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EDITORIAL

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Looking back to go forward: adherence to inhaled therapy before biologic therapy in severe asthma
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 Adherence to inhaled before biologic therapy in severe asthma
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For decades inhaled corticosteroids have been central to the management of asthma and are proven to be effective in maintaining symptom control, reducing exacerbations and preserving quality of life through mediation of airway inflammation. However, a small minority of patients have disease which is refractory to high dose inhaled corticosteroid (ICS) therapy and require additional oral corticosteroids to achieve acceptable control of symptoms and exacerbations. Severe asthma represents less than 10% of the total asthma population [1] but is the most serious, life-affecting and costly form of the condition [2]. Whilst oral corticosteroids are usually very effective in achieving disease control, even short courses have very significant side-effects and negative long-term effects [3]. Visionary immunological researchers have defined the molecular mechanisms underlying asthma [4–6]. These insights in turn have led, in an amazingly short time span, to the development of a variety of safe, effective biological agents that target the specific immune pathways that drive airway inflammation and the subsequent clinical features of asthma [5–10].