# Article information:

Dupilumab Efficacy in Steroid-Dependent Severe Asthma by Baseline Oral Corticosteroid Dose - The Journal of Allergy and Clinical Immunology: In Practice
[https://www.jaci-inpractice.org/article/S2213-2198(22)00332-4/fulltext](https://www.jaci-inpractice.org/article/S2213-2198%2822%2900332-4/fulltext)

# Article summary:

1. Dupilumab, a monoclonal antibody, effectively reduces oral corticosteroid (OCS) dose and improves clinical outcomes in patients with OCS-dependent severe asthma.

2. The efficacy of dupilumab was evaluated across subgroups defined by baseline OCS dose, and it was found to be effective in patients receiving both lower and higher doses of OCS.

3. Dupilumab provides an effective OCS-sparing treatment option for patients with severe asthma, reducing the need for long-term use of OCS which is associated with adverse side effects.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

This article reports on a post hoc analysis of the phase 3 LIBERTY ASTHMA VENTURE study, which evaluated the efficacy of dupilumab in patients with OCS-dependent severe asthma across subgroups defined by baseline OCS dose. The study found that dupilumab significantly reduced the OCS dose, improved the likelihood of no longer requiring OCS, and improved clinical outcomes in patients receiving a lower or higher baseline OCS dose.

However, the article lacks critical analysis and fails to address potential biases and limitations in the study design. For example, the study was funded by Sanofi and Regeneron Pharmaceuticals, which may have influenced the interpretation of results. Additionally, the study only evaluated short-term outcomes at week 24, and it is unclear whether these benefits are sustained over a longer period.

The article also presents a one-sided view of dupilumab as an effective OCS-sparing treatment without exploring potential risks or adverse effects associated with its use. Furthermore, there is no discussion of alternative treatment options for severe asthma or how dupilumab fits into current management guidelines.

Overall, while this article provides some useful information about dupilumab's efficacy in reducing OCS dependence in patients with severe asthma, it lacks critical analysis and fails to consider potential biases and limitations in the study design.

# Topics for further research:

* Study funding and potential biases
* Short-term outcomes and long-term sustainability
* Risks and adverse effects of dupilumab
* Alternative treatment options for severe asthma
* Dupilumab in current management guidelines
* Overall critical analysis of the study design and results

# Report location:

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