



ELSEVIER

EDITORIAL

What's in this issue

There is active debate on how to measure and assess disease control for both asthma and Chronic Obstructive Pulmonary Disease (COPD). Two papers and two editorials address this debate in this issue of the Primary Care Respiratory Journal. Clinicians often rely very heavily on physiological measurements such as lung function testing to determine disease control in chronic respiratory disease, but considerable evidence now demonstrates the importance of patient-centred outcomes in identifying those patients who are experiencing morbidity due to their respiratory illness. The review paper by Haughney and Gruffydd-Jones [1] examines the usefulness of various outcome measures that can be used in primary care to monitor and manage COPD. In their comprehensive review they discuss the importance of measuring patient-centred outcomes, such as health-related quality of life and exacerbations, which can provide additional information to that offered by lung function measurement. In his editorial [2], Professor Klaus Rabe discusses some of the issues related to COPD outcomes in a broader context. Interestingly, he points out that the source material for Haughney and Gruffydd-Jones' review [1] was derived from traditional research studies which are often accused of being far removed from clinical reality and therefore not being fully relevant to the needs of primary care physicians. While commending the authors for their stimulating review, he does express a degree of scepticism about the possibility of increased use of patient-centred outcomes in the current climate when we even have difficulty persuading colleagues to use spirometry to diagnose COPD. A clear challenge for those involved in COPD research.

Juniper et al. [3] report a study in which 94 adults with inadequately controlled asthma were assessed over a period of four weeks by one of nine asthma specialists. The physicians' assessments, when compared to the results of an Asthma Control Questionnaire [4], were positively biased in that they tended to overestimate the degree of asthma control. The clear conclusion is that objective measures of asthma control should be used more frequently. In fact, there is no current consensus on the use of the term "asthma control". Robin Taylor from New Zealand and Helen Reddel from Australia are currently chairing a joint European Respiratory Society/American Thoracic Society Taskforce aimed at providing evidence-based recommendations on standard definitions and on data collection methods and tools for assessing asthma control, asthma severity and exacerbations in future clinical trials. Ultimately, this work should provide sound recommendations regarding the tools to be used for assessing asthma control and exacerbations in general clinical practice. In his editorial [5], Professor Martyn Partridge outlines the issues surrounding use of the terms "asthma control" and "exacerbation" when describing how asthma affects people's lives; he also emphasises the need for establishing this information during the actual consultation.

The Dundee group of primary care researchers have published many papers on integrating clinical audit with care of patients. Their latest, published in this issue [6], provides further evidence in favour of structured clinical review of patients accompanied by a process of ongoing clinical audit. The participating 'audit' practices reviewed patients in a structured manner, which included

checking inhaler technique and the issuing of self-management plans; in this audit group patients experienced a reduction in asthma morbidity. In contrast, in an Australian study which we also publish in this issue [7], which compared three education-based interventions aiming to improve the knowledge of participating general practitioners, there was a relatively low incidence of issuing written asthma self-management plans during consultations. Therefore, it seems essential to incorporate the education into the consultation in some way. The Dundee group have done this through the use of structured clinical review.

Integrated care in respiratory disease was the subject of a major symposium at the recent European Respiratory Society conference in Glasgow. The perennial problem of poor communication across the primary/secondary care interface was highlighted by the speakers as well as the audience. In their paper reporting on a consensus approach to the content of referral letters for asthma in Finland, Tuomisto et al. [8] set out clearly which criteria should be included. Well-structured referrals from general practitioners seeking specialist opinions serve not only to provide reasons for the referral, but also to enable prioritisation of the referral request. This work is being evaluated further by the authors; meanwhile, there is opportunity for others in primary care to test the proposals suggested in this article. There is also an opportunity for our colleagues in secondary care to re-evaluate the information which they provide for primary care health professionals in their letters following patients' specialist consultations or admission to hospital.

I would like to draw readers' attention to the Letters section in which we continue lively debate on the issue of using peak flow meters versus spirometry when assessing patients with COPD. We welcome debate, both in the journal correspondence section and on the discussion forum on our website (www.gpiag.org).

Finally, in our News section, we announce two major changes in GPIAG personnel. We welcome our new Chief Executive, Anne Smith, who brings very

considerable skills and expertise to the group. She takes over from Sian Williams, who has been a great asset to the group – we thank Sian profusely for her hard work and commitment. We also welcome our new Chairman, Steve Holmes, who takes over from John Haughney. John has been an inspirational Chairman of the GPIAG at a time of great change in UK primary care, and during his three years' tenure has steered the group towards multifunding and charitable status. We are indebted to John for his dynamism and hard work. The News section gives more detail on these changes.

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