



2005 Update to the British Guideline on the Management of Asthma originally published in February 2003

In February 2003, the BTS and SIGN together published the new British Guideline on the Management of Asthma as a supplement to Thorax in February 2003. The guideline was produced using SIGN methodology and the levels of evidence for each recommendation are detailed clearly. It is intended to be a comprehensive resource for those caring for individuals in asthma, whether in the community or hospital.

It has always been recognised that if patients are to benefit maximally, guidelines have to be kept up to date. A dynamic process is therefore in place to ensure that the asthma guideline is regularly updated to incorporate the results of the latest research. In April 2004 there was an update to sections on pharmacological management, self management and patient education, and the organisation and delivery of care for those with asthma in primary care and hospital. These updates were made apparent in a version of the guideline which was on the BTS and SIGN websites with the insertion of an arrow and the numerals 2004 next to any changes (<http://www.brit-thoracic.org.uk/>) and (<http://www.sign.ac.uk/>).

A further update to the BTS/SIGN Asthma Guideline will be placed on these two websites in October 2005 reflecting a recent review of the sections on pharmacological management, inhaler devices, occupational asthma and audit and outcomes. A major review with publication of a revised paper copy of the guidelines is planned to take place in early 2007.

2005 Changes

1. Section 5.21 Inhaler devices for the delivery of $\beta 2$ agonist bronchodilators in acute asthma.

Previous systematic reviews have suggested that the common practice of administering high doses of relieving bronchodilators to those with acute attacks of asthma via a nebuliser has no advantages over multiple actuations of bronchodilator from a pressurised metered dose inhaler and a spacer device. Indeed in children the previous review suggested that use of a nebuliser may be associated with more of a tachycardia and lengthening of time spent in emergency departments. In the 2005 guideline update, further studies have been taken into consideration and the guidelines note "*that the use of a pMDI and spacer is at least as good as a nebuliser at treating mild and moderate exacerbations of asthma in children and adults*".

The recommendation contained within the guideline will therefore be changed to read **Children and adults with mild and moderate exacerbations of asthma should be treated by bronchodilators given from a pMDI+spacer with doses titrated according to clinical response.** This change in recommendation when implemented is likely to lead to significant changes in



2. Section 8.1 Occupational Asthma:

The British Occupational Health Research Foundation have recently extensively reviewed the subject of work-related asthma and rhinitis, and a distillation of their

review and recommendations has been produced to update the previous section on occupational asthma (section 8) in the 2003 guideline. The important new recommendations are that

- **Adult onset asthma or recrudescence of childhood asthma in adult life should always prompt consideration of an occupational cause.**
- **The key questions which should be asked are whether symptoms improve on days away from work, or on holiday, or deteriorate when at work.**
- **Any suggestion of an occupational cause should lead to objective confirmation of a diagnosis of occupational asthma; serial peak flow measurements of at least four readings per day have a high sensitivity and specificity in the diagnosis of occupational asthma.**
- **Prompt referral to a chest physician or occupational physician is essential.**

3. Section 12.1.2 Outcomes and audit with implications for self management and patient education

The current guideline already recommends that patient education and self management and should be offered to all with asthma and the revised guideline highlights that this has been shown to be advantageous even in those with milder disease, with the only exception being in those aged under 5 years. New self management educational materials with instructions for the health professional as to their completion have been produced by Asthma UK and are themed under the title of "Be In Control" materials.

4. Section 4.2.4 Chromones

In response to helpful criticism the evidence on the efficacy of sodium cromoglicate in childhood has been reviewed. The guideline has been amended to state that sodium cromoglicate is effective in children aged 5-12 although the evidence is less clear in children under 5.

Issued by

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