Based on a recent study, while most GPs use asthma guidelines at least partially, some specific guideline actions such as lung function testing, written asthma action plans or asthma review are not always followed. This has an adverse impact on achieving and maintaining asthma control. Current practice may focus more on reacting to acute asthma events through episodic care rather than prevention of acute events and control of the asthma disease process. A chronic disease management approach is needed in the management of asthma.

Asthma is the most common chronic disease in children and prevalence in Ireland is among the highest in the world. However, despite national and international asthma guidelines, there is ongoing evidence that many children with asthma have sub-optimally controlled or uncontrolled disease. In a recent survey of teenagers with asthma in the midlands, 96% had sub-optimally controlled asthma in the previous year.

Method

In order to examine sub-optimal asthma control in children further, key informant interviews and a GP survey by questionnaire were conducted. Interviews inquired into the impact of asthma, the use of guidelines and barriers to using them. The questionnaire used questions derived from the literature and from the interviews, and inquired into the use of asthma guidelines in general and in relation to specific asthma management activities that would be expected for children with persistent asthma. The interviews and survey were carried out in four midland counties in late 2006 to mid 2007.

Interviews were carried out with ten parents, four GPs, two practice nurses, four paediatricians and two asthma nurse specialists (one hospital-based and one community-based) and were analysed using content analysis.

Interview findings

Among the interview findings, some parents spoke about the impact of asthma, especially limitations for their children with regard to sporting activities and the financial impact on the family. They identified the cost of GP visits, medication and devices as a barrier to asthma care. Tolerance of asthma symptoms was another finding, with GPs and asthma nurses reporting that parents tolerate their child’s symptoms, not realising the child’s need for more active asthma management.

Some parents underestimated the negative impact of missing school, for example: “He’s only missed (school) two or three times… a year… a week at a time”.

Paediatricians noticed a major improvement in primary care management of asthma in children over the previous decade, but identified variation in GP practice, and they recommended that guidelines be followed for all aspects of asthma management.

GPs recognised the need to provide asthma review, but reported not doing this: “You can’t go everywhere with your practice nurse time… we’d be reactive… rather than proactive with our asthmatics” and “you see (children) in a crisis and you don’t see them until the following (attack)… maybe we should bring them in electively to see how they are getting on”.

The main barriers to provision of asthma guideline-concordant care reported by GPs included lack of time and staff. The need for specific education for all groups was identified.

Questionnaire findings

Questionnaires were sent to the 132 eligible GPs and there was a 54% response. The majority of GPs (79%) used asthma guidelines frequently and most used the ICGP guidelines. When treating children with persistent asthma, most GPs (88%) used preventive medication, 65% used a peak flow meter but only 15% used written asthma action plans.

Less than half of the GPs (47%) ever used spirometry. GPs in larger practices (four or more GPs) were significantly more likely to follow asthma management guidelines.
Primary care medical services appear to be organised and funded to provide episodic care rather than chronic disease management and these issues have been recognised for other chronic diseases too, resulting in the requirement for the 2008 national policy framework for chronic disease management.7

This policy calls for the development of chronic disease management programmes. The results of this study indicate that an asthma management programme is needed for children with asthma.

It is very encouraging to note that the ICGP and the Asthma Society of Ireland are making important advances towards this end through their launch in 2008 of new asthma guidelines, the Asthma Control in General Practice, and their planned implementation of the guidelines through the asthma demonstration project, which has started this year. This programme, as planned, is likely to overcome many of the barriers to asthma control identified in this study.

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References