

SAND abstract No. 96 from the BEACH program 2006–07

Subject: Inhaled corticosteroid use for asthma management

Organisation supporting this study: AIHW Australian GP Statistics and Classification Centre

Issues: Prevalence of asthma among patients attending general practice; severity of asthma; proportion taking asthma medication, proportion taking inhaled corticosteroids (ICS); current ICS and its daily dose; proportion adequately managed on ICS; proportion of patients with ICS dosage altered since resolution of last exacerbation and reason for alteration.

Sample: 5,911 respondents from 201 GPs; data collection period: 21/02/2006 – 27/03/2006 and 02/05/2006 – 05/06/2006.

Method: Detailed in the paper entitled 'SAND Method 2005–06' on the FMRC website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>. This study: asthma severity was determined using the National Asthma Campaign's severity classification.

Summary of results

The age and sex distributions of respondents were similar to the distribution for all BEACH (general practice) encounters, with the majority (58.1%) of patients being female.

GPs indicated that 686 (11.6%, 95%CI: 10.6-12.7) of the 5,911 respondents had diagnosed asthma. Prevalence did not differ between the sexes and was highest (19.0%) among 5–14 year olds.

Medication data were provided for 671 of the 686 respondents with asthma. Only 9.4% of these did not take any asthma medication. About half (49.3%) were taking one asthma medication, 32.0% were taking two and 9.3% three or more. Short acting beta agonists were being used by 66.5% of asthma patients, combination products (long acting beta agonist and ICS) by 35.6% and iICS by 24.1%. ICS (alone or as part of a combination product) were used by 57.4% (95% CI: 52.6-62.2). Most asthma patients (86.3%) were taking a reliever (beta agonist alone or in combination). The majority (53.4%) were using both a reliever and preventer and 32.9% were taking a reliever only.

Classification of severity of the asthma was provided by the GP for 82 children. Of these, 76.8% (n=63) had infrequent asthma, 22% (n=18) had frequent asthma and 1.2% (n=1) had persistent asthma. For 503 adults, severity was recorded. About one-third (34.8%) had very mild asthma, 34.4% had mild asthma, 27.8% had moderate asthma and 3.0% had severe asthma.

Of the 395 patients taking an ICS (alone or in combination) details of current dose were provided for 361. Half of these patients were taking fluticasone/salmeterol (55.7%), 15.5% were taking fluticasone propionate and 15.5% were taking budesonide/eformoterol.

Adequacy of current management with the current ICS dose was judged for 327 of the 361 patients for whom ICS medication data had been provided. GPs indicated that for 88.4% of these patients the current ICS dose had provided adequate management of their asthma. For 6.7% it did not provide adequate management of their asthma, and for 4.9% GPs were unsure.

Information about changes (or not) in ICS dosage since the last exacerbation was provided for 356 of the 361 for whom ICS details had been given. A further 35 responded to this question because they had ceased ICS medication since the last exacerbation. In all 391 responses were received. The ICS dose had not been altered since last exacerbation for 62.4% of these respondents. The ICS dosage had been decreased for 12.8% and had been stopped for 9.0% since the last exacerbation.

Correspondence to: Helena Britt, AGPSCC

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PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **INHALED CORTICOSTEROID USE FOR ASTHMA**.

You may tear out this page as a guide to completing the following section of forms.

INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions **in the order in which the patients are seen**.

Please **DO NOT** select patients to suit the topic being investigated.

Presence of asthma

Ask each patient if they **currently suffer from asthma**.

If **No** asthma - no further questions

Inhaled Corticosteroid Use

If the patient is using an **Inhaled Corticosteroid (ICS)** please write the **daily regimen** including **name, form, strength, dose and frequency** - for example :-

Name & Form	Strength	Dose	Freq
Fluticasone (inhaler)	250mcg	1 puff	bd

Dose change since resolution of last exacerbation

Please indicate whether or not the **dose of Inhaled Corticosteroid** has been **changed since the most recent exacerbation of asthma was resolved**. Where required, please indicate a **reason** for the change, for example:-

Was ICS dose altered since resolution of last exacerbation?

