

ABS71: An evaluation of a community pharmacy based rural asthma management service

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Introduction: Community pharmacies present an underutilised but reliable primary care setting for the delivery of specialised asthma care programs, especially in disadvantaged rural and remote Australian settings. **Aims and objectives:** To design, implement and evaluate a community pharmacy model for the provision of asthma care in rural NSW. **Method:** A parallel group controlled study was conducted in two separate but demographically similar areas. The intervention pharmacists were trained to deliver the Rural Asthma Management Service (RAMS) model, whilst control pharmacists provided usual asthma care to their recruited patients. Patients in both groups were followed across six months and outcomes compared between baseline and six months. **Results:** Fifty one and thirty nine patients were recruited by intervention ($n=12$) and control pharmacists ($n=8$) respectively. At baseline there were no significant differences in asthma related characteristics between the groups. Results compared at baseline and final visit in the intervention group included: a reduction in the asthma severity scores from 11.4 ± 2.9 to 7.9 ± 2.6 ($n=46$, $p<0.001$); an improvement in peak flow indices from $75.4\% \pm 13.6\%$ to $85.6\% \pm 16.4\%$ ($n=47$, $p<0.001$); a reduction in the risk of non-adherence scores from 3.0 ± 1.1 to 1.6 ± 0.7 ($n=48$, $p<0.001$); an increase in the confidence of managing an asthma attack score from 2.5 ± 1.2 to 1.7 ± 1.0 ($n=48$, $p=0.04$). There were no significant differences in the asthma severity, risk of non adherence or confidence scores between the baseline and final visits in the control group ($p>0.05$). **Conclusions:** These results indicated that the RAMS model has the potential to improve patient outcomes for asthma in rural communities and should be tested further.

Conflict of interest and funding

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ABS72: A survey on pediatric asthma management in primary care in Mallorca (Spain)

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Introduction: Asthma is the most frequent long term disease in children. The prevalence in our environment is approximately 10% [1]. The knowledge of the real situation of professionals in different primary health centres could help to encourage a future program to increase the quality of management of asthmatic children. **Aims and objectives:** To obtain information on the real situation on asthma management among medical professionals in paediatric primary care in Mallorca. **Subjects and methods:** A survey based on a questionnaire was designed to obtain information among all paediatricians and physicians attending children (0 to 14 years of age) in paediatric primary care of Mallorca. 91 postal questionnaires were sent in November 2003 and returned until December 2004. Variables included: professional data, diagnostic resources and medication for asthma exacerbations, characteristics of attention given and professional needs to improve management. Data were analysed using SPSS statistic program. **Results:** There were 91 paediatric primary care consultations .62.63% of questionnaires were

returned. 17.6% had a register of asthmatic children. 26.3% had spirometer available. 28.1% had prick test available. 63.2% had peak flow meters. 71.9% had spacers and 77.2% inhaler placebos for demonstration. 98.2% had salbutamol for nebulization available but only 66.7 salbutamol inhalers for acute asthma treatment. 12.3% always referred asthmatics to a pneumologist. 66.7% lack of material resources, 33% lack of knowledge in asthma. 86% expressed the need of a specific regional paediatric asthma program. **Conclusions:** Attending to the results of this survey a great effort is needed. Local health authorities should give priority to a future project in paediatric asthma management on the basis of the important role of primary care professionals and setting. This project is likely to improve the process and outcome of care in asthmatic children.

Conflict of interest and funding

None.

Reference

[1] Diaz Vazquez CA. Organization of assistance in pediatric asthma. [December 31st 2005] available in: [http://www.respirar.org].

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ABS73: Evaluation of patient response to respiratory educators in primary care

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Introduction: Despite evidence that asthma education is effective, it is not a component of primary health care in Alberta. With a strategic plan, there is potential to reduce respiratory costs in tertiary care [1,2]. **Objectives:** To establish a continuum of care for managing patients with asthma and COPD by providing access to educators in primary care physicians (PCPs) offices with the goal to: Improve patient quality of life, respiratory disease management by PCPs, and establish a universal respiratory education program for primary care. **Subjects/method:** RCT, adult and pediatric patients with Asthma or COPD. Respiratory educators work with 50 PCP offices. Control group completes baseline questionnaires, spirometry testing, and receives an education booklet. Intervention patients do the same plus receive education from a Respiratory Educator. Patients are followed by PCP throughout. Reassessment occurs at six months by the educator, with the intervention offered to the control group. Both are followed for an additional six months. **Results:** Anticipated findings will validate pilot results that respiratory education conducted by a respiratory educator in the PCPs office, improves asthma control/management. Pilot showed: improvements in symptom severity, activity limitation, shortness of breath, wheeze, night waking, and rescue medication used; Reduced Beta 2 agonist (0.875 to 0.5 puffs/day); Increase in FEV1 (0.15 litres). **Conclusions:** This study will empower patients to better manage their disease, optimizing control; minimizing unscheduled physician visits, emergency room visits and hospital stays. The health evidence and cost benefits obtained will be useful for policy makers to support implementation.

Conflict of interest and funding

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