



ELSEVIER

## ABSTRACTS

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**ABS001: Postal questionnaires for asthma - are they worth the paper they are written on?**

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**Introduction:** In April 2004 British General Practitioners started to work under a "new contract", known as GMS2. This encouraged more formal review of many conditions including asthma. **Aims & objectives:** The questionnaires would enable us to identify patients willing to have telephone reviews of their asthma, those well controlled, and those with poor control. The questionnaires have allowed us to audit our asthma care over a 10 month period. **Subject & methods:** The patients were identified using our clinical software, and were those who had not attended asthma review in the preceding 12 months. The questionnaires asked about smoking status, telephone reviews, and asthma control. The first cohort was posted in February 2005, and in October 2005 we sent out the same questionnaires to another cohort of "non-attenders". **Results:** 199 questionnaires received in February, 120 in October. Overall asthma control was good. From the first set of questionnaires ( $n=199$ , all figure relate to 3 or more times per week), 7.5% were woken; 8.5% had their normal activities disturbed; 28% had their normal asthma symptoms; 22% used their reliever inhaler; 84% were non smokers. October 2005  $n=120$ , these figures were similar, again all figures relate to >3 times in the previous week; woken at night 7.5%; activities disturbed 10%; asthma symptoms 25%; use of blue inhaler 24%; 80% were non smokers. **Conclusions:** The questionnaires provided a snapshot of asthma control in the practice population and were easy and inexpensive to perform. It is rewarding that we have less people who have not had a review, but overall asthma control has not changed. In the future those with poor control should probably be chased more actively, perhaps by their doctor, rather than simply by the administrative staff.

#### Conflict of interest and funding

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**ABS002: Is exhaled nitric oxide monitoring possible in general practice asthma clinics: a feasibility and acceptability study**

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**Background:** Asthma is defined as a chronic inflammatory disease. Hospital studies have used exhaled nitric oxide (eNO) as an inflammation biomarker. **Aims:** To assess the practicality of eNO monitoring in primary care. **Methods:** Prospective observational study. 37 asthmatics treated in primary care were enrolled (18 male, age range 6–71 yrs, inhaled corticosteroid dose median (inter-Quartile Range): 400 (200–600) mcg/day, % predicted FEV1 mean (SD) 85 (21) %); 2 weekly assessments were made over 12 weeks. **Results:** 95% of subjects were able with training to perform the controlled expiration required for analysis; the 2 patients who could not withdrew. eNO measurement were made at 232 out of 236 study visits (98.3%) for the remaining patients. 90.1% of readings conformed to ERS standards, on the other occasions it was impossible to get 3 consistent readings, and less rigorous criteria were accepted. The median (interquartile range) measurements preformed/patient/visit was 4 (2–5) expirations. The average number of attempts needed reduced from 6.2 (first visit) to 4.0 (final visit),  $p > 0.001$ . On a 7 point Lickert rating scale of ease of use, 75% of subjects found monitoring easy, with adults (13/17) and children (11/15) reporting ease. Acceptability was reported by 97%; all children (15/15) and 16/17 adults. Measurements were rated as difficult by the asthma nurses in 9% of cases, and as 'easy' or 'very easy' on 75% of patients. **Conclusions:** eNO testing is feasible in most children over 6 and adults in general practice. The test is rated as easy by 3/4 of patients, and by asthma nurses on 3/4 of patients. Routine eNO monitoring in community practice is possible.

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