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Inhaled corticosteroids in asthma and the need for universal health coverage

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Evidence and ICS-based asthma care reduces morbidity and mortality, and improves quality of life. It should be instituted worldwide. <http://bit.ly/2J4sW7E>

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We read with great interest the article on inhaled corticosteroids (ICS) and their effect on asthma progression and mortality recently published in the *European Respiratory Journal* [1]. The article presents an excellent review on asthma natural history, lung function evolution and the role of exacerbations in the course of the disease, and on mortality as well as the effect of ICS on the disease. We absolutely agree with the writers that the introduction of ICS has indeed made a huge impact on asthma morbidity and mortality. Before their introduction, severe asthma exacerbations and deaths were frequently seen in Europe, North America, Australia and New Zealand [2–4]. These were reduced drastically after the introduction of ICS and health programmes to ensure access to medications and training of healthcare personnel working in the community to diagnose and manage asthma: In Finland, the 10 year asthma plan showed that with the initiation of the programme in 1993, asthma morbidity fell and hospital days were reduced by 54% from 1993 to 2003 [5]. At the same time, more asthma patients were diagnosed and treated but the overall cost and per patient cost was also reduced.