Sir,


I applaud Nolan and White for their careful and painstaking analysis of patients with asthma in primary care who have high symptom levels (1). This is an important group to understand as they consume a disproportionately high level of resource (2), and valuable data on their primary care management are presented. There are however other interpretations that can be drawn from these data than the somewhat pessimistic and nihilistic conclusion of the authors that ‘continuing symptomswill remain thereality for many patients with asthma’.

I feel rather that most of these symptomatic patients remain undertreated. In spite of almost daily symptoms, one in four patients was not receiving inhaled corticosteroids (ICS) at any dosage, and only one in 10 was receiving long-acting B2 agonists. No information is given on other adjuvant therapies. There is now compelling evidence that the addition of long-acting B2 agonists in patients who remain symptomatic on low-dose ICS is extremely effective in improving a wide variety of asthma outcomes, including symptoms and exacerbations (3). The low level of usage in this group of patients who are symptomatic and have a high requirement for oral steroid courses for exacerbations points to a major area of undertreatment. In addition, leukotriene receptor antagonists have been shown to be effective as monotherapy (4) and in addition to ICS (5) in symptomatic patients. The observed heterogeneity of response to ICS (5, 6) tells us that treatment with ICS alone cannot be the yardstick for undertreatment, and persistent symptoms indicate the need for trials of adjuvant therapy.

In addition, there seem to be many aspects of the delivery of care that could be improved to lead to better outcomes of care in these patients. One-third of patients had not been seen for asthma review at all, only one in six had attended a practice-based asthma clinic, only one in four had had their peak flow recorded and one in three their inhaler technique documented in the year prior to the survey. There is compelling evidence that the provision of written self-management plans improve outcomes (7), yet less than one in 10 had been given one.

This valuable real-world survey of people with persistent asthma symptoms in the community shows that the pharmacological management and the delivery of care could indeed be improved. We need to continue our efforts to raise standards of care in the community and to refine delivery of care to meet the needs of patients.

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REFERENCES