



## **IPCRG: Achieving Asthma Control in Practice Understanding the reasons for poor control**

**Report of the meeting -- 4 September 2007, Aberdeen**

*Chaired by John Haughney, Research Fellow, University of Aberdeen*

---

At a meeting in 2006 the question was debated whether asthma control can be improved by understanding the patient's perspective.<sup>1</sup> This subsequent meeting in 2007 was held to discuss the development of instruments (tools) for use in primary care to identify potentially modifiable causes of poor asthma control and how to address those causes.

A full report of the discussion has been published.<sup>2</sup>

---

*"We're not treating asthma, we're treating patients. Many of our patients would not be eligible for inclusion in randomised controlled trials because of comorbidities and other factors. Thus, the asthma guidelines, which are based on results of these trials, often do not provide the answers we need for patient care, particularly in the primary care setting."*

Dr. John Haughney

### **Presentations—Reasons for poor asthma control**

#### *1. Have we made the wrong diagnosis?*

Confirming the diagnosis of asthma by returning to the basics—a thorough medical history and physical exam, and spirometry if possible—is the first step in assessing poor symptom control. Because differential diagnoses vary by age, tools to aid asthma diagnosis must be stratified by age group.

Alan Kaplan, Toronto, Canada

#### *2. Inhalers: Incorrect choice / poor technique*

Poor inhaler technique is an area more challenging to address with a simple tool. Videos demonstrating proper technique and care for each inhaler type could be useful in this regard.

Henry Chrystyn, Huddersfield, UK

### 3. *Patients' beliefs and adherence*

Nonadherence to treatment can be nonintentional (eg, misunderstanding, forgetfulness) or intentional (caused by doubts about necessity or concerns about adverse effects). Tools to identify type and extent of nonadherence are needed before nonadherence can be addressed.

Rob Horne, London, UK

### 4. *The challenge for clinical trials*

It is difficult to capture and therefore demonstrate subjective benefit in clinical trials. Results from trials that can be applied to real world patients are needed.

Nick May, London, UK

### 5. *Individual variation in response to treatment*

We need to identify the factors and patient characteristics that could predict individual responses to asthma therapies. A better understanding of individual variations in response to treatment will help clinicians to optimise asthma therapy.

Leif Bjermer, Lund, Sweden

### 6. *Concurrent smoking*

Smoking is a well-established cause of poor asthma control. Patients may be more likely to admit to current smoking on a written questionnaire than during a face-to-face consultation.

David Price, Aberdeen, UK

### 7. *Concurrent rhinitis*

The simple question, "Do you have an itchy, sneezy, runny, or blocked nose when you don't have a cold?" can identify patients with concomitant rhinitis, a common reason for suboptimal asthma control.

David Price, Aberdeen, UK

## **Meeting attendees agreed on several goals:**

- Developing a collection of tools for aiding asthma diagnosis and management in primary care
- Translating these tools into local languages and adapting them to address cultural differences in perceptions about asthma, including the possible stigma associated with an asthma diagnosis
- Testing of all tools to address issues of low levels of health literacy in many countries ([http://www.pickereurope.org/Filestore/Downloads/Policy\\_Primer\\_Sept\\_07\\_3.pdf](http://www.pickereurope.org/Filestore/Downloads/Policy_Primer_Sept_07_3.pdf))
- Coordinating efforts between the IPCRG, member countries, and patients' organisations to adapt tools for individual countries

#### **References**

1. Horne R, Price D, Cleland J, et al. Can asthma control be improved by understanding the patients perspective? *BMC Pulm Med.* 2007;7:8.
2. Haughney J, Price D, Kaplan A, et al. Achieving asthma control in practice: understanding the reasons for poor control. *Respir Med.* 2008;102:1681-93.