ABI046: Development of a questionnaire for the assessment of bronchial hyperresponsiveness (BHR)*(Prim Care Respir J* 2002 **11**(2) 70-71

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Introduction The severity of BHR in asthmatics is a useful parameter to adjust the dose of inhaled corticosteroids (Sont *et al* *AmJRC* 1999). Therefore BHR needs to be assessed repeatedly, using challenge tests. These tests are expensive, time consuming and unpleasant for patients. A questionnaire, specifically designed to assess BHR, could be an alternative. The aim of this study was to generate a list of possible items for such a questionnaire.

Methods Item-generation was done by extensive review of literature, 11 interviews and a focusgroup discussion with asthmatic patients on symptoms and stimuli, related to BHR.

Results From available asthma questionnaires, few individual items showed correlation's with the severity of BHR. The interviews and the group discussion yielded a set of 30 symptoms and 68 stimuli (table 1).

Symptom		Stimul	
Sneez	6	Smoky place	8
Acute tightness of the chest	6	Respiratory infection	3
Inability to breathe deep	8	Fog	6
Chest tightness	00	Dusty place	9
Cough	6	Exercise	8
Shortness of breath	6	Change from warm to cold	6
Tight belt around chest	9	Grass, pollen	6
Wheez	3	Tobacco smoke	8
Headache	6	Cold air	3
Irritated mucous membrane	8	Fireplace	6
Fatigue	6	Chlorine	6

Table 1. Symptoms and stimuli, as mentioned by patients with percentage of patients who mentioned the item

Conclusion In this qualitative study, a variety of symptoms and stimuli that patients relate to BHR were identified. By item reduction, a subset that relates to BHR will be selected. In the future its usefulness in monitoring asthma control will be tested.

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ABI047: Project for introduction and quality control of lung function tests in primary care practices in Palma de Mallorca. The*(ESPAP project Prim Care Respir J* 2002 **11**(2) 71

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International guidelines recommend performing lung function tests for respiratory diseases diagnosis and follow up. Though there is no consensus about how often these tests should be done, most audits made in primary care practices show that spirometry is done poorly in the routine of primary care physicians. Possibly this is due to poor accessibility. From a questionnaire passed to 121 primary care physicians in Mallorca we found that none of them could make spirometries in their own practice and they had to refer the patients to the pneumologist, although they felt capable of undertaking this technique in their own practices.

Objective Introduction of spirometers in primary care practices. Improving the accessibility and reducing the waiting time for making the spirometry test. Make patients and professionals feel more satisfied. Knowing whether technical ability and interpretation ability is possible for primary care professionals and the progressive improvement of this ability by repeating the activity in their own practices.

Action :

1. Nursery staff learn the technique and maintenance of the spirometers. This activity is supported by the Son Dureta Hospital pneumologist service and the Spanish Society of Family Medicine Respiratory Group.
2. Introduction of spirometers (Datospir 120 Sibel®) in 3 primary care practices in Palma de Mallorca and the beginning of spirometry making.
3. Medical staff to assist to several workshops regarding lung function test interpretation during the first 6 months of the project.
4. Six month evaluation.
5. Passing a questionnaire to professionals and patients to evaluate the degree of satisfaction with the activity.
6. One year evaluation.