

References

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doi:10.1016/j.pcrj.2006.04.166

ABS74: Large variations in asthma control between UK general practices participating in the asthma control, concordance and tolerance (ACCT) Initiative

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Introduction: Despite availability of effective asthma, outcomes remain suboptimal. The issue of whether different practices achieve different results in terms of asthma control is currently unknown although much discussed. **Aims and objectives:** To evaluate variation in asthma control using patient reported outcomes and routine practice recorded data. **Subjects and method:** Practices participating in the ACCT initiative evaluated asthma control using the asthma control questionnaire (ACQ) and other patient reported outcomes for adults prescribed preventative asthma therapy. Routine anonymous data was also extracted from practice computer systems including current asthma treatment and recorded exacerbations. Practices with full data on more than 30 adult patients only were included in this analysis. Proportions with evidence of poor asthma control using practice reported oral steroid usage and high ACQ scores (>1.5) are reported [1]. **Results:** Data from 36 practices met the study criteria. Median practice proportion of patients receiving at least one course of oral steroids was 14.2% (IQR 7.3% to 19.6%) and median proportion with an ACQ score of >1.5 was 36.5% (IQR 27.0% to 48.1%). The absolute range for oral steroids from 0% to 37.8% of patients and for high ACQ score from 12.3% to 78.3%. **Conclusions:** This data suggests vast variation exists between practices in terms of achieved asthma control as evidenced by oral steroid usage and high ACQ scores.

Conflict of interest and funding

The ACCT programme is supported by an unrestricted educational grant by Altana pharma.

Reference

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doi:10.1016/j.pcrj.2006.04.167

ABS75: Asthma treatment in Spain - Study in primary care and Pneumology Services

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Introduction: Asthma is a disease that can easily be controlled but it presents a high morbidity rate due to poor patient care. **Aims and objectives:** To find out about the quality of the care given to asthmatic patients in Spain, both in primary care and Pneumology Services, assessing how asthma and general morbidity are diagnosed and treated. **Subjects and methods:** Data were collected from 2346 asthmatic patients, chosen at random, seen in primary care and Pneumology Departments. The data were collected in two different periods: winter- spring and summer-autumn. There was a questionnaire for each center to record the techniques and the prevalence data; there was another questionnaire to record each patient's treatment and the morbidity data. **Results:** The spirometry was performed at least once a year in 87.2% of the patients seen in primary care and 39.8% in Pneumology Services. Morbidity was high in both groups with more than two night time awakenings per month (25% in Pneumology versus 29% in Primary Care) and visits to the emergency services in the previous year (26% vs 21%). A high percentage of asthmatic patients were using both inhaled corticoids and long-acting b2- agonists (49.5% vs 32%). Thirty percent of the primary care patients could not be classified into any of the recommended treatments in international guidelines. **Conclusions:** In Spain, the asthma morbidity is high, despite the large use of drugs. Objective monitoring tests of lung function have been limited in primary care and there is room for improvement in the treatment provided.

Conflict of interest and funding

ASTRAZENECA Farmaceutica Spain, S.A. financed the logistic aspects of the study.

doi:10.1016/j.pcrj.2006.04.168

ABS76: Establishing allergy and asthma services de novo in a developing country

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Introduction: Allergic diseases and asthma are rapidly increasing in prevalence all over the world. This is true even in developing countries, where these subjects are a new concept, and there is hardly any awareness at all levels of society, and also medical education regarding the diagnosis, treatment and other aspects are lacking. Allergy is a very peculiar subject, in that the diagnosis and management varies considerably from place to place, depending on the climate, the flora, the environment, and a host of other factors. It requires a comprehensive knowledge of the local conditions before one can plan or execute preventative or therapeutic measures. The Primary Care Physician is the most important tool in planning a comprehensive strategy to affect these illnesses which may affect up to 40% of a country's population.

Methods, strategies & outcomes:

1. Creating awareness about the signs and symptoms of allergic disease at all levels of society, including especially the health care personnel. Addressing stigmata and taboos specially.
2. Finding the major respiratory allergens and their seasons or timings of prevalence.