

Advances in biologic therapies for severe allergic asthma

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INTRODUCTION

Severe allergic asthma remains a major global health challenge, affecting millions of individuals and significantly impairing their quality of life. Unlike mild or moderate asthma, which can often be managed with standard medications such as inhaled corticosteroids and bronchodilators, severe allergic asthma is characterized by persistent symptoms and frequent exacerbations despite the use of high-dose therapy. This form of asthma is often driven by a hyperactive immune response, particularly involving the production of IgE antibodies and the activation of specific inflammatory pathways. As such, biologic therapies have emerged as a promising new frontier in the management of severe allergic asthma. Biologic therapies are a class of medications that specifically target the immune system's overactive components involved in the inflammatory processes that cause asthma. Unlike traditional asthma treatments that aim to control inflammation more generally, biologics offer a more targeted approach, selectively modulating key immune cells and cytokines involved in allergic reactions. These therapies represent a significant departure from the conventional treatment paradigms, offering patients the potential for greater symptom control and improved long-term outcomes. This article explores the advances in biologic therapies for severe allergic asthma, focusing on their mechanisms of action, clinical benefits, and future directions in asthma care [1].

DESCRIPTION

Biologic therapies for severe allergic asthma have revolutionized the management of this chronic condition, offering targeted interventions that specifically address the immune pathways responsible for the inflammation that characterizes asthma. These therapies, primarily Monoclonal Antibodies (mAbs) or recombinant proteins, target molecules such as Immunoglobulin E (IgE), Interleukins (IL-4, IL-5, IL-13), and eosinophils that are central to the disease's pathophysiology. Traditional asthma treatments, while effective for many patients, often fall short for those with severe asthma, necessitating a more refined approach. Biologics provide a mechanism-based solution by directly targeting specific immune responses that drive asthma exacerbations, providing patients with better asthma control and improving their quality of life. The mechanisms by which biologic therapies work are diverse and highly specific. One of the most well-known biologics, omalizumab, targets IgE, the antibody involved in allergic reactions. Elevated IgE levels in allergic asthma bind to allergens, triggering the release of inflammatory mediators such as histamine, which leads to airway inflammation and asthma symptoms. Omalizumab binds to free IgE, preventing it from attaching to receptors on immune cells, thereby stopping the allergic cascade before it begins. Another important biologic, mepolizumab, targets IL-5, a cytokine essential

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for the activation and survival of eosinophils, a type of white blood cell implicated in asthma inflammation. Mepolizumab and reslizumab significantly reduce eosinophil levels in the blood and lungs, which helps to control inflammation and prevent exacerbations. Similarly, dupilumab targets IL-4 and IL-13, two cytokines that play a critical role in the allergic inflammation process by promoting the production of IgE and driving airway hyperresponsiveness. By blocking the shared receptor of these cytokines, dupilumab reduces airway inflammation, leading to improved lung function and reduced asthma symptoms [2,3].

The clinical effectiveness of biologics has been well-documented in various clinical trials, with substantial improvements observed in patients with severe allergic asthma. For instance, omalizumab has been shown to significantly reduce asthma exacerbations, improve lung function, and reduce reliance on oral corticosteroids in patients who had previously been poorly controlled on standard asthma therapies. Patients treated with omalizumab also experience fewer asthma attacks, as well as improved symptom control and asthma-related quality of life. Similarly, mepolizumab and reslizumab have demonstrated significant benefits in patients with eosinophilic asthma, a subtype of severe allergic asthma. These therapies reduce the frequency of asthma exacerbations by up to 50% compared to a placebo, and they help reduce the need for systemic corticosteroids, further improving overall asthma management. Additionally, dupilumab has shown a remarkable ability to enhance lung function and reduce asthma exacerbations in patients with allergic asthma, showing potential for long-term disease control. These therapies not only improve clinical outcomes but also provide patients with better overall health, reducing the emotional and physical burden of asthma. Despite the clear benefits of biologic therapies, several challenges remain, particularly around their cost and patient selection. Biologics are often expensive, which may limit their availability for some patients. The cost of these therapies can be a significant financial burden, both for patients and healthcare systems, especially as these treatments require long-term use. Efforts to make biologic therapies more affordable, either through biosimilars or by improving cost-effectiveness, will be essential to improving access. Additionally, biologics are not suitable for all patients with severe asthma. The identification of appropriate candidates is critical for ensuring the efficacy of treatment. Biomarkers such as eosinophil count, IgE levels, and other immunological markers can help guide treatment selection, but more research is needed to refine these criteria and improve patient stratification. Furthermore, while biologics are generally well-tolerated, their long-term safety remains a concern, particularly regarding the risk of rare but serious side effects. Ongoing monitoring and long-term studies

will be needed to ensure the sustained safety and efficacy of biologic therapies [4,5].

Looking to the future, the development of more refined biologics that target additional immune pathways is an exciting area of research. As asthma pathogenesis continues to be unraveled, newer biologics may be able to address additional molecular targets, offering even more effective treatment options. Furthermore, the combination of biologics with other asthma medications, such as inhaled corticosteroids or bronchodilators, may enhance therapeutic outcomes and broaden the patient population who can benefit from biologic therapies. Combination therapies hold the potential for improving asthma control while minimizing side effects, offering a promising approach for individuals with particularly challenging asthma cases. Additionally, with advancements in personalized medicine, biologics may increasingly be tailored to individual patients' unique immune profiles, maximizing therapeutic benefits while minimizing unnecessary treatment for those less likely to respond. The continued evolution of biologic therapies represents a transformative shift in asthma care, improving long-term asthma control and providing hope for better management of severe allergic asthma.

CONCLUSION

Biologic therapies represent a groundbreaking advancement in the treatment of severe allergic asthma, offering a more targeted and personalized approach to care. By selectively targeting key immune molecules involved in the inflammatory cascade, biologics such as omalizumab, mepolizumab, and dupilumab have demonstrated significant clinical benefits, including reduced exacerbations, improved lung function, and decreased reliance on oral corticosteroids. While challenges such as cost, patient selection, and long-term safety remain, the potential for biologics to transform asthma management is undeniable. As research continues and new biologic agents are developed, the future holds promise for even more effective treatments, bringing hope to patients with severe, uncontrolled asthma. With careful monitoring and continued innovation, biologics are poised to revolutionize the management of allergic asthma, providing patients with better control of their disease and an improved quality of life.

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CONFLICT OF INTEREST

None.

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