LETTERS TO THE EDITOR

Guidelines on the management of asthma

The publication of the revised BTS guidelines on the management of asthma in full as a supplement to *Thorax*[1] and in summary form in the *BMJ*[2] is a very welcome event with the section on areas of uncertainty being particularly useful, but there are three areas not sufficiently emphasised which are worthy of further exploration.

The first of these concerns the need for consistency in the colour of metered dose inhalers as previously emphasised by Partridge.[3] Those of us in general practice recognise the enormous importance of colour coded asthma treatment in patient education, especially for those whose first language is not English or those with literacy problems. Evidence suggests that general practitioners with an interest in asthma prescribe responsibly, rationally, and less expensively than their fellows.[4] The inconsistency in the colour of generic metered dose inhalers at present provides an extremely persuasive reason for such informed prescribers to specify only proprietary preparations, thus missing (for good reasons) an opportunity to economise on costs. The Department of Health could easily remedy this situation.

The second point concerns the role of spirometry in the management of asthma in primary care. The new guidelines discuss peak expiratory flow rates at length, but do not mention the inaccuracy of minimeters highlighted by Miller *et al.*[5] Spirometers are used to a small extent in general practice but more data and guidance are needed. A small survey conducted by the General Practitioners in Asthma Group revealed a great variety in the types of spirometer used, with the turbine being commonest, and similar variations in both the measurements made and the circumstances in which the instruments were being used (unpublished data).

The final point concerns the use of antibiotics in the management of acute asthma attacks. The new guidelines state that antibiotics should only be given if bacterial infection is present, yet data from the first national asthma attack audit reveal the use of these drugs in 32% of attacks treated solely in general practice.[6] This situation is clearly not helped by pharmaceutical company advertising of antibiotics which recommends their use in the management of asthma. General practitioners may well be seriously misled by such advertisements and I feel that this sort of promotion flouts the spirit of the new guidelines.

The new document, like the old, is a considerable advance, but it will need further updating in due course. Nonetheless it issues a number of challenges to current practice which, if answered, should lead to better and more cost effective care for patients with asthma.

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1 Statement by the British Thoracic Society, the British Paediatric Association, the Research Unit of the Royal College of Physicians of London, the King's Fund Centre, the National Asthma Campaign, the Royal College of General Practitioners, the General Practitioners in Asthma Group, the British Association of Accident and Emergency Medicine, and the British Paediatric Respiratory Group. Guidelines on the management of asthma. *Thorax* 1993;**48**(Suppl):1–24S.
2 British Thoracic Society and others. Guidelines on the management of asthma: a summary. *BMJ* 1993;**306**:776–82.
3 Partridge M. Coloured inhalers. *BMJ* 1992; **305**:890.
4 Jones K. Impact of an interest in asthma on prescribing costs in general practice. *Quality in Health Care* 1992;**1**:110–3.
5 Miller MR, Dickinson SA, Hitchings DJ. The accuracy of portable peak flow meters. *Thorax* 1992;**47**:904–9.
6 Neville RG, Clark RC, Hoskins G, Smith B for the General Practitioners in Asthma Group. National asthma attack audit 1991–2. *BMJ* 1993;**306**:559–62.

AUTHORS' REPLY Dr Kevin Jones raises three very important points, each of which relate to how the guidelines on the management of asthma should be implemented. The first issue requires national coordination and the second two need to be the subject of a local implementation plan. To address these and other specific issues within the guidelines document was logistically impossible. We agree, however, that these issues do need to be tackled and suggest that Dr Jones' letter highlights the need for each area of the country to have an *active* implementation policy for the guidelines involving physicians, general practitioners, and health purchasers who control the money.

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BOOK NOTICES

Childhood Asthma. 2nd edition. David G Tinkelman and Charles K Naspitz. (Pp 640; US $135.00.) New York: Marcel Dekker, 1993. 0 8247 8751 X.

Although this book is large and tries to cover all aspects of childhood asthma from leucotrienes to learning factors, it fails to be a comprehensive tome. While interesting and easy to read, some of the chapters are short overviews of their subject. Lung function testing, defence mechanisms of the lung, and natural history are covered in some detail. The chapter on the differential diagnosis of the wheezing infant is not of much practical help, with the short page on foreign body aspiration bringing out old chestnuts such as inspiratory and expiratory films (in infants and young children), and a single paragraph on cystic fibrosis.

Standard drug treatments are covered well, but in a book of this size on this subject I would have expected more than a mention of the steroid sparing agents such as methotrexate and cyclosporin, and subcutaneous terbutaline does not even get a mention.

