

Does regular review for asthma provide any benefits?

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Purpose: Despite recent initiatives, there is evidence that not all asthma patients are being managed in the best possible way. The aim of this study was to evaluate whether systematic asthma care within general practice improves the quality of care for and health outcomes of adult patients with moderate to severe asthma, and whether this could be cost-effective.

Methods: 565 patients aged 18 or over who had been diagnosed with moderate or severe asthma, were recruited from 40 general practices in urban and rural settings in New South Wales and South Australia. We conducted a cluster randomised controlled trial, with the practice as the unit of randomisation. The intervention included: setting up an asthma register-recall system incorporating postcard prompts; and education of GPs and staff about their roles in systematic care, use of spirometry and the Asthma 3+ Plan. Data were collected on 3 occasions through patient questionnaires, spirometry, case note review, and interviews with practice staff.

Results: Approximately 47% of patients responded to the postcard prompts and made appointments for an asthma review, although only 33% actually attended for this purpose. There were no significant improvements in clinical outcomes although there were some trends of improvement over time. There was a significant difference in the rate of provision of a written asthma action plan for intervention patients (RR=2.03, p=0.02) but not for other measures of care. Quality of life for intervention patients showed significant improvements over time, but results were not statistically significant compared to control patients. There were advances in patients' ability to self-manage their asthma, but not sufficient to be statistically significant. Qualitative data showed that most GPs and patients perceived a range of benefits from having the review.

Conclusions: Until now it has been unclear whether taking a more comprehensive and systematic approach to care within general practice, including regular review of adult asthma patients, was acceptable, feasible and effective in improving patient outcomes. This study finds few statistically significant measures of objective improvement, but does inform practitioners that less tangible benefits (such as level of patient knowledge, attitude, confidence about ability to manage) can occur. Further research would be useful to determine which patients might best benefit from regular review, whether any gains are sustainable in the longer-term, and what can be done to remove barriers to acceptance of a more pro-active approach to asthma care.