

New British asthma guidelines imminent

Martyn R Partridge

In 1990 a joint initiative between The British Thoracic Society, The Royal College of Physicians of London, The King's Fund Centre and the National Asthma Campaign produced the first British Guidelines on The Management of Asthma in Adults. Published in two parts, in two successive issues of the British Medical Journal, they covered the long term management of asthma, and the management of acute severe asthma¹. However, it was recognised that for primary care especially guidelines which also cover childhood asthma would be helpful and so, in 1992, the same four groups as in 1990 were joined by the British Paediatric Association, the British Association of Accident and Emergency Medicine and the (as then) General Practitioners in Asthma Group to produce some new guidelines on the management of asthma in both children and adults². In 1995 these were updated and reached publication in 1997³.

In parallel with this work the Scottish Intercollegiate Guidelines Network had produced guidelines on hospital in-patient management of acute asthma in 1996, asthma primary care management in 1998, and the emergency management of acute asthma in 1999. When looking to re-do the BTS Guidelines in an evidence based fashion it therefore appeared logical at the end of the last decade for the two groups to do so together and to utilise the excellent SIGN methodology.

A first class cross section of primary care physicians paediatricians, respiratory physicians, nurses and A & E specialists from North and South of the border split into nine Evidence Review Groups to produce an excellent set of practical guidelines. A draft was aired at a public meeting in October 2001 and subsequent modification and rewriting has now led to the Autumn 2002 publication in Thorax of the new BTS/SIGN British Guidelines on the Management of Asthma.

Producing the guidelines alone, however, will not necessarily alter health professional behaviour and produce better patient outcomes. Our experience of dissemination of the last British Asthma Guideline enables us to tailor the dissemination implementation programme for 2002/3. In 1997, 61,000 healthcare professionals were mailed the Guidelines and 9.3% responded by requesting more materials (summary charts for primary care

slide sets for chest physicians, etc.). A total of 45,500 GPs and practice nurses were sent a follow-up mailing and 7.3% requested further materials. Some 94,000 primary care physicians were invited to 11 regional meetings and 12.5% responded. A parallel media exercise was designed to place the subject on the health professional's agenda and to raise public awareness of the new Guidelines. Five key points were included in this dissemination process and pre and post launch surveys undertaken. A very high level of awareness of the new guidelines was achieved, but only some of the five key points were successfully disseminated⁵.

This time we have less money available and the science of implementation has advanced. The BTS/SIGN Dissemination Committee have decided to limit expensive regional meetings in favour of producing high quality interactive educational materials (with facilitator's notes), which can be used within Practices or within locality meetings. These will take the form of case histories for discussion and they will be closely cross referenced to the Guidelines themselves and to other useful resources. These are the Guidelines themselves, and a comprehensive set of slides will be available both on CD-ROM and be downloadable from both the BTS Website (www.brit.thoracic.org.uk) and that of SIGN (www.sign.ac.uk).

A parallel exercise to disseminate information about asthma care will be undertaken in the lay and media, and the National Asthma Campaign's new patient materials will all contain the new recommendations.

Last time, evaluation of the dissemination exercise⁵ showed that we were perhaps more successful in spreading therapeutic messages than we were in spreading important organisational messages, for example regarding the importance of self management. This time it is vital that we realise that these issues are important and issuing those with asthma a Personal Asthma Action Plan may be o

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Box 1. The Royal College of Physicians of London Three Question⁶

Three questions to be asked at every consultation:

In the last week/month

- 1 Have you had any difficulty sleeping because of your asthma (including cough)
- 2 Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)
- 3 Has your asthma interfered with your usual activities (e.g. housework, work/school etc.)

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equal or greater importance than the prescription. Similarly the asking and recording of the RCP Three Questions (see box 1) enables us to be sure that we don't underestimate the severity of patient's asthma and also provides us with a useful audit tool to monitor our effectiveness.⁶

The new Guidelines are well produced and evidence based. The dissemination and implementation materials should be useful. None will achieve anything unless we put into practice the best practice as outlined in the Guidelines. ■

Reference

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2. Guidelines for the Management of Asthma in Adults. 2-Acute Severe Asthma. Statement by The British Thoracic Society, Research Unit of the Royal College of Physicians of London, King's Fund Centre National Asthma Campaign *BMJ* 1990; **30** 0797-80

3. Guidelines for the Management of Asthma Statement by the British Thoracic Society, The British Paediatric Association, Research Unit of the Royal College of Physicians of London, King's Fund Centre National Asthma Campaign, The Royal College of General Practitioners, The General Practitioners and Asthma Group, The British Association of Accident and Emergency Medicine, and the British Paediatric Respiratory Group. *Thorax* 1993; **8** :S1-S24

4. The British Guidelines on Asthma Management 1995 Review and Position Statement. The British Thoracic Society, National Asthma Campaign, The Royal College of Physicians of London. *Thorax* 1997; **3** :S1-S21

5. Partridge MR, Harrison B D W, Rudolph M Bellamy D, Silverman M. The British Asthma Guidelines - their Production, Dissemination and Implementation. *Resp. Med* 1998; **9** :1046-52

6. Pearson M G and Bucknall C E. Measuring Clinical Outcome in Asthma - a Patient Focused Approach. Royal College of Physicians of London London 1999



General Practice Airways Group
New Asthma BTS/SIGN Guideline
Regional Meeting



Places are still available for the GPIAG regional meetings where delegates will be able to discuss and review the new guidelines and work together to identify plans for local adoption/implementation

PLEASE NOTE REVISED DATES

5th November, Redhill
 15th November, Glasgow
 19th November, Reading
 21st November,
 7th January, Birmingham

Timing :From 10.00am until 16.00

Costs :GPIAG members/associate members £50.00, Non-members £80.00

For more details, or to obtain a registration form,
 please telephone the GPIAG
 on 0121 454 8219 or register online at our
 website <http://www.gpiag-asthma.org/News/conferences.htm>