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 (65%)</td>
<td>88 (95%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Presence of follow-up</td>
<td>32 (28%)</td>
<td>79 (90%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Baseline PEF (L/min)</td>
<td>45 (39%)</td>
<td>64 (56%)</td>
<td>&lt;0.001</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>3347 (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 asthma 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 (SpS) based on the severity of symptoms referred.

A retrospective study of 112 consecutive Ops (51 males, 61 females; mean age: 59 yrs, range: 13-60) with 5% p FEV1 < 70 (mean 98%, range: 70-152%) was performed.

The patients' history and disease severity score in the previous four weeks (DSS) were investigated and the therapy (level 0-6) used by the Ops and prescribed by the SpS was compared. Spearmann's rank correlation was used for non-parametric data.

Only 13 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 SpS (median: home therapy: 0.5; SpS: 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 SpS (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 a significant correlation between SpS's therapy and day symptoms (r = 0.22, p < 0.01), shortness of breath due to exertion (r = 0.22, p < 0.01) and also night symptoms (r = 0.21, p < 0.02).

In conclusion, in asthmatics with mild bronchial obstruction: 1) the treatment used by the Ops at home is different from that prescribed by the SpS and their treatment level is indicated by the severity of day symptoms and shortness of breath (DSS > 0); 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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A retrospective study of 112 consecutive Ops (51 males, 61 females; mean age: 29 yrs, range: 13-60) with 5% p FEV1 < 70 (mean 98%, range: 70-152%) was performed.

The patients' history and disease severity score in the previous four weeks (DSS) were selected on the basis of the presence of bronchial obstruction, reversibility of breath due to exertion; 2) the anti-inflammatory therapy is not used regularly, and day symptoms (r = 0.22, p < 0.01) and also night symptoms (r = 0.21, p < 0.02).

In conclusion, in asthmatics with mild bronchial obstruction: 1) the treatment used by the Ops at home is different from that prescribed by the SpS and their treatment level is indicated by the severity of day symptoms and shortness of breath (DSS > 0); 2) the anti-inflammatory therapy is not used regularly, therefore the night symptoms are probably still present.