

1.01 Don't act on the ACT

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The Asthma Control Test (ACT) is a validated tool used in the assessment of asthma control, and, frequently, in clinical trials. We tested the hypothesis that, due to the non-specific nature of respiratory symptoms, the ACT may actually be influenced by comorbid conditions.

Using data from the INCA-SUN trial, gathered during 6 visits over a 32-week period, we compared ACT scores with objective markers of asthma control, including spirometry and measures of T2 inflammation, and evaluated the influence of comorbidities, such as obesity, gastro-oesophageal reflux (GORD) and depression/anxiety. We discovered that the ACT showed no significant correlative relationship to objective measures of asthma control. Multiple logistic regression analyses accounting for age, sex, FEV1, T2 biomarkers and steroid exposure showed significantly lower ACT scores if GORD or depression/anxiety were present. Similar findings were noted using ordered logistic regression analyses for BMI classes.

The number of comorbidities was found to correlate negatively with ACT scores at each visit, and patients with a co-morbidity were less likely to improve subjectively throughout the study. (See Figure 1.) Given the ACT scores' lack of specificity, treatment decisions should be supported by objective evidence of poorly controlled asthma. Figure 1 (1.1) A comparison of ACT scores based on the presence of common comorbidities.

Conflict of Interest: None to declare

