AB054: Willingness of patients to perform self-management of asthma and the role of inhaled steroids*(Prim Care Respir 2002 11(2) 73)*

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Objective Asthma self-management is a generally accepted effective treatment strategy for asthma patients. Acceptance by patients may be a barrier for successful implementation. In this study the role of inhaled steroids in starting asthma self-management is described

Design : Cross-sectional explorative study

Setting : General Practice

Subjects 283 adult steroid requiring asthma patients were invited by their GP to participate in a self-management program

Main outcome measures In a multivariate logistic regression model the relation between baseline dosage of inhaled steroids, occupational status, age and sex as independent and willingness to participate as dependent variables was explored

Results Of all invited, 148 (52%) were willing to participate. Subjects not using inhaled steroids were least willing to participate (43/143 30%). Subjects with low doses of inhaled steroids (<400 mcg daily) were most willing to participate (44/54 = 81%). Unemployed asthmatic had a higher tendency to participate than patients with a regular job

Conclusion : Acceptance of self-management by patients is not a limiting issue in promoting self-management of asthma in general practice. High acceptance in patients using low or intermediate doses of inhaled steroids makes general practice the most appropriate setting for self-management. A selection procedure is recommended

AB055: Implementing the 3+ visit plan: politics and policy *Prim Care Respir 2002 11(2) 73-74*

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The decision of the Australian Government in May 2001 to commit almost A\$50 million (€ 30 million) to the improved primary care of people with asthma is the culmination of over 10 years of work by the National Asthma Council.

Following public concern about increasing asthma deaths in the late 1980s, increasing prevalence and a National Health and Medical Research Council report which highlighted a lack of national coordination, the National Asthma Council was formed as a coalition of the Thoracic Society of Australia and New Zealand, the Royal Australian College of General Practitioners, the Pharmaceutical Society of Australia and Asthma Australia representing the seven State Asthma Foundations. In 2000, the Australasian Society of Clinical Immunology and Allergy also joined.

The National Asthma Council has four key functions:

- To raise the awareness of people with asthma and the media, through national public education programs to stimulate good asthma management;
- To provide ongoing information about best practice asthma management to health professionals, through guidelines, adherence strategies, evidence-based reviews, clinical audit and programs such as the 3+ Visit Plan for GPs;
- To initiate policy development and dissemination on major asthma issues in collaboration with stakeholders; and
- To evaluate our programs and activities, through epidemiological surveys, market research, focus groups and process evaluation

The concerted pressure brought by the National Asthma Council has resulted in a reduction of more than 50% in asthma deaths over 10 years, recognition by the Australian Government of asthma as a national health priority, and funding for programs initiated by the National Asthma Council to improve asthma care.

The principles behind approaches used by the National Asthma Council to influence public and political opinion and the operation of the advisory groups to assist the government in implementing asthma programs will be described