What are we trying to achieve with asthma management and ho do we monitor it

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During the year 2002 two new sets of asthm guidelines will be published. In a join initiative, the WHO and US National Heart Lung and Blood Institute will update their Globa Initiative for Asthma (GINA) Guidelines, and aroun the same time new British guidelines will b published. The latter are being produced according t the rigorous Scottish Intercollegiate Guideline Network (SIGN) methodology in a joint initiativ between the British Thoracic Society, SIGN, th National Asthma Campaign, and the GP Airway Group amongst others. Their production involves comprehensive and yet transparent process involvin question setting, systematic review and carefu appraisal by about 10 evidence review groups, eac looking at a separate subject area. The evidence bas for each recommendation is clearly graded and eac recommendation can easily be tracked to the studie which lead to that conclusion

Such guidelines thus

- Provide a summary of research for the busy clinician (and identify knowledge gaps needin more research
- Enable standards to be se
- Provide a basis for audi
- Enable students, doctors and nurses to be taught from a common tex
- Are a suitable starting point for patient education
- (Hopefully) will improve outcomes

The production of guidelines is therefore in goo hands but how do we disseminate guidelines, how d we implement their recommendations, how do w monitor the outcome and what should those outcome be

Dissemination has been defined as "Educatio interventions that aim at influencing targete clinicians' attitudes to, and awareness, knowledge an understanding of, a set of guidelines [1] After th production of the last version of the British Asthm Guidelines, an extensive (and costly) disseminatio exercise was undertaken. This involved mailing o copies of the guidelines, repeated targeted mailings t primary care, availability of summary materials an teaching aids, regional meetings for healt professionals and use of the lay and medical media An evaluation of the success of this programm suggested very high awareness of the presence of th new guidelines with 94% of general practitioner surveyed, and 86% of practice nurses being awar that the guidelines had been revised. However, ther was only limited success in conveying key message of their content [2] Both GINA and the BTS/SIG group are now setting up new disseminatio initiatives to enhance dissemination of their ne guidelines. A key component of these initiatives wil be ensuring that complex guidelines are broken dow into manageable messages for those who deliver mos asthma care; that is those working in primary care Once disseminated, those messages need to b implemented and implementation has been defined a 'Turning changes in attitude and knowledge int changes in medical practice' [1]

Successful implementation probably involves

- Taking guidelines down to the workplac
- Breaking up complex guidelines into simpler message
- Prompting of doctors during consultations (with possible future use of computerised decision support systems)
- Audit and feedback

Key studies in the USA amongst paediatrician [3] an UK in primary car [4] have given examples of ho such practice based, interactive education may b undertaken, and the degree of success that can b expected

Others have pointed out that studies on improvin physician guideline adherence may not b generalisable, since barriers in one setting may not b present in another [5] It is thus vital that we no concentrate efforts upon defining

- What data we need to collec
- How we collect that dat
- How we use that data to monitor health professional behaviou
- How we redefine the goals of asthma care in a era of increasing patient centred healthcare and consumerism.

In this issue of the journal [pp 69-70] Sheikh an colleague [6] report on a courageous and novel attemp to define pan European management goals for asthma

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Prim Care Respir 2001 10(3 95 –0

and list five main goals for asthma. The Clinical Effectiveness and Evaluation unit of the Royal College of Physicians of London have published a comprehensive document on a patient focused approach to measuring clinical outcomes in asthma [7]. Their three recommended essential asthma questions to be asked during each consultation are

In the last week/month

1. Have you had difficulty sleeping because of your asthma symptoms (including cough)
2. Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)
3. Has your asthma interfered with your usual activities (e.g. housework, work/school etc)

The recording and monitoring of answers to these questions would enable at least one of Sheikh et al's goals for asthma care to be monitored. Further work on the definitions of some of their other goals will however be necessary before their monitoring can be instituted, and for some of the goals thought will be required as to whether it is process or outcome which is easiest to record and evaluate. Nevertheless this report represents an exciting step forward in thinking about what we really want to achieve

Asthma affects too many people for us not to deliver optimal care. With such a common disease it is also an opportunity for us to use that disease as a test subject in primary care to optimise epidemiological data collection, to define goals and to monitor how far we go to achieving them. We know that some bits of British primary care are excellent, some bits less so. Other European countries have different successes and failures. We can learn much from one another, but only if we define some goals and use comparable tools for monitoring. ■

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