

**ABI006: Comparison of factors associated with symptoms in school children with asthma in Beijing, China and Detroit, Michigan USA** *Prim Care Respir* 2002 **11**(2) 56**Author(s):** Clark, Noreen M. PhD, Dean and Professor Organization: The University of Michigan, School of Public Health  
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As reported in a previous study, measured by the same screening instrument the prevalence rate of asthma among 8,761 school children in Beijing (7%) was only one third the rate of 3,433 children in Detroit (20%). This study examined the relationships between asthma symptoms and triggers, and house environmental factors in the two sites. Data were collected from 560 parents of children with asthma in Beijing and 830 in Detroit. Multivariate and univariate regression models controlling for age, gender, and income were conducted and results of Relative Risk (rr) were computed. Triggers in Beijing: Parents reported that air pollution (rr=2.28), dust (rr=2.27), and tobacco smoke (rr=1.81) were the three most important triggers to a child's daytime symptoms. Night-time symptoms were most likely to be triggered by the same factors plus colds/flu (rr=2.05). Triggers in Detroit: Daytime symptoms were most likely triggered by pets (rr=1.97) tobacco smoke (rr=1.56), and pollen, trees, grass (rr=1.40). Night-time symptoms were triggered by pets (rr=2.17), air pollution (rr=1.72) and dust (rr=1.71). Environmental Factors in Beijing: Daytime symptoms were most associated with carpets in the kitchen (rr=2.46) an family room (rr=1.75), and water leaks (rr=2.16). Night-time symptoms were most associated with carpets in the kitchen (rr=3.43), water leaks (rr=1.85), and rodents in the house (rr=1.85). Environmental Factors in Detroit: Daytime symptoms were most associated with moisture/mold/mildew (rr=1.41), water leaks (rr=1.38), and rodents in the house (rr=1.26). Night-time symptoms were most associated with carpets (rr=1.67), moisture/mold/mildew (rr=1.11), and children sleeping with stuffed animals (rr=1.35). Air pollution, dust, tobacco smoke, moisture, and rodents were common problems. Unique factors in Detroit were pets, grass, pollen, and stuffed animals, and in Beijing colds/flu

**Keywords** children, asthma, symptoms, triggers, house environmen**ABI007: Attitudes of general practitioners and patients towards provision of opportunistic smoking cessation advice****Author(s):** Cleland, JA, Lennox, S, Pinnock, H, Thomas, M. Department of General Practice and Primary Care, University of Aberdeen, UK (*Prim Care Respir* 2002 **11**(2) 56)

Smoking remains one of the greatest public health issues. Government guidelines advise that GPs provide brief opportunistic advice to all smokers whether or not they are seeking help with stopping. However, less than half of smokers remember being given advice in the previous five years. Why are GPs not providing opportunistic advice about smoking cessation to patients? What kind of smoking cessation advice do smokers want from their GPs?

This pilot project aimed to identify and explore factors that may be acting as barriers to the routine provision of opportunistic smoking cessation advice by GPs. The project focused on both GP and patient attitudes towards opportunistic smoking cessation advice. This was a qualitative study utilising focus groups and individual interviews to interview GPs, patients who described themselves as smoker and patients who described themselves as ex-smokers. One focus group per category of participants was held (six-eight participants per group). In-depth interviews were conducted with four people from each category of participants (different individuals from those in the focus groups). Data was taped, transcribed and analysed using software for qualitative analysis

The study highlighted attitudinal factors that may influence the provision of, and uptake of, opportunistic smoking cessation advice. Areas of common ground between GPs and patients were explored. Suggestions for possible effective, very brief low-cost intervention, acceptable to both the health care professional and the smoker which can be implemented routinely within the constraints of a general practice consultation, are discussed

**Key word** s smoking cessation, primary care, patient attitudes, GP attitude**ABI008: Promotion of rational antibiotic use in Flemish general practice: implementation of a guideline for acute cough****Author(s):** Samuel Coenen, Paul Van Royen, Barbara Michiels, Joke Denekens, Centre for General Practice - University of Antwerp - UIA, Belgium (*Prim Care Respir* 2002 **11**(2) 56)**Aim:** To promote rational antibiotic use for acute cough in Flemish general practice.**Design:** A cluster randomised controlled before and after study.**Methods:** 85 Flemish GPs, randomly assigned to control and intervention group recorded prescriptions, clinical and non-clinical information in 20 consecutive adult patients consulting with acute cough in the periods February-April 2000 and 2001. The intervention group received the Flemish guideline 'acute cough', one outreach visit ('academic detailing') focusing on the non-clinical information influence on the prescribing decision and a postal reminder in January 2001. Differences in antibiotic prescribing rates were analysed using generalised estimating equations.**Results:** 56 GPs (27 in the intervention, 29 in the control group) participated in both pre- and post-test, including 1503 patients eligible for analysis. Before the intervention the antibiotic prescription rate was 43% in the intervention and 38% in the control group, afterwards it was 27% and 29%, respectively. The reduction between 2000 and 2001 is significant in the intervention (P = 0.005) and the control group (P = 0.03), but no significant difference was found between intervention and control group in 2000 (P = 0.71), nor in 2001 (P = 0.27). Only the antibiotics prescribed by the intervention group in 2001 were more in line with the Flemish guideline (54%) compared to 2000 (40%, P = 0.06) (control group: 37% and 37%, resp., P = 0.84), thus saving on average €6 per patient. In 2001 significantly less antibiotics were prescribed for patients included before March 2001 in the intervention group (22%) compared to the control group (31%, P = 0.02) compared to 2000 (43%, P = 0.002).**Conclusions:** There is a short term net effect of our intervention. The antibiotics prescribed by the intervention group correspond better with the Flemish guideline. Patient outcomes will be discussed on IPCRG 2002**Keywords:** Respiratory tract infections, antibiotics, prescribing, guideline, implementation