

ABS71: An evaluation of a community pharmacy based rural asthma management service

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Introduction: Community pharmacies present an underutilised but reliable primary care setting for the delivery of specialised asthma care programs, especially in disadvantaged rural and remote Australian settings. **Aims and objectives:** To design, implement and evaluate a community pharmacy model for the provision of asthma care in rural NSW. **Method:** A parallel group controlled study was conducted in two separate but demographically similar areas. The intervention pharmacists were trained to deliver the Rural Asthma Management Service (RAMS) model, whilst control pharmacists provided usual asthma care to their recruited patients. Patients in both groups were followed across six months and outcomes compared between baseline and six months. **Results:** Fifty one and thirty nine patients were recruited by intervention ($n=12$) and control pharmacists ($n=8$) respectively. At baseline there were no significant differences in asthma related characteristics between the groups. Results compared at baseline and final visit in the intervention group included: a reduction in the asthma severity scores from 11.4 ± 2.9 to 7.9 ± 2.6 ($n=46$, $p<0.001$); an improvement in peak flow indices from $75.4\% \pm 13.6\%$ to $85.6\% \pm 16.4\%$ ($n=47$, $p<0.001$); a reduction in the risk of non-adherence scores from 3.0 ± 1.1 to 1.6 ± 0.7 ($n=48$, $p<0.001$); an increase in the confidence of managing an asthma attack score from 2.5 ± 1.2 to 1.7 ± 1.0 ($n=48$, $p=0.04$). There were no significant differences in the asthma severity, risk of non adherence or confidence scores between the baseline and final visits in the control group ($p>0.05$). **Conclusions:** These results indicated that the RAMS model has the potential to improve patient outcomes for asthma in rural communities and should be tested further.

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ABS72: A survey on pediatric asthma management in primary care in Mallorca (Spain)

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Introduction: Asthma is the most frequent long term disease in children. The prevalence in our environment is approximately 10% [1]. The knowledge of the real situation of professionals in different primary health centres could help to encourage a future program to increase the quality of management of asthmatic children. **Aims and objectives:** To obtain information on the real situation on asthma management among medical professionals in paediatric primary care in Mallorca. **Subjects and methods:** A survey based on a questionnaire was designed to obtain information among all paediatricians and physicians attending children (0 to 14 years of age) in paediatric primary care of Mallorca. 91 postal questionnaires were sent in November 2003 and returned until December 2004. Variables included: professional data, diagnostic resources and medication for asthma exacerbations, characteristics of attention given and professional needs to improve management. Data were analysed using SPSS statistic program. **Results:** There were 91 paediatric primary care consultations .62.63% of questionnaires were

returned. 17.6% had a register of asthmatic children. 26.3% had spirometer available. 28.1% had prick test available. 63.2% had peak flow meters. 71.9% had spacers and 77.2% inhaler placebos for demonstration. 98.2% had salbutamol for nebulization available but only 66.7 salbutamol inhalers for acute asthma treatment. 12.3% always referred asthmatics to a pneumologist. 66.7% lack of material resources, 33% lack of knowledge in asthma. 86% expressed the need of a specific regional paediatric asthma program. **Conclusions:** Attending to the results of this survey a great effort is needed. Local health authorities should give priority to a future project in paediatric asthma management on the basis of the important role of primary care professionals and setting. This project is likely to improve the process and outcome of care in asthmatic children.

Conflict of interest and funding

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Reference

[1] Diaz Vazquez CA. Organization of assistance in pediatric asthma. [December 31st 2005] available in: [http://www.respirar.org].

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ABS73: Evaluation of patient response to respiratory educators in primary care

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Introduction: Despite evidence that asthma education is effective, it is not a component of primary health care in Alberta. With a strategic plan, there is potential to reduce respiratory costs in tertiary care [1,2]. **Objectives:** To establish a continuum of care for managing patients with asthma and COPD by providing access to educators in primary care physicians (PCPs) offices with the goal to: Improve patient quality of life, respiratory disease management by PCPs, and establish a universal respiratory education program for primary care. **Subjects/method:** RCT, adult and pediatric patients with Asthma or COPD. Respiratory educators work with 50 PCP offices. Control group completes baseline questionnaires, spirometry testing, and receives an education booklet. Intervention patients do the same plus receive education from a Respiratory Educator. Patients are followed by PCP throughout. Reassessment occurs at six months by the educator, with the intervention offered to the control group. Both are followed for an additional six months. **Results:** Anticipated findings will validate pilot results that respiratory education conducted by a respiratory educator in the PCPs office, improves asthma control/management. Pilot showed: improvements in symptom severity, activity limitation, shortness of breath, wheeze, night waking, and rescue medication used; Reduced Beta 2 agonist (0.875 to 0.5 puffs/day); Increase in FEV1 (0.15 litres). **Conclusions:** This study will empower patients to better manage their disease, optimizing control; minimizing unscheduled physician visits, emergency room visits and hospital stays. The health evidence and cost benefits obtained will be useful for policy makers to support implementation.

