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Asthma

Asthma is a very common condition in the Australian community, with a prevalence of about 10%. It is managed at a rate of 2 per 100 encounters in Australian general practice. Asthma is defined by the presence of both excessive variation in lung function, and respiratory symptoms e.g. wheeze, cough, chest tightness, that vary over time. Asthma is a serious disease - in 2018, there were nearly 400 asthma deaths in Australia. GP registrars will be familiar with presentations of acute asthma from the ED setting, but chronic disease management is likely to be new. A systematic and evidence-based approach to diagnosis and management is therefore important.

TEACHING AND LEARNING AREAS		• Epidemiology of asthma in Australia • Diagnostic approach to asthma in children and adults, and key differential diagnoses • Criteria for classification of control, and severity, of asthma, including the asthma control test • Interpretation of spirometry • Approach to management of asthma in children and adults • Stepping up and stepping down therapy • How to create an Asthma Action Plan • Indications for specialist or ED referral, and appropriate pathways • Other presentations of asthma, including asthma-COPD overlap and thunderstorm asthma
PRE- SESSION ACTIVITIES		• Read the Therapeutic Guidelines chapters on asthma
TEACHING TIPS AND TRAPS		• Use of the term 'mild' asthma is misleading – these patients are still at risk of severe exacerbations or death • The prevalence of asthma among Indigenous Australians is 60% higher than non-Indigenous Australians • There is no single reliable 'gold standard' test for asthma – the diagnosis is based on both symptoms and variable airflow limitation • Asthma can be very difficult to diagnose in children • Spirometry must be performed in the absence of an RTI • People with asthma symptoms more than twice monthly should be offered ICS for both symptom control and prevention of exacerbations • Patient preference is critical in developing a management plan • Assess inhaler technique regularly • Before stepping up asthma therapy, check symptoms are due to asthma, inhaler technique is correct, and adherence is adequate • Advice should be obtained from a paediatrician before administering SABA, systemic corticosteroids or ICS to an infant less than 12 months • Despite its proven value, only about 1/3 of asthmatics have a written AAP
RESOURCES	**Read**	• Australian Asthma Handbook v2.2 • 2019 AJGP article Difficult-to-treat and severe asthma in adults: Towards a new treatment paradigm
	Watch	• National Asthma Council video on Performing Spirometry in Primary Care • National Asthma Council videos on Use of Inhalers
	Listen	• 2018 MJA podcast on Managing Severe Asthma
FOLLOW UP/ EXTENSION ACTIVITIES		• Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Asthma

Clinical Reasoning Challenge

Dave Hardy, a 28-year-old architect, presents to you for follow-up of an ankle injury from playing AFL. He mentions that his asthma has been 'playing up' recently. He was diagnosed at age 15 and has been on Flixotide in the past. He is using Ventolin but is not currently on a preventer. He does not smoke.

QUESTION 1. What are the MOST IMPORTANT key features of history to determine Dave's recent asthma control? List up to FOUR.

1 _____

2 _____

3 _____

4 _____

QUESTION 2. What other features of Dave's asthma history are important to identify? List as many as appropriate.

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QUESTION 3. Dave's asthma control is classified as poor on the basis of your assessment. What is the most appropriate next step in his assessment? List the single next step in assessment.

_____

QUESTION 4. What are the MOST APPROPRIATE options in Dave's initial management? List as many management options as appropriate.

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Asthma

ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history to determine Dave's recent asthma control? List up to FOUR.

- Frequency of daytime symptoms
- Frequency of use of Ventolin
- Any limitation of activities
- Any nocturnal symptoms

QUESTION 2

What other features of Dave's asthma history are important to identify? List as many as appropriate.

- Patient understanding of asthma and symptoms
- Known triggers and exposures
- Severity of asthma (previous ED presentations/admissions/ICU/past use of oral CS)
- Inhaler technique

QUESTION 3

Dave's asthma control is classified as poor on the basis of your assessment.
What is the most appropriate next step in his assessment? List the single next step in assessment.

- Spirometry

QUESTION 4

What are the MOST APPROPRIATE options in Dave's initial management? List as many management options as appropriate.

- Start ICS preventer with SABA
- Start ICS/LABA combination with SABA
- Start ICS–formoterol maintenance-and-reliever therapy
- Recommend PEFR monitoring
- Arrange asthma action plan
- Vaccinate with influenza vaccine

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