- No - because _____
- Yes - Stopped ICS because _____
- Yes - Increased ICS using **ICS alone / combination product** (please circle)
- Yes - Decreased ICS using **ICS alone / combination product** (please circle)
- Yes - ICS new in last month
- Don't know because _____

Current medications used

If **'Yes'**, please use the tick boxes to indicate whether any of the listed types of **asthma medication** are being used by this patient for their asthma management.

If **none** of these medications are currently being used for asthma management you may **end the questions here**.

Severity of asthma

Please indicate the **current severity** of this patient's asthma. Use the **'Severity of asthma reference card'** included in your research pack to estimate the severity level and tick the appropriate box to indicate the response.

Adequacy of management

In your **clinical opinion** is the current daily dose of ICS **adequately** managing the patient's asthma?

<p>Does this patient suffer from Asthma?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No ↓</p> <p>End questions</p>	<p>If 'Yes' current medication is</p> <p><input type="checkbox"/> Short Acting Beta Agonist</p> <p><input type="checkbox"/> Long Acting Beta Agonist</p> <p><input type="checkbox"/> Inhaled Corticosteroid</p> <p><input type="checkbox"/> Combination product</p> <p><input type="checkbox"/> Leukotriene antagonist</p> <p><input type="checkbox"/> Cromolyn</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None of above - END</p>	<p>Currently, how severe is the patient's asthma? (See cards)</p> <table border="0"> <tr> <td>Child</td> <td>Adult</td> </tr> <tr> <td><input type="checkbox"/> Infrequent</td> <td><input type="checkbox"/> Very mild</td> </tr> <tr> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Mild</td> </tr> <tr> <td><input type="checkbox"/> Persistent</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Severe</td> </tr> </table> <p>BL80C</p>	Child	Adult	<input type="checkbox"/> Infrequent	<input type="checkbox"/> Very mild	<input type="checkbox"/> Frequent	<input type="checkbox"/> Mild	<input type="checkbox"/> Persistent	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe	<p>If the patient is taking an Inhaled Corticosteroid (ICS) what is the current daily dose?</p> <table border="1"> <thead> <tr> <th>Name & Form</th> <th>Strength</th> <th>Dose</th> <th>Freq</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Is the current daily dose adequately managing the asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>	Name & Form	Strength	Dose	Freq	_____	_____	_____	_____	<p>Was ICS dose altered since resolution of last exacerbation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No - because _____ <input type="checkbox"/> Yes - Stopped ICS because _____ <input type="checkbox"/> Yes - Increased ICS using ICS alone / combination product (please circle) <input type="checkbox"/> Yes - Decreased ICS using ICS alone / combination product (please circle) <input type="checkbox"/> Yes - ICS new in last month <input type="checkbox"/> Don't know because _____
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Severity of asthma reference card

Children

Severity*	Common features
Infrequent episodic	Episodes 6-8 weeks or more apart and from 1 to 2 days up to 1-2 weeks duration; usually triggered by URTI or environmental allergen; attacks generally not severe; symptoms rare between attacks; normal examination and lung function except when symptomatic.
Frequent episodic	Attacks <6 weeks apart; attacks more troublesome; minimal symptoms such as exercise induces wheeze between attacks; normal examination and lung function except when symptomatic; commonly troubled through winter months only.
Persistent	Symptoms most days; nocturnal asthma > 1/wk with sleep disturbance; early morning chest tightness; exercise intolerance and spontaneous wheeze; daily use of beta2 antagonist; abnormal lung function; history of emergency room visits or hospital admissions.

Adults

Severity*	Common features
Very mild	Episodic
Mild	Occasional symptoms (up to 2/wk); exacerbations >6-8 weeks apart; normal FEV ₁ when asymptomatic
Moderate	Symptoms most days; exacerbations <6-8 weeks apart which affect day-time activity and sleep; exacerbations last several days; occasional emergency room visit.
Severe	Persistent; limited activity level; nocturnal symptoms > 1/wk; frequent emergency room visits and hospital admission in past year; FEV ₁ may be significantly reduced between exacerbations.

* The severity classes are adapted from the NAC Asthma Management Handbook 1998 edition, updated March 2002