Conflict of interest and funding

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References

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ABS74: Large variations in asthma control between UK general practices participating in the asthma control, concordance and tolerance (ACCT) Initiative

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Introduction: Despite availability of effective asthma, outcomes remain suboptimal. The issue of whether different practices achieve different results in terms of asthma control is currently unknown although much discussed. **Aims and objectives:** To evaluate variation in asthma control using patient reported outcomes and routine practice recorded data. **Subjects and method:** Practices participating in the ACCT initiative evaluated asthma control using the asthma control questionnaire (ACQ) and other patient reported outcomes for adults prescribed preventative asthma therapy. Routine anonymous data was also extracted from practice computer systems including current asthma treatment and recorded exacerbations. Practices with full data on more than 30 adult patients only were included in this analysis. Proportions with evidence of poor asthma control using practice reported oral steroid usage and high ACQ scores (>1.5) are reported [1]. **Results:** Data from 36 practices met the study criteria. Median practice proportion of patients receiving at least one course of oral steroids was 14.2% (IQR 7.3% to 19.6%) and median proportion with an ACQ score of >1.5 was 36.5% (IQR 27.0% to 48.1%). The absolute range for oral steroids from 0% to 37.8% of patients and for high ACQ score from 12.3% to 78.3%. **Conclusions:** This data suggests vast variation exists between practices in terms of achieved asthma control as evidenced by oral steroid usage and high ACQ scores.

Conflict of interest and funding

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Reference

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ABS75: Asthma treatment in Spain - Study in primary care and Pneumology Services

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Introduction: Asthma is a disease that can easily be controlled but it presents a high morbidity rate due to poor patient care. **Aims and objectives:** To find out about the quality of the care given to asthmatic patients in Spain, both in primary care and Pneumology Services, assessing how asthma and general morbidity are diagnosed and treated. **Subjects and methods:** Data were collected from 2346 asthmatic patients, chosen at random, seen in primary care and Pneumology Departments. The data were collected in two different periods: winter- spring and summer-autumn. There was a questionnaire for each center to record the techniques and the prevalence data; there was another questionnaire to record each patient's treatment and the morbidity data. **Results:** The spirometry was performed at least once a year in 87.2% of the patients seen in primary care and 39.8% in Pneumology Services. Morbidity was high in both groups with more than two night time awakenings per month (25% in Pneumology versus 29% in Primary Care) and visits to the emergency services in the previous year (26% vs 21%). A high percentage of asthmatic patients were using both inhaled corticoids and long-acting b2- agonists (49.5% vs 32%). Thirty percent of the primary care patients could not be classified into any of the recommended treatments in international guidelines. **Conclusions:** In Spain, the asthma morbidity is high, despite the large use of drugs. Objective monitoring tests of lung function have been limited in primary care and there is room for improvement in the treatment provided.

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ABS76: Establishing allergy and asthma services de novo in a developing country

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Introduction: Allergic diseases and asthma are rapidly increasing in prevalence all over the world. This is true even in developing countries, where these subjects are a new concept, and there is hardly any awareness at all levels of society, and also medical education regarding the diagnosis, treatment and other aspects are lacking. Allergy is a very peculiar subject, in that the diagnosis and management varies considerably from place to place, depending on the climate, the flora, the environment, and a host of other factors. It requires a comprehensive knowledge of the local conditions before one can plan or execute preventative or therapeutic measures. The Primary Care Physician is the most important tool in planning a comprehensive strategy to affect these illnesses which may affect up to 40% of a country's population.

Methods, strategies & outcomes:

1. Creating awareness about the signs and symptoms of allergic disease at all levels of society, including especially the health care personnel. Addressing stigmata and taboos specially.
2. Finding the major respiratory allergens and their seasons or timings of prevalence.