# Barns Medical Practice Service Specification: The Diagnosis and Management of Asthma

**DEVELOPED March 2015** **REVIEW DATE March 2017**

## Introduction

Asthma is a common condition which can cause respiratory symptoms including wheezing, shortness of breath, chest tightness and cough. It can limit activities and exacerbation of symptoms may occur. Providing good management can help patients to control asthma, avoid symptoms including acute exacerbation and maintain an active life. The symptoms can vary over time in their occurrence, frequency and intensity. Poor management of this condition can produce a significant workload for General Practitioners as well as hospital inpatient and outpatient services. Barns Medical Practice offers services to patients with asthma including diagnosis, annual review, advice regarding self-management and help with the management of acute exacerbations. This service specification discusses the services available.

## Diagnosis

Diagnosis in children

Initial assessment of children should be based on the probability of asthma. More than one symptom of asthma plus personal and family history of atopy, widespread wheeze on auscultation or improvement in symptoms of lung function in response to adequate treatment.

With a thorough history and examination, a child can usually be classed into one of 3 groups

-high probability-diagnosis of asthma likely

-low probability-diagnosis other than asthma likely

-Intermediate probability- diagnosis uncertain

High probability of asthma- can be started on trial of treatment, review and assess response.

Low probability of asthma- wait and see if symptoms improve spontaneously and if not consider referral to specialist or more detailed investigation.

Intermediate probability of asthma- children who can perform spirometry should have this test carried out. Significant reversibility suggests a diagnosis of asthma is probable. If no significant reversibility or improvement with treatment, test for alternative conditions. In those children who cannot perform spirometry, a trial of treatment can be offered. If beneficial, treat as asthma. If no benefit, stop treatment and consider alternative or referral to specialist.

Children under 5 years

Possible approaches include:

- Watchful waiting
- Trial of treatment with review

Diagnosis in adults

Initial diagnosis should be made on a careful assessment of symptoms and measuring airflow obstruction. Spirometry and reversibility should be used for this assessment. Serial peak flow readings can be carried out if spirometer not available.

High probability - start trail of treatment, assess response. If no response, assess adherence, inhaler technique. Refer to specialist if required.

Low probabilities – investigate or treat as asthma. If does not respond, further investigation or referral may be necessary.

Intermediate probability – If FEV1/FVC less than 0.7 consider trial of treatment. If FEV1/FVC greater than 0.7, investigate further or consider referral.

Self-management

All patients should be offered self-management education which should be supported by regular professional review. The practice will offer an annual review during patients birthday month.

Adherence and concordance with long-term asthma treatment should be routinely checked. This should include inhaler technique, advice regarding avoidance of triggers, lifestyle advice especially smoking cessation and weight control.

Pharmacological management

Inhaled corticosteroids should be considered for patients with any of the following asthma-related features:

- an acute asthma attack in the last two years
- inhaled β2 agonists three times a week or more
- symptomatic three times a week or more
- waking one night a week due to asthma symptoms.

In mild to moderate asthma, starting at high doses of ICSs and stepping down confers no benefit
Start patients at a dose of inhaled corticosteroids appropriate to the severity of

disease.
A reasonable starting dose of inhaled corticosteroids will usually be low dose for adults and very low dose for children .Titrate the dose of inhaled corticosteroid to the lowest dose at which effective control of asthma is maintained (SIGN 153,2016)

Exercise Induced Asthma

For most patients, exercise induced asthma is an expression of poorly-controlled asthma and regular treatment including inhaled corticosteroids should be reviewed.If exercise is a specific problem in patients taking inhaled corticosteroids who are otherwise well controlled, consider adding one of the following therapies:

- leukotriene receptor antagonists
- long-acting β2 agonists
- sodium cromoglicate or nedocromil sodium
- oral β2 agonists
- theophyllines.
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Immediately prior to exercise, inhaled short-acting β2 agonists are the drug of choice.

