

key points

SELECTED BY

Dr Peter Saul

GP, Wrexham and Associate GP Dean for North Wales

Studies in adult patients have suggested that 30% of those diagnosed with asthma do not actually have the condition and it is likely that the diagnosis is missed in many others. Initial clinical assessment should explore symptoms of wheeze, breathlessness, chest tightness and cough. The probability of asthma is increased if more than one of these symptoms is present and particularly if symptoms are worse at night and in the early morning or are exacerbated by triggers such as exercise, allergen exposure, cold air or drugs.

The BTS/SIGN guideline advocates spirometry after taking the history. If airflow obstruction is present, a trial of treatment can commence, but a firm diagnosis also requires a symptomatic response and an improvement in the measured airflow obstruction. The FeNO level correlates well with airway inflammation, and is therefore a good indicator of asthma and in particular of the likely response to inhaled corticosteroids. The test is especially useful for patients with suggestive symptoms but normal spirometry.

The cornerstone of asthma monitoring is a structured clinical review conducted in primary care on at least an annual basis. Health outcomes are improved by education in self-management, incorporating written personalised asthma action plans, there is an excellent free version available from Asthma UK.

The fundamental approach to the pharmacological treatment of asthma remains unchanged in the updated BTS/SIGN guideline and is based on a stepwise strategy tailored to the severity of the patient's asthma. Checking concordance with existing therapies and inhaler technique before escalating treatment remains an important part of improving the pharmacological management of asthma.

Computer repeat prescribing systems in primary care provide an index of adherence. Any patient prescribed more than one short-acting bronchodilator device a month should be identified and have their asthma assessed urgently and measures taken to improve overall control.

The management of patients with an acute attack will include bronchodilators, corticosteroids, in all but the mildest cases, and may include treatment with oxygen. Nebulisers offer no greater benefit than bronchodilators given via a spacer in an acute asthma exacerbation. If nebulisers are used, it is preferable that they are driven by oxygen. The severity assessment is also important in determining whether the attack can be managed at home or in hospital.