



ELSEVIER

EDITORIAL

---



---

**PRIMARY CARE  
RESPIRATORY  
JOURNAL**


---



---

<http://intl.elsevierhealth.com/journals/pcrj/>

## What's in this issue

As the world prepares itself to deal with a possible influenza pandemic, there is much media coverage as well as guidance from professional and government bodies [1–3]. However frightening the concept, it is vital that health professionals and lay people are prepared for an influenza pandemic. To this end, we publish two invited papers in this issue. In their review [4], Lee Gan Goh and Pak Yean Cheong from Singapore, who were intimately involved in dealing with the recent Severe Acute Respiratory Syndrome (SARS) epidemic, share their first hand knowledge and experience in this field. They describe the background issues related to the highly pathogenic H5N1 Avian influenza virus as well as our knowledge on the 'Human–Avian influenza interface' and the WHO pandemic influenza preparedness plans. They also discuss lessons learned from dealing with the SARS epidemic, and the challenges facing primary care providers. These include: early diagnosis of avian or pandemic influenza; dealing with a surge of cases; shortages of antiviral medication and of personal protective equipment; and provision of continuity of care for other patients. In addition they highlight the need for maintaining social order during a pandemic. In his editorial, Guy Richards [5] puts the issues into global perspective. He describes the catastrophic historical aspects of past pandemics and the possibility of a future pandemic due to the H5N1 avian influenza virus. Like the authors from Singapore, he stresses the need for preparation on the part of governments and health service providers, particularly since health professionals and hospital facilities will not be able to cope with the demands of a pandemic.

In this issue we continue our focus on the management of allergic diseases in primary care. We include an editorial by Samantha Walker and

her colleagues [6] on the diagnosis of allergy, which comments on and highlights the second review in our Allergy Review Series by Staffan Ahlstedt and Clare Murray [7]. This outlines the complex issues pertaining to, as well as some practical implications of, the interpretation of in-vitro tests for the diagnosis of allergic disease. Availability of specific IgE (sIgE) tests within primary care varies considerably in different parts of the world. As described in the review [7] and the editorial [6], there are situations when these tests assist in diagnosing allergy in addition to, or in place of, skin prick testing.

Since the inclusion of Chronic Obstructive Pulmonary Disease (COPD) in the UK General Practice Quality Outcomes Framework (QOF), general practitioner (GP) referrals for spirometry testing have increased. This is essentially good news since many patients are inappropriately treated for asthma when they actually have COPD. In their paper, Martyn Partridge's group report an analysis of 200 consecutive referrals from GPs to their spirometry service [8]. Fifty-one percent of the referrals were for suspected or stated COPD. However, airway obstruction was only demonstrated in 54 (53%) of these cases. Furthermore, of these 54 patients, 14% had demonstrable improvement in FEV1—when undergoing reversibility testing—which satisfied the National Institute for Clinical Excellence (NICE) criterion (>400 mls [9]) and exceeded the GOLD criterion (>200 mls [10]) for reversibility, indicating that asthma was a contributory component of these patients' disease. The confirmed diagnoses of the 200 patients referred with suspected asthma or COPD turned out to be COPD alone in 37 patients, asthma in six, and seven patients had previously unsuspected restrictive (small volume) lung disease. These findings are extremely relevant in

the UK at present, where primary care organisations (PCOs) have curtailed access to spirometry services for primary care health professionals purely for financial reasons. Without access to spirometry, patients may be inappropriately treated, many general practice registers for respiratory disease will be inaccurate, and diagnoses of restrictive (small volume) lung disease may be missed.

Use of information technology and mobile telephones in health care is on the current primary care research agenda. Hilary Pinnock and colleagues [11] have set out to explore the attitudes of patients and primary care professionals to using mobile technology in order to monitor asthma. Their questionnaire survey revealed a positive attitude amongst patients to the introduction of new technology, but also yielded disappointing results: approximately 50% of the patients and health professionals responded, but nearly a quarter returned blank questionnaires citing lack of perceived relevance of this technology to provision or delivery of care. There is clearly a place for more work in this field.

As ever, our News section reports from the world of primary care respiratory medicine around the globe.

## References

- [1] WHO. Avian influenza frequently asked questions [http://www.wno.int/csr/disease/avian\\_influenza/en/index.html](http://www.wno.int/csr/disease/avian_influenza/en/index.html) (accessed 29.05.2006).
- [2] Department of Health, UK. Pandemic Flu <http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/fs/en> (accessed 29.05.2006).

- [3] CDC. Flu references and resources. (accessed 29.05.2006) <http://www.cdc.gov/flu/references.htm>.
- [4] Goh LG, Cheong PY. The pandemic influenza threat: a review from the primary care perspective. *Prim Care Resp J* 2006;15:222–7.
- [5] Richards G. Avian Influenza: preparation not panic. *Prim Care Resp J* 2006;15:217–8.
- [6] Walker S, Morton C, Sheikh A. Diagnosing allergy: are the history and clinical examination sufficient? *Prim Care Resp J* 2006;15:219–21.
- [7] Ahlstedt S, Murray CS. In vitro diagnosis of allergy: how to interpret IgE antibody results in clinical practice. *Prim Care Resp J* 2006;15:228–36.
- [8] Wolfenden H, Baikey L, Murphy K, Partridge MR. Use of an open access spirometry service by general practitioners. *Prim Care Resp J* 2006;15:252–5.
- [9] National Institute for Clinical Excellence (NICE). Chronic obstructive pulmonary disease: national clinical guideline for management of chronic obstructive pulmonary disease in adults in primary and secondary care. *Thorax* 2004;59(Suppl 1), accessed 29.05.2006 <http://www.nice.org.uk/page.aspx?o=cg012>.
- [10] Workshop Report. Global Strategy for Diagnosis, management, and Prevention of COPD. (GOLD) <http://goldcopd.com/GuidelineList.asp?l1=2&l2=1> (accessed 29.05.2006).
- [11] Pinnock H, Slack R, Pagliari C, Price D, Sheikh A. Professional and patient attitudes to using mobile phone technology to monitor asthma: questionnaire survey. *Prim Care Resp J* 2006;15:237–45.

Mark L. Levy\*

*Editor-in-Chief, PCRJ*

*University of Edinburgh, Division of Community*

*Health Sciences: GP Section, C/o GPIAG,*

*Smithy House, Waterbeck, Lockerbie, DG11 3EY,*

*UK*

\*Tel.: +44 (0) 1461 600639;

fax: +44 (0) 1461 207819.

*E-mail address: marklevy@animalswild.com*

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)



Available online at <http://www.thepcrj.com>