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the ICQ when categorised into 8 side effect domains.

Conclusion: Patients perceive numerous side effects of ICS, which are predominantly dose dependent. This reinforces the need for a dose titration strategy in clinical practice to achieve optimal clinical benefit at the lowest dose of inhaled corticosteroids.

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Exploring patient-doctor partnership in white european and south asian adults with asthma: qualitative interview study AB21PO
Josip Car, of Primary Health Care and General Practice, Imperial College London *Prim Care Resp J* 2003; 12(2):69

Background: South Asian people with asthma have a higher risk of asthma related hospital admission compared with white Europeans. There is no clear evidence of differences in severity or prevalence of asthma, prescribed drugs, asthma education or in the severity of the acute episodes amongst admitted patients in the two ethnic groups. Excess risk is only likely to be in part due to socio-economic status. Difficulties in developing an effective patient-doctor relationship has been suggested as one of the many possible explanatory factors underlying these differences in hospitalisation rates.

Objectives

- To examine concepts of the patient-doctor relationship held by white and south Asian people with asthma
- To identify difficulties and enhancers in the development of patient-doctor relationships

Methods Qualitative study involving in-depth interviews with patients and doctors recruited from the Chest Clinic, Ealing Hospital, London and GPs are recruited from the adjoining area. A literature review and pilot interviews were used to develop the initial topic guide. We plan to purposively sample approximately 20 south Asian and 20 white adults with asthma. We are conducting patient interviews in their preferred language; interviews are taped, translated into English and transcribed. Grounded techniques with deviant case analysis are being used for data analysis.

Progress to date Pilot interviews have been conducted and the topic guide has been developed. We have to date conducted 10 interviews with data analysis taking place concurrently. We plan to discuss the interim results at the ASM.

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Postal administration of the juniper mini asthma quality of life questionnaire: a quality improvement report AB22PO
Hilary Pinnock, Department of General Practice & Primary Care, University of Aberdeen *Prim Care Resp J* 2003; 12(2):69

Context: The widely used Juniper Mini Asthma Quality of Life (MiniAQLQ) was devised and validated for self-completion under supervision. To calculate a score it is essential that all questions are completed correctly.

The problem: When we administered the MiniAQLQ by post in a recent study, only 158/181 (87%) of responses were usable: 31 questions were omitted; 4 had double entries. The commonest error, in 12/181 (7%), was failure to complete Q15 (work-related problems)

Strategy for change: We devised a patient instruction sheet on questionnaire completion and re-formatted the questionnaire to reduce the possibility of errors. Participants were sent the postal version a week before completing the questionnaires under supervision. The chi-square test was used to compare the rates of successful completion.

Effects of change: 96 participants were recruited. 93 postal questionnaires were returned: 83 (89%) were correctly completed. This was not significantly different to our previous study [Postal version vs Previous study: 83/93 vs 158/181: $\chi^2 = 0.22$, $p=0.679$] 15 questions were omitted; there were no double entries. 8/93 (9%) did not complete Q15.

86 participants attended and completed the MiniAQLQ under supervision. There were no completion errors. [Supervised version vs postal version: 86/86 vs 83/93: $\chi^2 = 9.79$, $p=0.002$] Including supervised attendance rate and postal return rate the overall usable response rates were similar. [Supervised vs Postal: 86/96 vs 83/96 $\chi^2 = 0.44$, $p=0.505$]

Conclusion: Our instruction sheet did not reduce completion errors. However, the good return rate for postal administration achieved comparable overall usable response rates to the gold standard of supervised administration.

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