## Regular Review

1. All asthmatic patients will be invited for annual review of their condition by the practice nurse.

2. Appointment letters sent to patients.

3. All findings are recorded in appropriate template.

4. Failure to attend will result in a follow up letter

5. Housebound patients will be referred to Community staff for review.

At the asthma clinic, the practice nurse will ask the appropriate questions on the template. A height/weight measurement, peak flow reading will be recorded and inhaler technique observed and taught if necessary. A medication review will be discussed and actioned if required in line with SIGN ,153. Education plays an important part in annual reviews and advice re inhalers, trigger avoidance advice. Annual flu and pneumococcal vaccine should be up to date

# Resources for Staff and or Patients

Practice specific information: None

Internet information

http://www.sign.ac.uk/pdf/QRG153.pdf

https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma

http://www.patient.co.uk/doctor/management-of-adult-asthma

## Staff involved and training required

Clinical staff involved in the care of patients with asthma will have, at least, completed a recognised asthma course at diploma level and be committed to updating skills, knowledge and guidelines on an ongoing basis.

## Advertising of service to patients

Details of this service will be available on the practice website.

Patients will be advised of the service at the point of diagnosis.

# APPENDIX 1

**Reference**

**www.sign.ac.uk/pdf/QRG153.pdf**

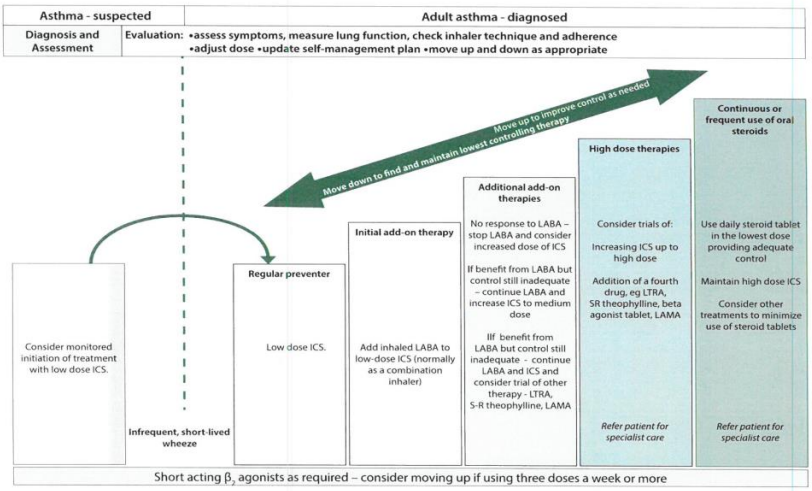


*Figure 2: Summary of management in adults*





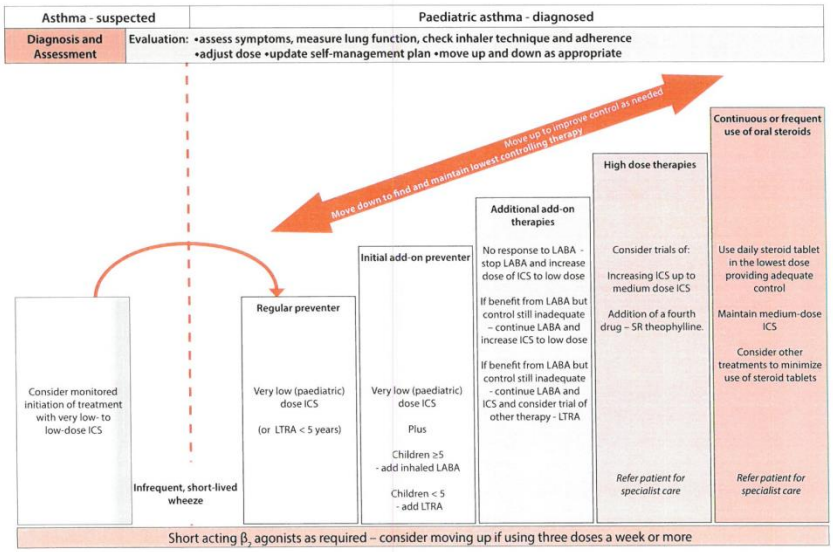


*Figure 3: Summary of management in children*

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