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Results: This approach resulted in a significant enhancement of the quality of care criteria analyzed:

<table>
<thead>
<tr>
<th>Documented in the medical record</th>
<th>Before (n = 115)</th>
<th>After (n = 93)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent focus of the disease</td>
<td>79 (60%)</td>
<td>88 (75%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Presence of follow-up</td>
<td>93 (80%)</td>
<td>100 (100%)</td>
<td>0.002</td>
</tr>
<tr>
<td>Randomisation</td>
<td>54 (46%)</td>
<td>58 (62%)</td>
<td>0.17</td>
</tr>
<tr>
<td>PEF before treatment</td>
<td>22 (19%)</td>
<td>82 (88%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PEF after treatment</td>
<td>8 (7%)</td>
<td>77 (83%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Steroid therapy</td>
<td>56 (50%)</td>
<td>71 (76%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Follow-up after ED discharge</td>
<td>1990 (21%)</td>
<td>3547 (74%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Discussion and Conclusion: Implementation of locally developed guidelines with the participation of all healthcare personal was time consuming but had a significant impact on the ED management of asthma patients. This program should be continued to even further increase the quality of patient care. The impact on clinical outcome is currently being assessed.

P1286

Under-treatment in asthmatic outpatients with mild bronchial obstruction
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Under-treatment is one of the reasons for symptoms, sleep disturbance and limitation of activities in asthmatics. Inhaled anti-inflammatory drugs, in particular steroids, are very effective in controlling asthma symptoms in patients of all ages and severity.

The aim of our study was to evaluate, in asthmatics with mild bronchial obstruction, the difference between the domiciliary treatments carried out by outpatients (Ops) and that prescribed by the specialists (Sp's) based on the severity of symptoms referred.

A retrospective of 112 consecutive Ops (51 males, 61 females; mean age: 59 years; range: 13-63) with 6% p FEV1 < 70 (mean 98%; range: 70-132%) was performed.

The patients' histories and disease severity score in the previous four weeks (DSS) were investigated and the therapy (level 0-4) used by the Ops and prescribed by the Sp's was compared.

Spearman's rank correlation was used for nonparametric data.

Only 6 out of 112 (5%) Ops did not report symptoms of asthma (DSS equal to 0) after domiciliary treatment.

We found a significant difference between the therapy used by Ops at home and that prescribed by the Sp's (median: home therapy: 0.5; Sp's: 2; p < 0.0001, Wilcoxon test), even if a correlation did exist between them (r = 0.39, p < 0.0001).

The total DSS was not associated with the therapy used by the Ops, unlike that of the Sp's (r = 0.24, p < 0.001).

We found a significant correlation between the domiciliary therapy and day symptoms only (r = 0.20, p < 0.03) and shortness of breath due to exertion (r = 0.19, p < 0.04); on the contrary there was significant correlation between Sp's therapy and day symptoms (r = 0.22, p < 0.01), shortness of breath due to exertion (r = 0.23, p < 0.01) and also night symptoms (r = 0.21, p < 0.02).

In conclusion, asthmatics with mild bronchial obstruction: 1) the treatment used by the Ops at home is different from that prescribed by the Sp's and their treatment level is indicated by the severity of day symptoms and shortness of breath due to exertion; 2) the anti-inflammatory therapy is not used regularly, therefore the night symptoms are probably still present.

P1287

Non-participation in early intervention with inhaled steroids in asthma and chronic obstructive pulmonary disease (COPD): The role of 'fear of steroids'.

Results of the 'DIMCA' study
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Treatment of chronic airflow obstruction with inhaled steroids at an early stage has shown to preserve the lung function. However, long-term treatment with inhaled steroids may cause local and systemic adverse effects. We tested the hypothesis that 'fear of steroids' may be an important reason of non-participation in the 'DIMCA' project. Detection, early intervention and Monitoring program on COPD and Asthma. 1749 Randomly selected adult subjects derived from 10 general practices were invited to a screening program to detect asthma or COPD. 604 Subjects were selected on the basis of the presence of bronchial obstruction, reversibility of obstruction and bronchial symptoms. After a two-year monitoring period 247 patients with an increased lung function decline or bronchial hyperresponsiveness were invited to participate to an early intervention trial with inhaled steroids. Non-participants were sent a questionnaire about the reason(s) of non-participation. Together the screening, monitoring and intervention part of the study showed on average 28% non-participants. The most frequent reason for non-participation was a general resistance to take medication daily (50% of the non-participants of the intervention trial). Remarkably, a specific 'fear of steroids' was a reason for denial in only 8.6% of these non-participants. It was concluded that 'fear of (inhaled) steroids' seemed not to be an obstacle for early treatment of asthma and COPD.