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The authors of this review of managing difficult to treat asthma state that studies of novel biologic agents have shown marked improvements in exacerbation frequency, health care consumption, and reductions in oral steroid dosage, but that there is limited evidence to demonstrate benefits in quality of life. Failure to detect quality of life improvement amongst so many other improvements may be the fault of the quality of life instruments, not the drug. Current asthma quality of life scales were designed for patients with mild to moderate asthma but have not been designed to assess the burden of disease and treatment in the most severe asthmatics¹. In severe asthma oral corticosteroids impose a high level of adverse effects as perceived by patients. These adverse effects can be ameliorated by reductions in oral corticosteroids that can be achieved when patients start biologic a treatment. NICE has confirmed that important factors related to oral steroid burden had not been captured when calculating the quality of life adjusted life years (QALY).² The newly developed Severe Asthma Questionnaire (www.saq.org.uk) was developed specifically using the input of patients with severe asthma to meet current Food and Drug Administration standards on HRQoL questionnaire design.³ The SAQ is currently undergoing validation but represents a more content and construct valid HRQoL outcome measure for patients with severe asthma. Only if appropriate measures are used to assess the specific health deficits experienced by people with severe asthma can interventions that improve HRQoL be evaluated accurately.

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