3. Establishing aero-allergen identification and counting facilities.
4. Production of high quality allergen extracts and specific allergy diagnosis and treatment facilities.
5. Establishing "best practices" in light of the local conditions, per capita income, affordability and availability of various therapeutic options.
6. Training of all levels of educators, health care providers, planners and administrators.
7. Establishing contacts and liaison with international agencies, and improve the services.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.169

ABS77: Organisation of asthma and COPD care in secondary care in Mid-Sweden

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Objective: To investigate the organisation in secondary care with regard to management of COPD. **Background:** The Swedish National Board of Health and Welfare assessed guidelines for diagnosis and management of asthma and COPD in 2004. This study intends to compare these guidelines to the actually performed care in Mid-Sweden. The aim of this report is to compare the resources in organisation and equipment for COPD in secondary care in this region. **Method:** A survey was sent in 2005 to all seven regional/county hospitals and to seven local hospitals in the region. The survey included 40 questions about resources for management of asthma and COPD in secondary care. With reference to the guidelines of the Swedish National Board of Health and Welfare five quality indicators were constructed for the care of COPD in secondary care. These were access to the local and regional guidelines for COPD, spirometer, programme for smoking cessation, physiotherapy for COPD patients, multidisciplinary rehabilitation. **Results:** Three of the 14 hospitals (two regional/county hospitals and one local hospital) fulfilled all quality criteria. The greatest shortcoming was smoking cessation where 7 out of 14 lacked a structured programme. 6 out of 14 also lacked resources for multidisciplinary rehabilitation and local guidelines. The criterion that most hospitals fulfilled, 13 out of 14, was access to spirometer. **Conclusions:** There are differences in resources in secondary care for patients with COPD in this Swedish region. The greatest shortcoming is access to smoking cessation programmes, which is a serious problem since this is the only treatment that has shown to be of significant importance for the prognosis of COPD. The development of local guidelines and resources for multidisciplinary rehabilitation for COPD is also important to improve the care of this large disease-group.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.170

ABS78: A pilot study of Physician Asthma Care Education program in Australia

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Introduction: The Physician Asthma Care Education (PACE) program was developed by the Universities of Michigan and

Columbia, as an educational intervention to enhance the care of children with asthma in primary care. PACE has had a significant impact on the prescribing and communication behaviours of primary care paediatricians in US, leading to improved patient outcomes. **Aims:** The study aims were to adapt the program material to the Australian context and to test its acceptability and feasibility with General Practitioners. **Methods:** PACE materials were modified to meet the Australian asthma management guidelines. 25 Doctors in Sydney were recruited to attend two 2½ hour workshops that included interactive sessions on asthma management and a communication and education video. Before and again four weeks after the intervention, participants completed a questionnaire about the use of 10 key teaching and communication strategies. They were asked about their confidence in using these strategies, how helpful they perceived them to be and the frequency of use during asthma consultations. **Results:** Following the PACE Australia workshops, participants reported greater confidence in using the 10 key strategies, perceived them as more helpful, and reported using them more often. The doctors gave very positive written and oral feedback about the program content and strategies. The most useful aspects of the workshops were the sessions on communication strategies, patterns of asthma and the use of devices. The recommendations included extending the duration of the workshops and modifying the video for Australian audiences. **Conclusion:** The results demonstrate that PACE Australia program can improve the way in which doctors manage asthma consultations and the communication strategies would be equally relevant for other chronic illness consultations. The impact of the revised PACE program on the processes, costs and outcomes of general practitioners' care of children with asthma is currently being studied as a randomized controlled trial.

Conflict of interest and funding

Nil.

doi:10.1016/j.pcrj.2006.04.171

ABS79: Patterns of primary care for children with asthma: An exploratory, qualitative study in Brazil

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Introduction: Asthma is the most common chronic lung disease diagnosed in children in Brazil and represents a personal and social burden for subjects and their families and direct and indirect costs related to management of the disease. Although there are nationally-based initiatives to implement standards of care, it is supposed that a wide range of practices would be observed, especially when comparing family medicine practitioners and primary care pediatricians. **Aims and objectives:** To explore and compare the process of care received by children with asthma served by primary care physicians (family medicine practitioners and primary care pediatricians) in Brazil. **Subject and methods:** A qualitative approach was used to study responses for cases assigned to family medicine practitioners and pediatricians through a mailed questionnaire with multiple-choice and open-ended questions. Three provider types were identified: Family medicine specialists, Family medicine non-specialists and primary-care pediatricians, all working in the Brazilian public, Unified Health System. Process of care measures reflecting aspects of care recommended in national guidelines were developed and used to analyze patterns of care across provider types, controlling for case-mix and other covariates. **Results:** Management of asthma in children had a wide variation in terms of diagnosis, classification, pharmacological treatment in acute and maintenance care, educational and preventive measures and follow-up practices, inside each group of providers

and through the distinct groups. Differences were significantly higher among Family Medicine specialists and non-specialists. Level of agreement of practitioners with guidelines and standards of care were low and dependant of age, years of experience in primary care, specialization and complexity of case. Use of evidence-based, services-oriented guidelines for caring of children with asthma is not disseminated. **Conclusions:** Continuing professional development in childhood asthma in Brazil is an issue to be concerned with, especially with the increment of access and coverage of public primary care services.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.172

