

## Editorial Note

In the recent decades, treatment of asthma has improved greatly. Around 30 years ago, severe asthmatic patients had several hospital admissions per week. With the advances in medicine and treatment protocols, this rate has decreased to one or two admissions in two years. However, although the incidence is low, near fatal asthma attacks still occur and cause death of some patients. Also, despite effective medications, some cases of difficult treatment still exist. Refractory asthma was first defined by the European Respiratory Journal and American Journal of Respiratory and Critical Care Medicine in 1999 and 2000 (1, 2). Refractory asthma is a heterogeneous disease and includes several phenotypes. Specific studies based on phenotypic biomarkers and phenotype-targeted biological investigations are ongoing (3). This study was based on a consensus of expert pulmonologists in Iran seeking a new approach for treatment of patients with refractory asthma.

## REFERENCES

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2. Proceedings of the ATS workshop on refractory asthma: current understanding, recommendations, and unanswered questions. American Thoracic Society. *Am J Respir Crit Care Med* 2000; 162 (6): 2341- 51.
3. International ERS/ATS Guidelines on Definition, Evaluation, and Treatment of Severe Asthma 2013.

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