majority of asthmatics if their disease is properly treated in the first place. Most SMPs should concentrate on advising adequate bronchodilators and using short courses of oral steroids
Absence of evidence is not evidence of absence. Of course not, but we can't use that statement to defend some practices and not others; if we allow the statement to hold as a universal truth, then virtually anything goes and we are back to the bad old days.

The NAC SMP card (included in the SIGN guideline) does not specify "doubling" or otherwise of inhaled steroid dose.

My personal practice since 1998 is that I no longer recommend doubling the steroid dose temporarily. I find myself urging patient not to tolerate any exacerbations at all, and to react to any that do occur as a failure of management and proof of need to step up therapy long-term. My PACT figures are amongst the lowest in my PCT (for respiratory drugs as well as overall) and we have had no admissions of any patient with acute asthma in our practice for over 4 years (list size 7000, asthmatics = approximately 420).

The near-universal practice of advising doubling up of ICS should stop until we have better evidence that this part of SMPs works, and is crucial to the success of SMPs; the practice diverts attention and especially nursing resources from more important issues like addressing concordance and inhaler technique and accurately assessing what the patient and clinician mean by good control.

Tony Crockett, GPIAG Committee Member
Prim Care Resp J 2003; **12(2)**:72-73

Tony, I disagree with you.

I fear you may have missed the points we were trying to make - SMPs aim to vary the dose of medication according to patients symptoms and physiology. The doubling up or increasing doses are only intended for short term until control is attained and then, more importantly, the aim is to step down.

As I understand it, you assert that asthma should be treated with higher and higher doses forever. Where is the evidence for this sort of approach? I am not surprised your patients have not had attacks with this approach. However, I would be interested to know what side effects they suffer from the high doses of long term steroids. Do you advocate this approach for children as well?

There is no doubt that asthma is a variable disease and as far as I am concerned we should try and treat these patients with as low doses of ICS as possible, when they are asymptomatic.

Mark Levy, Editor, GPIAG
Prim Care Resp J 2003; **12(2)**:73

Sir,

And I disagree with Dr Crockett too. "If I want to stop all symptoms and exacerbations, then I'll just give them all 40mg prednisolone daily." I don't, and we all know why. Now, all Dr Crockett does is draw his line in the sand at a different point.

But I defend his right to state his view.

John Haughney, Chairman GPIAG *Prim Care Resp J* 2003; **12(2)**:73

BLF produces asthma diagnosis booklets

The British Lung Foundation has published two booklets to help adults and the parents of children with asthma cope with the condition.

Asthma: How to Get the Correct Diagnosis and *Diagnosing Asthma in Children* both come in the wake of the British Guideline on the Management of Asthma, produced by the British Thoracic Society and the Scottish Intercollegiate Guidelines Network. Each booklet sets out some of the points in the British Guideline and offers information to help those affected talk through the issue with GPs and asthma nurses.

For your copy write, stating the booklet you want, to the British Lung Foundation, 78 Hatton Garden, London EC1N 8LD.

BLF Travel Fellowships available

The BLF is giving people a chance to attend prestigious respiratory conferences . The lung charity is awarding Travel Fellowships for this year's European Society Congress in Vienna in September and the British Thoracic Society (BTS) meetings in London this Winter and Manchester next Summer.

The ERS Fellowships are backed by an educational grant from Boehringer Ingelheim, worth £750 and are available to young clinical and non-clinical scientists at registrar level, respiratory nurse specialists and physiotherapists actively involved in research. Each award will contribute towards the costs of registration, accommodation and travel.

The Fellowships to the BTS are run with the Association of Respiratory Nurse Specialists (ARNS). They give ten ARNS members £200 towards travel, accommodation and registration costs for either meeting. Supported by an educational grant from Allen and Hanburys, these Travel Fellowships represent an ideal opportunity for nurses wishing to attend

Application forms are available at the Research and Grants section of the BLF website - www.lunguk.org - or by emailing research@britishlungfoundation.com

New NRTC Allergy Module

The prevalence of allergic disease is increasing and is estimated to affect around 20% of the population. This rise in prevalence, coupled with wider public awareness, means that there is increasing need for health professionals to access appropriate training in this field.

The National Respiratory Training Centre has recently re-developed it's allergy training to provide the opportunity to study at an appropriate level:
Allergy Essential Skills Workshop is a one-day workshop designed to give up to date basic information about allergy and its practical management.
Allergy in Practice is a three months distance learning module accredited for 15 credits at Diploma level.
Allergy degree level is a new module. A six months distance learning programme accredited for 30 credits at degree level.

Sponsorship is currently available to contribute to the module fee for the new Allergy degree level module and Allergy in Practice. These opportunities are limited, so please contact the NRTC as soon as possible.

For further information please visit the NRTC web site at www.nrtc.org.uk
Or contact Kim Esslemont on 01926 838962
Email: k.esslemont@nrtc.org.uk