ELSEVIER

LETTER TO THE EDITOR

At-Risk asthma registers in primary care

Dear Sir,

I read the paper by Noble et al. [1] in your April issue with great interest. The construction and implementation of At-Risk asthma registers has been recommended following the East Anglian [2] and the Eastern Region [3] Confidential Enquiries into Asthma Deaths, a recommendation which is also proposed in the BTS/SIGN British Guideline on the Management of Asthma [4]. Noble and his colleagues acknowledge the disadvantages and potential flaws in their retrospective before-and-after study, even though they have done their level best to provide adequate controls from their practice register which were matched according to age, sex and asthma severity as categorised by BTS treatment step. Nevertheless, the authors found significant differences between the at-risk patients and their controls in terms of out-of-hours emergency contact, courses of oral steroids prescribed, GP contact, and failure to attend primary care appointments. Following the introduction of the At-Risk register, the only one of these that remains significantly different between those at risk and those in the control group were the number of courses of oral steroids prescribed. Furthermore, in the year before introduction of the register, higher numbers of the at-risk group had been admitted to hospital, had attended A&E, and had used emergency nebulised medication. During the year after introduction of the register, none of the at risk patients was admitted to hospital or attended A&E for their asthma.

Figures from Noble et al.'s study, and from another practice which has introduced an At-Risk register (Mohan G, personal communication), indicate that the numbers of patients in any practice fulfilling the criteria for being 'at risk' are low, amounting to around 3% of the practice's total asthma population. In an analysis of costs the authors found that the cost of setting up and

implementing the At-Risk register was around £17 per at risk patient, and this was associated with an £82 per patient overall cost saving in asthma management.

Another finding of interest to those working in secondary care, where we have perhaps assumed that all patients with difficult asthma are at some time or another seen in hospital, is that only four of the 26 patients in the At-Risk group were under the care of a hospital, and while most of the At-Risk group had been seen at some time in the past by hospital specialist services, most had subsequently failed to attend follow up appointments. Work by our group has recently demonstrated that poor adherence or compliance is an accurate indicator of patients with severe asthma being at high risk for adverse outcomes [5].

The NHS has now introduced chronic disease management clinics and quality payments into primary care. Surely the time has come for one of the grant-giving bodies, either a government-funded body or a charity, to fund a well-designed prospective study of the value of At-Risk registers in the management of severe asthma?

I was rather surprised to read the Editor's concerns [6] that any focus on patients with severe asthma who are at risk of adverse outcomes might impact adversely on the care of other patients with asthma, presumably including other patients with severe asthma. Is there any evidence that providing acute respiratory care units with nasal ventilation (NIV) for acute exacerbations of COPD detracts from the care of the larger number of patients who do not require NIV?; or that Coronary Care Units have distracted physicians from looking after patients with angina? I would argue that, by developing clear criteria for those patients at most risk, physicians and other healthcare workers in primary and secondary care actually find that their care of patients who do not meet those criteria is enhanced because they are looking at each patient with a more critical and evidence-based eye.

All in all, I would like to add my voice to the increasing number of those who believe that the time is now overdue for a prospective randomised case-controlled study of the value of At-Risk registers in patients with severe asthma who have identifiable psychosocial and behavioural risk factors which put them at risk for asthma death, near-fatal attacks, or hospitalisation.

References

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