Use of new asthma BTS steps in one general practice – should asthmatics no longer on treatment be followed-up?

N Waring

ABSTRACT

Method: The notes of 239 asthma patients aged 10

years or more were reviewed to determine their treatment step. Step zero was defined to cover patients for whom no asthma treatment had been prescribed for at least two years; these patients were

reviewed again after one year.

Results: 199 patients had received asthma treatment within the last two years. Of these, 40.6% were on step one, 29.7% were on step two, 8.0% were on step three and 5.0% were on step four, with none on step five. The remaining 40

> asthma patients (16.7% of the total) were on step zero; one year later, seven of these were receiving asthma treatment.

Conclusion:

It is proposed that in addition to the steps defined in the BTS guidelines, a new step (step zero) should be introduced to cover asthmatic patients who have received no treatment for two years. These patients should be followed up, as they are still at risk of experiencing asthma symptoms.

INTRODUCTION

Following the publication of the British Thoracic Society guidelines¹ on the management of asthma in 1993 and the subsequent revision in 19952 consideration was given as to the use of these in practice, not just for individual patient care, but also for the care of the whole asthma population.

METHOD

From the list of one GP (2353 patients), all patients with a computer entry of asthma in August 1995 were identified; the notes of these patients were reviewed to identify at which step of asthma treatment they were. Temporary computer codes were created for each step to facilitate analysis. A new step, step 0, was defined for those with a diagnosis of asthma for whom a bronchodilator or preventer had not been prescribed for at least two years. The two-year cut-off was chosen to exclude those who might use a preventer only rarely. (It should be noted that the PACT Review³ specifies one year without an asthma prescription.) Patients on step 0 were reviewed one year later.

In the 1993 guidelines, there were differences in the definitions of steps between children and adults and a transition age between children and adults was not defined. Consequently, 10 years was chosen arbitrarily as the transition and patients younger than this were excluded. The 1995 guidelines subsequently clarified that the adult guidelines should apply to all patients aged five years and above; however there were only 18 patients aged less than 10 years in the cohort. In keeping with the new guidelines, to determine a patient's treatment step the nominal dose of fluticasone was considered doubled.

RESULTS

In all, 257 patients with a diagnosis of asthma were identified; 18 were excluded because they were less than 10 years of age. Among the remaining 239 patients, 40

had not received an asthma prescription in the last two years and were therefore considered to be at step 0. All 239 asthmatic patients were consequently classified as follows: (step, number (%) patients);

• Step 0, 40 (16.7%) • Step 3, 19 (8.0%) • Step 1, 97 (40.6%) • Step 4, 12 (5.0%)

• Step 2, 7 (29.7%) • Step 5, 0

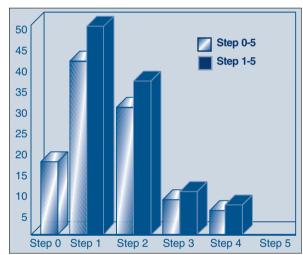
However, if step 0 patients are excluded and only the 199 patients who had received an asthma prescription in the previous two years were included, the step distribution changed to: Step 1, 48.7%, Step 2, 35.7%, Step 3, 9.6%, Step 4, 6.0%, Step 5, 0, as shown in Figure 1.

One year later, seven (17.5%) of the 40 patients on step 0, were receiving asthma treatment; six were at step 1(with one having received a course of oral steroids) and one was at step 3.

Figure 1: The change in percentages when step 0 patients are excluded



In this sample, onesixth (16.7%) of patients aged 10 years or more with a history of asthma were not taking any treatment. Although these patients may have no symptoms, they are still at increased risk of asthma symptoms in the future, as shown by the 17.5% receiving asthma treatment in the following year. Since the BTS guidelines do not



recognise this group, it is proposed they should be classed as step 0. Moreover, it is very important to specify whether or not this group is included when considering asthmatic populations, to ensure that accurate comparisons are made. Chronic disease management requirements4 include all patients with a diagnosis of asthma, whereas PACT data includes only patients who have received an asthma prescription in the previous year.

CONCLUSION

It is proposed that in addition to the steps defined in the BTS guidelines, a new step (step zero) should be introduced to cover asthmatic patients who have received no treatment for two years. These patients should be followed up, as they are still at risk of experiencing asthma symptoms. However, it is not clear whether written recall is justified or whether opportunistic follow up is sufficient.

References

- 1. British Thoracic Society, British Paediatric Association, Royal College of Physicians et al. The British guidelines on asthma management. Thorax 1993; 48: S1-24.
- 2. British Thoracic Society, National Asthma Campaign, Royal College of Physicians et al. The British Guidelines on Asthma Management. Thorax 1997; 52: S1-24.
- 3. PACT Quarterly Review April 1995 supplement on asthma.
- 4. NHS GMS statement of fees and allowances 30 (6):G SFA 15.

Nick Waring General Practitioner

Gillies Health Centre, Sullivan Road, Brighton Hill, Basingstoke, Hampshire RG22 4EH.

Asthma in Gen Pract 1997: