

# Biomarkers in the management of severe asthma: current trends and future directions.

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## Introduction

Severe asthma remains a significant clinical challenge, affecting a small subset of patients yet accounting for a disproportionate burden of morbidity, healthcare utilization, and mortality. In recent years, the identification and application of biomarkers have transformed the landscape of asthma management, enabling more precise phenotyping and personalized therapeutic strategies.

## Current Trends in Biomarker Utilization

Biomarkers such as blood eosinophil count, serum IgE levels, and fractional exhaled nitric oxide (FeNO) are now routinely used to distinguish between Type 2 (T2) high and T2-low inflammatory pathways. These biomarkers help clinicians predict treatment response and select appropriate biologic therapies. For instance, elevated blood eosinophils are associated with favorable responses to anti-IL-5 therapies like mepolizumab and benralizumab, while high FeNO indicates potential efficacy of anti-IL-4R $\alpha$  therapy (dupilumab) [1, 2, 3, 4].

Sputum cytology remains the gold standard for inflammatory phenotyping but is limited by its complexity and availability. Consequently, peripheral biomarkers are preferred in routine clinical practice for their accessibility and predictive value [5,6, 7].

## Emerging Biomarkers and Technologies

Emerging research is exploring novel biomarkers such as periostin, YKL-40, and exhaled breath condensate components, aiming to refine phenotype classification further. Multi-omics approaches, integrating genomic, transcriptomic, proteomic, and metabolomic data, are also gaining traction, promising to uncover complex molecular endotypes of asthma [8, 9, 10].

Additionally, artificial intelligence (AI) and machine learning models are being developed to analyze large biomarker datasets, which may enhance prediction accuracy for exacerbation risk and therapy responsiveness.

## Conclusion

Biomarkers are reshaping the clinical approach to severe

asthma, moving toward a more personalized and precise medicine paradigm. Continued research and technological innovations hold promise for optimizing care and reducing the global burden of this complex respiratory disease.

## References

1. Bornette G, Puijalon S. Response of aquatic plants to abiotic factors: a review. *Aquat Sci.* 2011;73(1):1-4.
2. Desmonts G, Couvreur J. Congenital toxoplasmosis: a prospective study of 378 pregnancies. *N. Engl. J. Med.* 1974;290(20):1110-6.
3. Freeman K, Salt A, Prusa A, et al. Association between congenital toxoplasmosis and parent-reported developmental outcomes, concerns, and impairments, in 3 year old children. *BMC pediatrics.* 2005;5(1):1-0.
4. Galal L, Hamidovic A, Darde ML, et al. Diversity of *Toxoplasma gondii* strains at the global level and its determinants. *Food and Waterborne Parasitology.* 2019; 15:e00052.
5. Gilbert RE, Peckham CS. Congenital toxoplasmosis in the United Kingdom: to screen or not to screen?. *J Med Screen.* 2002;9(3):135-41.
6. Pal DK, Nimse SB. Little known uses of common aquatic plant, *Hydrilla verticillata* (Linn. f.) Royle.
7. Raja S, Ramya I. A comprehensive review on *Polygonum glabrum*. *Int J Phytomedic.* 2017;8(4):457-67.
8. Singh A, Mishra A, Chaudhary R, et al. Role of herbal plants in prevention and treatment of parasitic diseases. *J Sci Res.* 2020;64:50-8.
9. Valentini P, Annunziata ML, Angelone DF, et al. Role of spiramycin/cotrimoxazole association in the mother-to-child transmission of toxoplasmosis infection in pregnancy. *Eur J Clin Microbiol Infect Dis.* 2009;28(3):297-300.
10. Vara Prasad MN, de Oliveira Freitas HM. Metal hyperaccumulation in plants: biodiversity prospecting for phytoremediation technology. *Electron J Biotechnol.* 2003;6(3):285-321.

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