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Profiles of asthma control in 12488 patients in 30 practices in East Anglia
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Introduction: Since the introduction of the British Thoracic Society Guidelines for Asthma Management in 1993, updated in 1997 and 2003, there have been substantial shifts in asthma management in general practice with improved patient care, but many reports indicate that for some patients, it is still difficult to maintain good control and improve quality of life. The ELEVATE study investigates asthma control and quality of life for adults in practices in East Anglia.

Methods: Searches of computerised records of all active registered adult (age 16-80 years) patients at 30 practices participating in the ELEVATE study were performed using the search and report system in each practice's software. Patients who had prescriptions for inhaled salbutamol or terbutaline and who did not have prescriptions for Ipratropium containing products in the past 2 years received a screening questionnaire by post.

The Asthma Control Questionnaire (ACQ) and Mini-Asthma Quality of Life Questionnaire (MiniAQLQ) were sent by the practices to each patient with a stamped return envelope. Cut-off points of scores =1 for the ACQ (0=well controlled, 6=extremely poor control) and =6 for the MiniAQLQ (7=no impairment, 1= severe impairment) were set as markers of inadequate asthma control and asthma related quality of life respectively.

In 12 of the practices a further search was made of the registry to identify patients with a prescription or refill issue for inhaled corticosteroids (ICS) in the past 4 months. This was used to categorise the patients from the first search into those most likely to be at step 1, and those likely to be at step 2 or higher ("2+").

Results: 12488 patients were identified and sent questionnaires. Return rates were 60.3% overall with a range among practices from 52 to 69%. The ACQ score was >1 for 49.4% of the 7094 valid responses. The MiniAQLQ score was <6 for 56.6% of the 6751 valid responses. Cases with a combination of both an ACQ score=1 and MiniAQLQ score =6 were 43.7% of the 6574 valid cases. For the 6488 patients categorised as likely being either step 1 (3873) or step 2+ (2615), the ACQ score was =1 for 59.2 and 61.7% respectively of the 2132 step 1 and 1683 step 2+ valid responses. The MiniAQLQ score was =6 for 49.9 and 66.8% respectively of the 2040 step 1 and 1628 step 2+ valid responses.

Conclusion: Examination of indicators of asthma control and quality of life among adult patients in general practice settings show a substantial level of inadequate asthma control and impaired quality of life. Further work to characterise the factors which influence these problems is needed.

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