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If the demand for multi-patient-use ever justifies itself by this argument, then there will still need to be validation of the use of such intermediate components, both for disinfection effectiveness and characteristics imposed on the measurement accuracy

Added mouthpieces and filters add some resistance to the flow, and being a peak-flow measurement, this cannot be ignored. The error could be a significant portion of the difference between predicted and measured values

Alternative

It is clear that either a single patient use device should be supplied to the patient for continued use, or a disinfectable device should be used with the correct disinfection procedure employed between uses

Since the value of absolute peak flow measurement alone, on a one-off basis, is questionable, perhaps the spirometry option would be a better choice, where multi-patient-use devices are the norm, and disinfection is intended and documented

Spirometry can address the issues of small airway disorders more accurately than the peak-flow device, thus even for a first line diagnosis, peak-flow is possibly inadequate

The disposable peak-flow devices would thus be left exclusively for comparative performances as part of a management protocol by the single patient. ■

Late Entry Abstract

The following abstracts were presented at the World International Primary Care Respiratory Group Conference (IPCRG) on 7th-9th June 2002 in Amsterdam. Unfortunately, they were not able to be published in our June edition of *Primary Care Respiratory Journal*

ABI061: Generic Prescribing of Breath Actuated and Dry Powder Inhalers in the UK *Prim Care Respir* 2002 11(3) 95

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Introduction: Generic prescribing is officially encouraged in the UK ¹. Concerns have been raised that there is a potential for patients to be dispensed an unfamiliar device in which they have received no training ² risking poor technique, inadequate dosing and loss of asthma control

Method: An independent market research agency has been commissioned to conduct telephone-based interviews with a random sample of 100 general practitioners, 100 practice asthma nurses and 100 pharmacists to determine their attitudes to generic prescribing and their experience of potential problems

Pilot study result: Pilot results from 30 GPs, 30 nurses and 30 pharmacists indicate that 69% of GP and nurse respondents prescribe breath actuated and dry powder inhalers generically. 56% of GPs stated they felt under pressure to prescribe generically, although 87% were concerned that this may lead to problems for the patient. 46% of respondents were aware of actual incidents in which patients have received an unfamiliar inhaler. Examples of problems experienced included patient confusion, ineffective inhaler technique risking loss of asthma control, and having to re-issue prescriptions for patients in order to ensure they received the intended inhaler

Results: The results of the full study will be presented. Interviews with GPs and nurses will provide information about attitudes to policies for generic prescribing, awareness of the consequences of generic prescribing of inhalers and specific examples of problems which have arisen. Interviews with community pharmacists will provide data about dispensing policies and their perception of any problems presented by generic prescribing

Conclusion: There are concerns that generic prescribing may compromise patient care if unfamiliar inhalers are dispensed. This study will provide an insight into the experience of healthcare professionals and provide data about actual problems that have arisen

Funding: The research project is supported by an unrestricted educational grant from Chiesi, Ivax and Celltech

Keywords: asthma, generic prescribing, inhalers, dispensing policies, patient care, poor inhaler technique, inadequate dosing

¹ Guidance on prescribing. British National Formulary September 2001; p

² Anon. Asthma nurse reports on problems with generic beclomethasone. *Pharma* 2000 36 22

The occurrence and healthcare cost of acute exacerbations in patients with chronic obstructive pulmonary disease (COPD) managed in Dutch general practice *Prim Care Respir* 2002 11(3) 95-96

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Objective: To examine the occurrence rate and health care cost of acute exacerbations in patients with chronic obstructive pulmonary disease (COPD) in Dutch general practice

Methods: Data are from the COPD on Primary Care Treatment (COOPT) study, a randomised controlled trial investigating the effectiveness of fluticasone and N-acetylcysteine in COPD. For the 2-year period preceding trial inclusion, details on the occurrence and management of acute exacerbations were collected for each trial participant by retrospective general practice chart review. Patients were divided into