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We have recently been contacted by a number of practice nurses because they have been told that peak flow meters are single use devices and should not be used for more than one patient. In general practice access to spirometry may be limited and health care professionals are reliant on peak flow meters for objective assessment of lung function. There is a concern that patient care will suffer if they are unable to confirm a diagnosis of asthma, monitor asthma control or assess acute asthma severity with peak flow readings.

Fungal contamination of mini peak flow meters has been reported but without recognition of any adverse effects in specific patients.¹ To my knowledge there are no other published reports relating to this issue.

In 1999, in response to concerns about cross infection with Creutzfeldt-Jakob Disease and the risk of transmission, a Health Service Circular (HSC1999/179) entitled "Controls assurance in infection control: decontamination of medical devices" was published. One action point stated "never re-use medical devices designated for single-use." Publications from the Medical Devices Agency (MDA) (2000/04) have re-iterated that single-use devices must not be reused under any circumstances and that the reuse of "single-use" devices has legal implications. In addition, a medical device has been defined in the booklet, Devices in Practice² Peak flow

meters were listed as an example of a medical device

One possible solution to this problem would be to advise health professionals to always prescribe individual peak flow meters for patients. This has obvious cost implications. Alternatively we should follow the pragmatic approach of one PE manufacturer³ who has recently re-published hygienic instructions for PEF meters where they are used in GP or hospital clinics

Perhaps there has been an over-zealous interpretation of the theoretical risk of infection through the re-use of peak flow meters, in the absence of an established link between multiple device use and infection. There is a need for research into the relationship between device contamination and disease before evidence based guidelines can be established.

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Reference

1. Ayres JG *et al* Fungal contamination of mini peak flow meters. *Respiratory Medicine* 1989; **83**: 503-504
2. Medical Devices Agency. Devices in Practice. 2000 (ISBN 1 84182 359 7)
3. Clement Clarke. Decontamination of Clement Clarke Respiratory Products. Issue 1. 2000

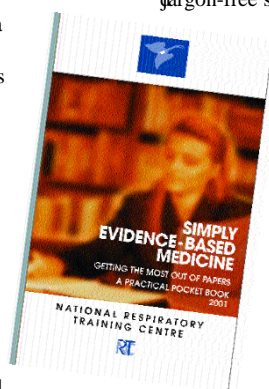
Simply Evidence-Based Medicine: A book review

Aziz Sheikh

Simply Evidence-Based Medicine, the latest addition to the National Respiratory Training Centre's popular 'Simply...Pocket Books' series aims to 'describe how research evidence may be integrated into everyday clinical practice to improve patient care'. Divided into four colour-coded sections: 'Introducing evidence-based medicine', 'Finding published evidence', 'Understanding published papers' and 'Collecting and using evidence in practice', it serves as a very readable introduction to Evidence-Based Medicine, highlighting its potential to enhance the quality of routine clinical care.

I was pleasantly surprised by the wealth of information contained in its 48 short pages. Furthermore, the liberal use of

flowcharts, graphs and tables, ensure that the most important messages are conveyed in an easily accessible manner. This book serves as an excellent jargon-free synopsis of Evidence-Based Medicine and will, I believe, appeal to a broad range of health professionals who have hitherto found it difficult to engage effectively with the evidence based approach to delivering clinical care. I recommend it wholeheartedly!



All enquiries regarding the book should be directed to the National Respiratory Training Centre

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