



ABSTRACTS

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Reduced cost of managing exacerbations with stable dose treatment with salmeterol/fluticasone (SFC) compared with adjustable maintenance dosing (AMD) with formoterol/budesonide (FBC)

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Background: The high cost of asthma care is largely attributed to poor control of disease, in particular the treatment of exacerbations. **Method:** A 1-year, randomised, double blind, double dummy study in adult asthmatics currently receiving >500–1000 mcg ICS or 200–500 mcg ICS+LABA daily. Both AMD and stable dose regimes were followed in accordance with registered indications. Cost savings from a reduction in exacerbation rates was estimated by applying UK healthcare costs to each of the exacerbation events. **Results:** The ITT population comprised 688 patients (344 in each treatment arm). Thirty-nine (11.3%) patients who received stable dosing SFC experienced an asthma exacerbation compared with 61 (17.7%) patients who received AMD of FBC. Overall there were 48% fewer exacerbations with stable dosing treatment with SFC than AMD with FBC (50 vs. 96 exacerbations respectively). A significant difference between stable dosing treatment with SFC and AMD with FBC in the rate of exacerbations (wks 1–52) requiring oral steroid use or ER/hospital visit, annual adjusted mean rate SFC: 0.18 versus FBC 0.33, $p=0.008$. The total annual healthcare costs of managing exacerbations for the SFC group was €3770.73 (€5553.36) compared with €6717.25 (€9892.86) for the AMD with FBC group. Difference in annual costs of managing exacerbations was €2946.52 (€4339.50). **Conclusion:** This analysis showed that stable dose treatment with SFC halves the exacerbation rate and reduces the cost of managing exacerbations by 44% compared with the AMD with FBC group.

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Three little words: an empirical test of the optimum scoring method for the RCP 3 questions

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Background: The Royal College of Physicians three questions are widely used in clinical practice and research for assessing the impact of asthma on individuals. These simple questions assess core experiences of asthma assessing impact on sleep, daily symptom experiences and interference with normal functioning. The 3 questions are usually scored categorically by eliciting a 'Yes' vs. 'No' response to each question. Responses are scored 0 or 1 giving a scale score of 0–3 (RCP 0–3). This has the advantage of simplicity and ease of completion. However, the lack of differentiation in the response frame may compromise responsiveness to change. Small but clinically significant changes, such as an improvement from 3 to 1 night of disturbed sleep in a week, might not register if the patient ticks 'yes' to indicate that their sleep is still disturbed by asthma. For this reason an alternative response frame has been developed where the patient is asked to indicate the number of times over the past week they have experienced each of the three asthma 'impacts'. In this method responses are scored 0–7 for each item giving a scale range of 0–21 (RCP 0–21). The aim of the study was to compare the RCP (0–3) against the RCP (0–21) in terms of patient acceptability, sensitivity and concurrent validity. **Method:** In a cross-sectional survey of community-managed patients at Step 2 or 3 of the asthma guidelines, participants were asked to complete a study questionnaire incorporating the RCP (0–3), RCP (0–21), Juniper's Asthma Control Questionnaire (ACQ) and a Medication Adherence Report Scale assessing adherence to inhaled corticosteroids (ICS). The acceptability of the RCP (0–21) was assessed according to its