How good are health professionals in determining the level of asthma symptom control? A study to compare symptom assessments by doctors and nurses with patient health status and satisfaction

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Introduction
There is, at present, no consensus as to the most appropriate questions to ask patients about asthma symptom control. The symptom score validated by Jones [1] is quick and simple, but gives little insight into the way asthma affects health status. In this study, we have attempted to assess the efficacy of a similar symptom-based score. [2]

Method
One hundred and eighty-two patients were asked to independently complete a validated 20-question health status form, with an added overall appraisal of their impression of asthma control, before seeing a doctor or nurse.

Results
There was a steady rise in total health status scores with increasing asthma severity / BTS step. A comparison was made between the health professional-evaluated symptom score and the health status score. Agreement between the two sets of scores was disappointing with a correlation coefficient of 0.35 (95% CI 0.22–0.47). There was no significant difference between nurse and GP appraisals. ■

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References
1. Jones KP, Bain DJG, Middleton M, *et al*. Correlates of asthma morbidity in primary care. *BMJ* 1992;304:361–4
2. Grant P, Neville E, Lord K, *et al*. Development and validation of a questionnaire for the assessment of quality of life in asthma patients. *J Applied Therapeutics* 1996;1:121–36

The impact of respiratory symptoms on primary care workload and prescribing costs in children

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Introduction
This study considers the impact of respiratory illness upon healthcare utilisation to provide a framework for predicting demand. The primary care element of the results from a comprehensive set of data is presented here.

Methods
A stratified random sample of 713 children was selected from 2659 respondents to a postal questionnaire survey carried out in two general practice populations in 1993. Children were stratified into four main groups according to the number of positive responses to five key questions. The selection groups were used as an indicator of likelihood of asthma diagnosis. A search was made of these children's practice records, covering a two-year period which included surgery consultations, home visits (both by doctors and nurses) and prescribed medications.

Results
There was a significant association between the number of positive responses and the main outcome measures (number and cost of prescriptions, number of consultations and home visits). Thus, total annual costs increased from a mean of £10.47 for children with no positive outcomes to £48.08 for those with four or more ($p < 0.001$). Total surgery consultations increased from a mean of 2.45 (no positive responses) to 4.55 (four or more positive responses) per year ($p < 0.001$).

Conclusions
As likelihood of asthma diagnosis increased in this population, more demand was made upon primary care resources for treatment for respiratory illness. The implications of these findings are discussed in terms of predicting demand for asthma care in general practice. ■

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Why don't patients attend the asthma clinic?

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Introduction and aims
Structured nurse-run asthma care has been shown to improve patient morbidity. However, many patients do not attend the clinic for such care. The primary aim of this study was to find out why patients do not attend our practice asthma clinic. A secondary aim was to look at the morbidity characteristics of these patients.

Method
Non-attenders were identified from the practice asthma register and a telephone questionnaire was carried out by the practice nurses with these non-attenders (or with the parents of children aged 5–16).

Results
Of 568 asthmatic patients over the age of five years (practice list = 6300), 357 were non-attenders. Of these, 215 (63%) perceived that they no longer had asthma/their asthma was not serious enough to warrant a routine check-up and 106 (30%) saw their own GP instead. Logistic reasons for non-attendance, such as timing of appointments or difficulty with transport, accounted for less than 7% of patients. The major subgroup of patients with a low perception of their asthma severity had significantly less symptomatology, nighttime waking and oral steroid usage than the group as a whole. However, the group of non-attenders who saw their own GP exhibited significantly higher morbidity for the same parameters.

Conclusions
In our asthma-interested practice, there is a high number of asthma clinic non-attenders. The main