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Tenth Annual Scientific Meeting

Tenth Annual Scientific Meeting (ASM): A selection of abstracts presented *M L Levy*

t our 10th ASM which was held on 6-7 June this year, we had a record turnout including a delegation of Swedish doctors. The ASM provides an annual opportunity for the presentation of primary care respiratory research and a forum for sharing practical management and research issues, as well as knowledge on the subject. The quality of papers and abstracts presented this year were of a very high standard, some of which are published in this issue of Asthma in General Practice. Due to limited space we are unable to publish all those papers that were accepted for the ASM. However, next year we will be producing a special conference supplement, to coincide with the 11th ASM, which will include all those abstracts submitted and selected for presentation at the meeting, providing they are not (or due to be) published elsewhere.

Abstract submission forms for the 11th ASM can be obtained from Strategic Medical Publishing, the address can be found alongside. Closing date Saturday 31st January 1998.

The ASM provided an opportunity for the unveiling of our new logo which reflects the GPIAG's focus upon all respiratory diseases in primary care. The selection of workshops held on the Friday afternoon included a practical, informative session on spirometry which encompassed our new ethos. In addition, this workshop provided a timely introduction to lung function assessment in anticipation of the forthcoming release of the British Thoracic Society guidelines on chronic obstructive pulmonary disease (COPD). An 'Internet Cafe' hosted by the GPIAG Research Unit provided hands on 'net surfing' experience for participants. Workshops during the conference addressed subjects including the management of wheezing pre-school children, COPD, nurse prescribing and the internet.

Mark Levy General Practitioner, Asthma in General Practice Editor

Correspondence to: Strategic Medical Publishing Ltd, Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey TW20 8RY.

Asthma following childhood pneumonia: a six year follow-up study

C E Clark, School Surgery, Devon

Introduction

A pilot study¹ has suggested that childhood pneumonia may be a marker for undiagnosed asthma. The original cohort studied have been followed-up after six years to explore the association further.

Method

A written questionnaire seeking details of further respiratory illness and any diagnosis or treatment of asthma was sent to the patients' general practitioners (GPs), where they could be traced. A further respiratory symptom questionnaire² was sent to the children (or their parents).

Results

One hundred and ten GP letters were sent and 109 replies received (99% response). In combination with the data from the first study there was follow-up information for 122 children (93% of original cohort). The mean follow-up period of this study was 73 months.

Before their pneumonia there were 19 (16%) known asthmatics. The cumulative total at first follow-up

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