

Editorial

M Levy

We publish two invited editorials in this issue of the journal. Felix Ram and colleagues, in their paper [pp 45], describe the background of the Cochrane Collaboration and focus on the Airways group which has played a large part in assisting the BTS/Sign group with the new asthma guidelines in development. In the other editorial entitled 'Recognising adverse drug reactions involving the respiratory system' [pp26], Tony Avery discusses the implications of the article by Bhatia [pp39] for those of us working in primary care. Recognising and diagnosing adverse drug reactions is difficult at the best of times, and because many of the drugs mentioned by Bhatia *et al* are infrequently used many GPs will be unfamiliar with their adverse effects. Avery raises many of the issues related to and provides some suggestions for avoiding adverse drug reactions.

The GPIAG has evolved a systematic approach to the development of research ideas and protocols,¹ one of which was recently published in the *BMJ*.² David Price and Thys van der Molen recently hosted a meeting in Aberdeen which is reported on page 47. They have identified research needs in primary care for COPD with the aim of further development and innovation in this field within primary care. Through collaboration and innovation, we will be able to improve the level of care provided for our patients.

Do our respiratory patients prefer tablets or inhalers? A question many of the pharmaceutical companies have been asking for years. Tuggey *et al* [pp 27] infer that patients, particularly the young and those on more than three inhalers would prefer additional therapy via the oral route. While these patients stated their preference in a hypothetical situation, it is unwise to extrapolate this conclusion to a real life scenario. Do patients actually comply better with oral than inhaled therapy? More research on patient compliance and preference for different therapy modalities is required.

There is a body of literature illustrating the reduction of deaths attributable to asthma in the United Kingdom, and a recent study from the Birmingham RCGP Research Unit³ which reported a reduction in acute episodes of asthma in primary care. It is perhaps not coincidental that there has been a concomitant rise in prescription for inhaled steroids during the last two decades. Simpson and colleagues from Aberdeen report on the changes in asthma prescribing in the Continuous Morbidity Recording Recording (CMR) practices involved in this Scottish project during the three years from 1995. They have

demonstrated a significant increasing trend for prescription of inhaled corticosteroids and other recommended adjunct therapies with a significant shift in patients classified as steps 1 and 2 on the British Thoracic Society Guidelines to steps 3 and 4. These changes were particularly evident in children. While this paper did not report on morbidity and it is difficult to extrapolate the effect on these patients asthma control or quality of life, it is still feasible that there is a cause and effect relationship between prescribing and reduction in acute episodes.

Seamark and colleagues [pp30] have very elegantly demonstrated in their pilot study, the feasibility and cost effectiveness of screening for COPD within general practice. This paper serves as an example of the sort of practical research achievable in primary care.

In their sixth article in our series, Aziz Sheikh and Adrian Cook discuss aspects related to research study design, and emphasise the need for early planning for statistical analysis is essential - this should be done as part of the development of the protocol. The final article in this series will cover practical issues related to research, such as the use of computer applications for data processing and analysis.

New look website: www.gpiag-asthma.org

I would like to draw readers' attention to our website www.gpiag-asthma.org, which has recently undergone a face lift. We have recently launched a question and answer section for health professionals queries related to respiratory problems in practice. A group of experts have made themselves available for this task and we hope to provide answers within a few weeks of them being posed. Future plans include a section on methodology, to include tools and instruments such as questionnaires for primary care research. Readers letters will be published on the website as well as useful links to relevant published literature on respiratory disease. Relevant material and comments should be forwarded to the editor at gpiag@lmtg.uk.com.

REFERENCES

1. Sheikh A, Levy M. Writing research protocols: an innovative approach. *Asthma in General Practice* 1999;7(3):39-42. www.gpiag-asthma.org
2. Thomas M, McKinley RK, Freeman E, Foy C. Prevalence of dysfunctional breathing in patients treated for asthma in primary care: cross sectional survey. *BMJ* 2001;322:1098-100.
3. Fleming DM, Sunderland R, Cross KW, Ross AM. Declining incidence of episodes of asthma: a study of trends in new episodes presenting to general practitioners in the period 1989-98. *Thorax* 2000;55(8):657-61.

Editor: Dr Mark Levy

Editorial Board:

Dr Chris Griffiths
Dr Robert McKinley
Dr Aziz Sheikh
Dr Paul Stephenson

Publications Manager: Tricia Bryant

International Editorial Advisers:

Dr Carlos Gonçalves (Portugal)
Dr Svein Hoegh Henrichson (Norway)
Dr Alan Kaplan (Canada)
Dr Line Kleinbreil (France)
Dr Marianne Ostergaard (Denmark)
Dr Anders Ostrem (Sweden)
Professor James Reid (New Zealand)
Dr Miguel Roman (Spain)
Dr Reggie Spelman (Ireland)
Dr Ron Tomlins (Australia)
Professor Onno van Schayck (The Netherlands)

Publisher: GPIAG Publishing

ISSN: 1475-1534

The GPIAG is an independent, multi-funded, GP-led member organisation that aims to improve respiratory care.

The *Primary Care Respiratory Journal* is published by the General Practice Airways Group (GPIAG) editorial office.

Editorial decisions are independent of commercial restraints.

The views expressed in this journal are not necessarily those of the General Practice Airways Group (GPIAG).

© GPIAG. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, without the prior permission of the GPIAG.

Correspondence concerning this journal supplement should be addressed to the Editor.

For further information about the General Practice Airways Group contact:

GPIAG Publishing
2nd Floor,
9 Windsor Court,
Clarence Drive,
Harrogate, HG1 2PE

Telephone: +44 (0)1423 562023
Facsimile: +44 (0)1423 709993
Email: gpiag@lmtg.uk.com

Website:
www.gpiag-asthma.org