### Letters to the Editor

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#### Dear Editor,

The Scottish Paediatric Asthma Group (SPAG) is a cross specialty forum of people involved in helping children with asthma, with a membership of clinicians from Primary and Secondary care (both medical and nursing), together with strong patient representation through the N.A.C.(Scotland). On its behalf, and through your journal, I would like to congratulate the editorial group involved in the massive task of compiling the new BTS/SIGN guideline for Asthma.<sup>1</sup>

In particular, SPAG would wish to draw to the attention of those working in primary care to three specific sections of the guideline, as they pertain to childhood asthma.

# Section 2, outlining the importance of making an accurate diagnosis of Asthma, especially in younger children.

Basing the diagnosis on key features, a response to a trial of treatment, and repeating the initial assessment in the absence of a good response may carry a 'D' grade recommendation, but, as those with previous experience of the SIGN methodology will know, this does not diminish its importance, but merely highlights our inability to present good data in its support.

## Section 6, emergency treatment of asthma in children, together with Annex 5.

The flow charts in Annex 5 are an important addition to the information set out in sections 6.7 and 6.8 of the guideline. GPs & practice nurses treating acute asthma, Co-op groups and community hospital A&E departments may find them particularly valuable. We

would draw your attention to sections 6.8.2, and 6.10.1 of the guideline, pointing out the value of pMDI/Spacer administered  $\beta$ –2 agonists in emergencies IN THE ABSENCE OF LIFE THREATENING FEATURES.

### Section 10, Asthma Action Plans.

Despite very convincing evidence, over a number of years,<sup>2</sup> and now an 'A' graded recommendation, work from the National Asthma Campaign<sup>3</sup> shows that there is poor uptake by clinicians and patients/parents of these valuable tools. SPAG would lend a voice to those calling for an increase in their use, and for support to be given (in practices) to developing a strategy for dissemination of written information (such as 'Be in Control'<sup>4</sup>)to those groups at greatest need. This would include those looking after children with asthma

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- 1. British guideline on the management of asthma. The British Thoracic Society/Scottish Intercollegiate Guidelines Network. *Thorax* 2003; **58(Suppl 1):** 1-94. 2. Gibson P *et al* Self management autonomy and quality of life in asthma *Chest* 1995; **07:**1003-1008 3. 3. Price D, Wolfe S The Needs of People with Asthma and initial presentation of data *The Asthma Journal* 2000;**5 Issue** 3: 141-44.
- 4. Be in Control NAC Publications ISBN 1 902853 1 1.