The future of *Asthma in General Practice*

Mark L. Levy

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Regular readers of *Asthma in General Practice* will have noticed that the journal now has a new editor, as well as an editorial board. Our aim is to continue and extend the foundation work performed by the previous editor, Kevin Jones, under whose guidance the journal developed a peer review process and a deservedly high reputation.

There are few specialist journals available worldwide for primary care physicians and nurses; our journal offers an opportunity to share information on all aspects of asthma and other respiratory diseases managed in the community.

We aim to attract high quality research and audit papers relevant to primary care respiratory medicine, and have further developed an effective peer review process to ensure interesting and high quality journal contents. To this end we have modified our mission statement as follows:

Asthma in General Practice, the peer review journal of the United Kingdom General Practitioners in Asthma Group (GPIAG), publishes original research papers, short preliminary reports, reviews, discussion papers, editorials and letters relating to all aspects of asthma and other common respiratory conditions.

We therefore invite submission of original research papers on asthma and other respiratory conditions for publication in *Asthma in General Practice*.

Furthermore, the editorial board and our publishers, Strategic Medical Publishing, can offer assistance with bringing papers up to peer review standard, if necessary.

This is the first issue that this editorial board is responsible for: we have chosen a selection of papers of relevance to primary care. Paul Stephenson, one of the members of the editorial board, comprehensively reviews the changes in the new British guidelines (known as the BTS guidelines) on asthma (page 3).

Descriptive studies focusing on the various aspects of the management of chronic diseases are common and useful in primary care, so we, as clinicians, can compare our own performance to others. A study of this type is included in this issue when Duffy *et al* (page 5) discuss the characteristics of 351 patients (base 11249 patients, 361 practices) admitted to hospital for asthma during a twelve month period. The authors also highlight an important observation that all asthmatics are at risk of hospital admission for acute asthma (and not just those on higher treatment steps). Bellamy *et al* (page 8) report the findings of the GPIAG survey on spirometer usage in primary care. New guidelines are expected on this topic soon and the survey provides us with

information related to future training and resource requirements.

Whilst our gold standard is to publish good quality completed research, particularly prospective, randomised, controlled studies, we have decided to include papers describing exciting new ideas in progress, which are currently in the form of pilot studies. In this issue, we have included two papers of this type, one on childhood asthma related to 99 admissions for pneumonia (Clark, page 9) and another (Hyland, page 11) on 114 patients' reported use of self-management plans.

We aim to increase the frequency of *Asthma in General Practice*, from two issues in 1997 to four issues in 1999. Selected abstracts from our Annual Scientific Meeting will be published in one issue each year.

Our current circulation (1997) is around 3000, including postgraduate medical libraries, and our ultimate objective is to place our journal on the bookshelves of all primary health care professionals caring for people with asthma and other respiratory conditions.

We hope you find this issue of *Asthma in General Practice* useful and stimulating. Letters to the editor are warmly welcomed and should be addressed to:

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