

SAND abstract No. 70 from the BEACH program 2004–05

Subject: Inhaled corticosteroid use for asthma management

Organisation supporting this study: Australian Government Department of Health and Ageing

Issues: Prevalence of asthma in general practice patients and distribution of current severity; proportion with asthma taking any asthma medication, proportion taking inhaled corticosteroids (ICS) and current regimen; proportion adequately managed on ICS; proportion of patients with ICS dosage altered since resolution of last exacerbation and reason for alteration.

Sample: 7,919 respondents from 269 GPs; data collection period: 8/06/2004–19/07/2004 and 28/9/2004–6/12/2004.

Method: Detailed in the paper entitled 'SAND Method 2004–05' on the FMRC website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results:

The age and sex distributions of respondents were similar to the distribution for all general practice encounters, with the majority (59.4%) of patients being female.

Of 7,919 respondents, 1,030 had asthma. Patients aged 5–14 were significantly more likely to have asthma (24.2%, 95% CI: 19.8–28.6) than all patients in the sample (13.0%, 95% CI: 11.9–14.1). Female and male patients were not significantly different in their rate of asthma.

One in ten (10.9%) asthma patients reported they did not take any asthma medication. About half (47.7%) took only one medication, and another 35.1% took two medications to manage asthma.

The medications most frequently used to manage asthma were short acting beta agonists (67.0% of patients with asthma), combination (long acting beta agonist and inhaled corticosteroid) product (36.7%) and inhaled corticosteroid (22.0%). Long acting beta agonist (single formulation) were taken by 4.2% of patients.

Of the 1,030 patients with asthma, medication data was available for 1,022. Of these, over half (57.2%) were taking an inhaled corticosteroid (ICS), alone or as a combination product. More than 4 in 5 asthma patients (83.5%) were taking a reliever (beta agonist alone or in combination). Of all patients with asthma over half (52.7%) were taking a reliever and preventer, while a further 30.7% were taking a reliever only. Relatively few asthma patients were taking a preventer only (4.5%).

Severity of asthma in children was low, with 78.0% having infrequent asthma, 14.4% having frequent and 7.6% persistent asthma. In adults, severity was also low with about one third each having very mild (37.1%) or mild (34.0%) asthma. Only 24.0% had moderate and 5.0% severe asthma.

Of asthma patients taking an ICS, half were taking fluticasone/salmeterol (50.6%), followed by fluticasone propionate (17.3%), budesonide (13.7%) and budesonide/efomedoterol (12.8%).

GPs indicated that most asthma patients taking an ICS (85.6%) were adequately managed by the current ICS dose. Only 8.4% of asthma patients on an ICS were not adequately managed, and in another 6.0% they were unsure if the ICS dosage was adequately managing asthma.

The ICS dose was not altered since last asthma exacerbation for 58.0% of asthma patients on an ICS. Over half (51.6%) gave stability of the asthma as the reason for not altering the dosage. A further 14.9% decreased their ICS dosage since last exacerbation and 9.8% stopped the ICS.

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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 PATIENTS

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 :-

<i>Name & Form</i>	<i>Strength</i>	<i>Dose</i>	<i>Freq</i>
<u>Fluticasone (inhaler)</u>	<u>250mcg</u>	<u>1 puff</u>	<u>bd</u>

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><i>End questions</i></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>	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><i>Name & Form</i></th> <th><i>Strength</i></th> <th><i>Dose</i></th> <th><i>Freq</i></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>	<i>Name & Form</i>	<i>Strength</i>	<i>Dose</i>	<i>Freq</i>	_____	_____	_____	_____	<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