ABS81: Delayed presentation of gastrothorax masquerading as pneumothorax- a diagnostic challenge

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Traumatic diaphragmatic rupture (TDR) following blunt trauma such as a road traffic accident is well reported. We present a case of delayed presentation of TDR that occurred after a party game of "musical chairs". Clinical presentation, signs and the initial chest radiograph were suggestive of a large pneumothorax. Timely consideration of gastrothorax as a possible differential diagnosis; we inserted a nasogastric tube which clinched our diagnosis and decompressed the gastric contents. We discuss briefly the diagnostic tools usually recruited in such clinical scenarios and possible complications arising from clinical management.

Conflict of interest and funding

Nil.

doi:10.1016/j.pcrj.2006.04.173

ABS82: Symptom pattern and antibiotic prescription in patients with acute cough

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Introduction: Acute cough is a common presentation in general practice. The indications for antibiotic prescription are debated. **Methods:** Prospective observational study of adults consulting General Practitioners with acute cough. **Subjects:** Over 26 months, 377 visits were made by the research nurse to 12 family practices in the UK using a randomised schedule. All consenting patients (17 yrs or older) seen with acute cough were recruited. A symptom questionnaire was obtained. **Results:** 162 patients were recruited (64 male, median age 49.5 range 17–88 yrs). Co-morbidity with asthma was reported by 25%. Only 10% had a temperature of $>37.0^{\circ}\text{C}$. Sputum production was reported by 90%. The median (range) duration of cough was 7 (1–14) days. The following symptoms were reported by patients: breathlessness (81%), wheeze (79%) sweating (51%), chest pain (48%) haemoptysis (8%). Antibiotics were prescribed to 63%. The age of those prescribed antibiotic was greater than that of those not (52.2 vs. 45.7 yrs, $p=0.04$). Antibiotics were prescribed to a higher proportion of patients with breathlessness than without (69% vs. 38%, $p=0.002$), other symptoms were not

predictive of antibiotics. There was a non-significant tendency for a higher prescribing rate in those with reporting productive cough (65% vs. 47%) $p=0.17$, and to those reporting purulent sputum (67% vs. 50%) $p=0.15$. Antibiotics were prescribed to a higher percentage of those with a fever (87%) than those without (59%), $p=0.04$. The duration of cough, sex, smoking status and co-morbidity were not associated with an antibiotic prescription. **Conclusions:** Many patients presenting with acute cough are prescribed antibiotics; factors predicting the issue of a prescription include age, breathlessness and fever.

Conflict of interest and funding

Conflict of interest: None. Funding: Department of Health UK.

doi:10.1016/j.pcrj.2006.04.174

ABS83: Knowledge of nosocomial pneumonia prevention among critical care nurses in New Zealand

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Introduction: Nosocomial pneumonia is the most common nosocomial infection comprises 15 to 23 percent of all hospital-acquired infections [1]. The incidence of nosocomial pneumonia is 6 to 21 times higher in patients on ventilators [2]. Having adequate knowledge on nosocomial pneumonia prevention will improve Critical Care Nurses sensitivity to any changes in the patient's condition and also to their environment. **Objectives:** The purpose of this study was to identify knowledge deficits concerning nosocomial pneumonia prevention among critical care nurses. The study also determined whether nosocomial pneumonia knowledge was associated with nurse characteristics. **Subject and method:** This is a cross sectional study design. A self-administered questionnaire was used to determine whether nurses working in Critical Care Units in New Zealand are knowledgeable about the prevention of nosocomial pneumonia as indicated in the literature and the Center for Disease Control and Prevention guidelines. A total of 117 completed questionnaires were returned with 17 responses from the pilot study were also included in the final sample, giving a sample size of 134 participants. **Results:** The NP knowledge score ranged from 21% to 92%. The mean (and median) was 48%. Items related to knowledge about nosocomial pneumonia risks had the highest mean score (67%), compared to items addressing nosocomial pneumonia prevention (43%) or the role of devices in NP (45%). No nurse demographic or workplace characteristic was associated with nosocomial pneumonia knowledge. **Conclusion:** Several important deficits in nosocomial pneumonia knowledge were identified, with few critical care nurses having been exposed to nosocomial pneumonia prevention education, guidelines, and research.

Conflict of interest and funding

This study was funded by Auckland University of Technology, Auckland, New Zealand.

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doi:10.1016/j.pcrj.2006.04.175