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EDITORIAL

What's in this issue

Whilst the incidence of asthma deaths continues to decline, researchers continue to remind us that preventable deaths persist. As has been the case in many previous studies [1—6], a significant proportion of the asthma deaths described in this issue by Harrison et al. [7], in their confidential inquiry into asthma deaths in the Eastern Region of the UK over a three-year period, were preventable. They have highlighted the importance of psychosocial factors [8] and allergy in contributing to these deaths. Furthermore, medical care was deemed inappropriate in two-thirds of those asthma patients who died. The majority (80%) of these patients did not die suddenly, so there should apparently be time to intervene with lifesaving asthma management. Professor Ruffin, in his editorial on this paper [9], states that confidential enquiries persist in demonstrating these features, and that policy makers now need to be convinced to implement the changes in service delivery needed in order to reduce the preventable asthma death burden. In the UK and in other countries, the decision to exclude respiratory disease from national health agendas and the subsequent effect on primary care organisations' service delivery plans, has probably contributed to the persisting unacceptable incidence of preventable asthma deaths as well as the high rates of unplanned attendance and admissions to hospital for asthma.

Harrison et al. [7] and Ruffin [9] discuss the concept of 'at risk' registers for targeting care for asthma patients. The idea of utilising resources and of focussing attention on those people deemed to be at risk, such as those with associated psychosocial problems or allergic disease, is attractive. As Ruffin suggests, this 'at-risk' classification is possibly better than the use of terms such as 'severe' or 'poorly-controlled' for the purpose of targeting care [9]. However, there are potential problems in targeting patients considered to be 'at risk' with severe disease [10], as illustrated in the Eastern Region Enquiry in which 16% of the patients who died had previously been assessed as having mild asthma. Targeting care at these patients would be almost impossible in a model that targets severe patients.

Do general practitioners (GPs) adhere to international asthma guidelines? This question was addressed by a group of international experts in asthma management, and in particular they have discussed the difficulties encountered in implementing guidelines [11]. The Discussion paper by Yawn et al. reports that most patients surveyed in the USA and Europe did not achieve the accepted goals of treatment for asthma - little or no interference with activities, few symptoms, and very limited need for rescue medication. Furthermore, they report wide differences in asthma mortality rates, with marked variations in the prescribing of inhaled steroid therapy where needed. They assert that there are practical limitations in implementing evidence-based asthma guidelines in primary care, their thesis being that the severity scoring systems within these guidelines don't take into account the dynamic nature of asthma where control of the disease fluctuates regularly.

Understanding the pathophysiology of a disease process helps health professionals decide on management strategies and helps to explain the role of medication in treatment of these conditions. The review by an international panel of primary care physicians in this issue [12] discusses the role of hyperinflation in producing breathlessness in people with COPD.

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This information is used to justify management options for these patients. In particular, a strong case is made for combining bronchodilator therapy with pulmonary rehabilitation before initiating inhaled steroid therapy for COPD.

The role of GPs with a special interest (GPwSIs) in respiratory medicine has been discussed in detail in previous issues of this journal [13—16]. Their role in reducing unnecessary referrals and preventable admissions is of interest to health care policy-makers worldwide. In their paper in this issue, Gilbert et al. [17] demonstrate in their small study that at least 20% of referrals originating from GPs to a hospital Respiratory Medicine clinic could be seen in a suitably-resourced GPwSI clinic, with consequent reductions in secondary care outpatient waiting lists and improved accessibility for patients. This finding will surely be of interest to policy-makers and potential future commissioners of GPwSI services.

Prescribing of oxygen cylinders for patients suffering from various long-term diseases accounts for a sizeable proportion of the drug budget in UK primary care. The UK Department of Health commissioned a review of oxygen prescribing which was published in 1996 and which contained strong recommendations for changing the system. The editorials by Pearce [18] and Goldstein [19] in this issue discuss the rationale for prescribing and the methodology in place for implementing changes in the home oxygen provision service in the UK from February 1st 2005. Responsibility for ordering long term oxygen therapy (LTOT) will no longer rest with GPs. Hospital consultants will decide, together with the patient, on the most appropriate and convenient form of oxygen that will allow most freedom of movement. This change will be welcomed by primary care health professionals, who will be relieved of the burden of prescribing for patients at the request of colleagues in secondary care who are in a hurry to discharge a patient from hospital. The new system will ensure that patients will be formally assessed, either before discharge or four to six weeks after admission for an acute exacerbation of COPD. This system will also ensure that those patients who need LTOT will be prescribed this drug in a format tailored to their needs, and this should reduce expenditure on inappropriate supplies of cylinder oxygen.

We publish two letters in this issue on the subject of intramuscular steroid injections for hay fever [20,21], following the review by Østergaard et al. in Vol. 14 number 3 [22]. Finally, our News section contains news from the GPIAG, the IPCRG and the NRTC, and also mentions the recent Presidential Award given to Greta Barnes at the recent ERS meeting in Copenhagen.

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