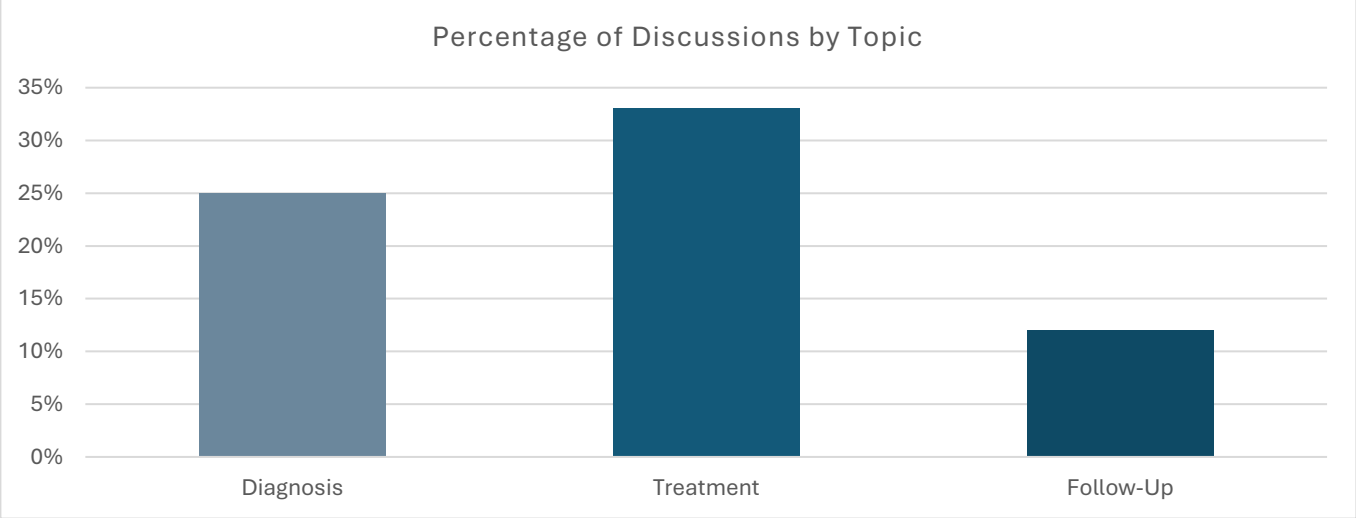
- **Timing of Inhaled Corticosteroid Dosing:** A recent G-Med physician poll revealed that only 12% of respondents typically prescribe beclomethasone inhaler use in the afternoon, despite evidence suggesting that a 3-4 PM dose may better control night-time asthma symptoms. The majority of physicians reported prescribing the inhaler twice daily (53%), with others favoring morning or evening dosing, despite those being inferior dosing schedules according to the latest evidence. These findings suggest a potential gap between emerging research findings and current clinical practice.

- **Biologics as Treatment Options:** Comments focused on biologics like omalizumab were mostly cautious. Concerns included limited access, unclear long-term safety, and patient selection.

- **Inhaler Technique and Adherence:** Physicians repeatedly cited poor inhaler technique as a reason for treatment failure, especially in children and older adults.
    - 45% stressed the importance of device training.
    - 55% highlighted nonadherence as a persistent barrier.

Follow-Up (12% of physician discussions)

- **Regular Monitoring and Assessment:** Physician discussions emphasized tracking symptoms and treatment efficacy during follow-up visits.
    - 29% praised this as essential for improving outcomes.
    - 71% were concerned about missed appointments and resource constraints.
- **Tailoring Follow-Up to Patient Needs:** Some physicians advocated for personalized schedules based on asthma severity and response, with some hesitancy from other physicians.
    - 45% saw this as the future of chronic disease care.
    - 55% felt such approaches are impractical in busy clinics.
- **Multidisciplinary Follow-Up Support:** There were calls for greater inclusion of nurses, educators, and psychologists in asthma follow-up.
    - 46% highlighted improved patient satisfaction.
    - 54% noted barriers such as funding and staffing.



Geographical Analysis of Physician Discussions on Asthma

Of the 66 countries analyzed, the following topics were discussed in prominent countries:

- **United States**: Discussions emphasized treatment nonadherence and high cost of biologics.
- **Canada**: High engagement with multidisciplinary approaches and psychosocial support.

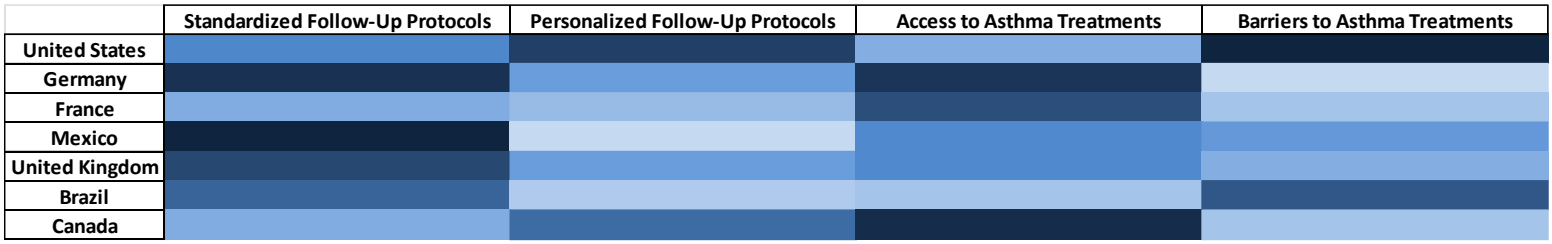
- **Germany**: Physicians stressed protocol-driven follow-up and structured care.
- **United Kingdom**: Physicians focused on asthma symptom identification and dose timing
- **France**: Mostly positive sentiment toward biologics, linked to institutional access.
- **Mexico & Brazil**: Environmental triggers and lack of treatment access were key concerns.

Cross-Country Differences in Asthma Management

This section presents key dimensions in asthma care, showing how physician discussions vary between standardized vs. individualized models and ease vs. difficulty in treatment access. Each theme is supported by country-specific patterns found in the dataset and reflected in the accompanying heatmap.

- **Standardized vs. Personalized Follow-Up:** Physicians in Germany, France, the United Kingdom, and Mexico frequently emphasized structured, guideline-based follow-up protocols, often discussing the importance of routine monitoring and standardized assessment plans. In contrast, discussions in the United States and Canada highlighted the need for personalized follow-up strategies tailored to disease severity, comorbidities, or patient preferences, especially in pediatric and elderly populations.
- **Access to Treatment vs. Barriers:** Canada, Germany, and France stood out with largely positive discussions around treatment availability, citing broad reimbursement and consistent access to inhalers and advanced therapies. In contrast, physicians from Brazil and the United States frequently discussed cost-related barriers and affordability challenges, particularly in relation to biologics and long-term corticosteroid use.

Approach By Country



Engagement Recommendations:

- As can be seen from the report, there are some knowledge gaps on the topic of asthma, especially surrounding optimizing treatment dosing and schedule. An awareness campaign could be beneficial in this case.
- G-Med's Awareness Package could be a good fit here.