

A MORE THOROUGH ASTHMA APPOINTMENT COULD HELP SAVE LIVES

It is widely accepted that approximately 90% of asthma deaths are preventable.¹ The National Review of Asthma Deaths (NRAD) recommends that a thorough, structured asthma review takes place annually.² You may find the guide below useful when conducting an asthma review with your patients:



STEP 1:

History and physical examination

- Ask questions regarding the patient's personal and family history of asthma and allergic disease, and consider the frequency and pattern of exacerbations over the previous 12 months.



STEP 2:

Review control

- Consider using the GINA guidelines to quickly assess your patient's control

In the past 4 weeks, has the patient had:

Daytime symptoms more than twice/week?	Y/N	Well controlled = 4 'no' answers
Any night waking due to asthma?	Y/N	Partly controlled = 1-2 'yes' answers
Reliever needed more than twice/week?	Y/N	Uncontrolled = 3-4 'yes' answers
Any activity limitation due to asthma?	Y/N	

- Educate the patient on the definition of 'well controlled'



STEP 3:

Review triggers

- Ask questions regarding suspected triggers and patterns, e.g. what triggers the patient's asthma symptoms? Pets? Viruses? Pollens? Food?



STEP 4:

Review treatment

NRAD identified that 43% of asthma patients had not had an asthma review in the previous 12 months²

- Ask questions regarding the frequency of reliever inhaler use and treatment compliance
- Review the patient's preventer and reliever inhaler prescription history
- Educate the patient on the importance of taking their preventer inhaler regularly
- Consider prescribing additional treatments for allergic symptoms, especially for patients with concomitant rhinitis (>80% of patients with asthma also suffer from rhinitis³)



STEP 5:

Review of inhaler technique

- Remind the patient that their inhaler will not work unless they are using it properly. Patients using pMDIs should be using their inhaler in conjunction with a spacer, especially children
- Check technique for every type of inhaler used, visit the Asthma UK website for videos on correct technique

NEXT STEPS

and personal asthma action plan

NRAD identified that 77% of asthma patients did not have a personal asthma action plan²

- After steps 1-5, especially if control is poor, consider re-evaluating the patient's treatment in conjunction with the BTS/SIGN guidelines. Consider referral to secondary care if the patient is poorly compliant, has been prescribed >2 courses of oral steroids or been admitted to hospital in the past 12 months
- Following the review, update the patient's personal asthma action plan. Ensure all new patients have a plan in place

IDENTIFYING AND MANAGING ALLERGY COULD HELP PREVENT ASTHMA DEATHS²

Allergies trigger asthma exacerbations in 60-90% of children and 50% of adults with asthma.⁴ NRAD recommends that factors that trigger or exacerbate asthma must be elicited routinely and documented in the medical records and personal asthma action plans of all patients with asthma.²

Patient presents with asthma and suspected allergy

Identify possible allergens from clinical history

Removing even one allergen can result in clinical improvement.⁴

Test for allergens

Based on the results of the allergy-focused clinical history, if IgE-mediated allergy is suspected, either specific IgE blood tests or skin prick tests* should be performed. Specific IgE testing can be performed on any patient irrespective of age, allergic symptoms and medication. Just 1 ml of blood is needed to test for up to 10 allergens.

Confirm the likely triggers

Interpret the test results alongside the allergy-focused clinical history.⁵
A specific IgE result of ≥ 0.1 kU_A/L indicates sensitisation.

Patient with...

Asthma and confirmed food allergy

Refer to secondary care
Ensure the patient's asthma is well controlled and consider prescribing an adrenaline autoinjector

Asthma and confirmed pollen/mould allergy

Consider seasonal daily antihistamines and nasal steroids
Consider adapting asthma medication

Asthma and confirmed pet allergy

Optimise treatment and consider regular antihistamines
Discuss removal of pet, if not possible consider referral to secondary care

Asthma and confirmed house dust mite allergy

Consider regular antihistamines and nasal steroids if symptoms persist
Discuss avoidance measures

For further resources and practical information about diagnosing and managing allergy, visit www.AllergyEducation.co.uk

*Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction.⁵

This template was developed in collaboration with Dr David Cremonesini (BA (OXON) FRCPCH), Specialist Paediatrician with Allergy & Respiratory expertise at the American Hospital Dubai.

References

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