

## In this issue...

### Dr Paul Stephenson

Not only is this journal the official journal of the UK GPIAG, but it is also the official journal of the International Primary Care Respiratory Group, and we are therefore delighted to highlight the international flavour of the journal with the contents of this issue.

Professor Onno van Schayck from the Netherlands, and his co-authors from Canada, Italy, Spain, Sweden and the USA, present an evidence-based review of the role of spirometry as a diagnostic tool for early detection of COPD in primary care on pp 90. This is a clear and succinct review, and should be required reading for all primary care healthcare professionals involved in assessing patients presenting with symptoms of probable COPD. The authors acknowledge the role of the International Primary Care Respiratory Working Group, and this is an excellent example of the way in which respiratory interest groups in many countries are working together to develop harmonisation of clinical practice for our patients.

Dr Barbara Yawn, one of our two International Editorial Advisors from the USA, presents a very interesting qualitative study on the family burden of childhood asthma (pp 82). The methodology involves recurrent analysis of the themes expressed by mothers of children with asthma during focus group discussions. The clarity of the themes identified probably relates to the way in which the content of the discussions was repeatedly reviewed over a period of eight months by the researchers, a process known as 'immersion/crystallisation.' The themes themselves are hardly surprising given that the children largely had moderate persistent asthma: mothers have unmet needs; the impact of asthma is pervasive on daily life; and childhood asthma is an emotional burden for the family. An interesting and thought-provoking paper.

Dr Christopher Clark, a GP from Devon, presents a very nice piece of work from the front-line of primary care - a pragmatic study assessing the impact of combination salmeterol/fluticasone in 20 stable but symptomatic patients seen in the practice asthma clinic (pp 86). The use of a symptom scoring system (in this case, the Tayside system) is an excellent means of quantifying subjective assessment of disease severity and this is to be highly recommended in any primary care asthma clinic. It is important to note, however, that the patient numbers involved are small and that this is an uncontrolled observational study; the 'comparison group' had lower symptom scores at the outset, and

these patients are therefore not 'controls' in the true sense. It is also important to note that only one inhaled steroid/long-acting bronchodilator product has been used, and that similar findings would almost certainly be found if using other combination products. Nevertheless, this study is an excellent demonstration of pragmatic real-life methodology that can be used in primary care.

We have two particularly interesting Editorials in the journal this month. Those of us who regularly grapple with the data required for Chronic Disease Management accreditation in UK primary care will be fully sympathetic to the idea of more flexibility when it comes to routine asthma reviews for patients. Dr Hilary Pinnock (pp 79) highlights some of the issues raised in their paper earlier this year. The high patient satisfaction following telephone review must mean that telephone review will become an integral part of the review process for appropriate patients in the future. On page 77, Dr Mike Morgan highlights the poor provision of pulmonary rehabilitation services across the UK. Pulmonary rehabilitation offers a widely applicable mechanism to improve individual quality of life, and by reducing length of hospital stay could lead to significant cost-savings. Despite recent improvements, there are still only 60% of hospital respiratory specialists in the UK who have access to pulmonary rehabilitation services. We need to lobby hard for increased service provision.

Toby Lasserson from the Cochrane Airways Group highlights their forthcoming symposium on page 78 (registration details are on page 98), and Kathy Hope, the project manager for the forthcoming IPCRG world conference to be held in Melbourne in February next year, whets our appetite on page 81. We continue our 'Stop/Think' series with a very interesting case study from the respiratory team in Blackpool on page 94.

Finally, we have our regular features; news from the GPIAG research team in Aberdeen, our News section, and our Letters section which continues correspondence on the issue of doubling up inhaled steroids during exacerbations (Professor Neil Barnes *et al* give their opinion on page 99) and which contains a thought-provoking letter from Dr Clive Walker on at-risk COPD patients.

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**ISSN:** 1471-4418

The General Practice Airways Group (GPIAG) is a charity (Charity Number 1098117) and an independent, multi-funded, GP-led company limited by guarantee (Company No: 4298947) that aims to improve respiratory care.

The peer reviewed *Primary Care Respiratory Journal* is published by GPIAG Publishing and is the official journal of the GPIAG and the International Primary Care Respiratory Group (IPCRG).

All correspondence concerning this journal should be addressed to the Editor.

All editorial decisions are independent of commercial restraints.

The views expressed in this journal are not necessarily those of the GPIAG or IPCRG.

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