Some of the chapters are excellent reviews (such as those on sinusitis and reactive airways disease, and indoor allergens) and some are very well illustrated—for example, those on indoor allergens, and increasing mortality and morbidity. While containing lots of information and many references per chapter (alas most now over two years' old), the book is slanted towards American practice and is very poorly indexed.

In summary it is a large volume on a single subject which fails to be a comprehensive reference book. It may be valuable for physicians in adult medicine who treat a number of children with asthma, rather than a standard paediatric reference.—PM

Breathlessness: The Campbell Symposium. N L Jones and K J Killian (eds). (Pp 173). Ontario, Canada: Boehringer Ingelheim, 1992.

Scientific progress in the past 25 years has brought us to the age where we can manipulate the molecules of life itself. Yet, despite these advances, the mysteries behind the commonest symptom that confronts the respiratory physician are still unclear. In 1966 (or 1965 or 1964, the book quotes all three years in different parts) the first Breathlessness Symposium was held in Manchester. This book records the proceedings of the second Breathlessness Symposium held 25 years later in Hamilton, Canada, to mark the retirement of one of the greatest men in respiratory physiology, Moran Campbell. Many of the leading stars of respiratory physiology (a lot of whom were from the UK or expatriates) gathered to honour the man and assess how far our knowledge of breathlessness had progressed.

The symposium was divided into four sessions covering respiratory muscle action, respiratory muscle impairment, mechanisms of breathlessness, and clinical aspects of breathlessness. Within each session five or six presentations were given on related topics by authorities in those fields. This book documents each presentation and the following audience discussion as separate chapters. The summary by the chairman at the end of each session acts as an introduction to the four sections of the book.

Because each presentation is given by a different author, the style varies considerably between chapters. Some chapters are major reviews of recent advances with comprehensive reference sections while others describe recent results of the author's own work. Some chapters are models of clarity, taking the reader through a minefield of complex ideas in the space of a few pages. Unfortunately, some parts are rather heavy going. In particular, the first section on respiratory muscles and their function would have benefited from a few diagrams on where muscles are attached and how they act, and the chapter on viscoelastic properties of the respiratory system with its mathematical modelling was way over this reviewer's head.

Large parts of the book have concentrated on the measurement of respiratory sensations. Emphasis is placed on the many different inputs that may subserve the sensation of increased respiratory work and the modifying effects of the central nervous system. This reviewer found the work by Killian and colleagues (including Moran Campbell himself), who have analysed liter-

ally thousands of exercise tests on normal subjects and patients, especially humbling. The book also highlights how far respiratory physiologists are willing to risk their lives and personal comfort in the interest of science. In particular, a new species has been named—the CARP (completely apnoeic respiratory physiologist). The book needs a chapter that brings together all the ideas into a general overview. The symposium seems to have highlighted not only how far we have advanced in our understanding of breathlessness, but also how far we were away from the answer 25 years ago.

This book is certainly not for the casual reader, and does not make easy bedtime reading. However, for anybody who is intending to work in respiratory failure, respiratory muscles, or measurement of sensations and functional capacity in breathless patients, it is essential reading and an excellent source of references. All in all, this book makes a fitting tribute to the illustrious career of Moran Campbell.—VM

Reading the Chest Radiograph: A Physiologic Approach. E N C Milne and M Pistolesi. (Pp 383; £79.00.) St Louis: Mosby, 1993. 0 8016 3303 6.

This book, written by the Professor of Radiology at Irvine, California and the Associated Professor of Respiratory Pathophysiology at Pisa, consists of 11 chapters devoted to a physiological approach to the interpretation of a chest radiograph. It is copiously illustrated with over 600 radiographs and diagrams. The book covers primarily pulmonary oedema, fluid balance, blood volume, flows and pressures, but there are also chapters on detecting and quantifying chronic bronchitis and emphysema, and on intensive care unit radiology. The scope and price of the book, therefore, limit its appeal to the general respiratory physician, but it is likely to be of interest to intensive care physicians, renal physicians, and cardiologists, as well as to those respiratory physicians who specialise in the study of pulmonary fluid. It is not a book which covers the whole scope of chest radiology or pulmonary diseases as it deals with physiology and not the width of pathology affecting the lung.

It is well illustrated and clearly written and there are excellent reproductions of radiographs and line drawings. The reproduction of some of the computed tomographic scans, though, is inferior to the plain radiographs. The radiograph which is printed the wrong way round to test the reviewer is on page 268!

A book such as this linking the radiological appearance to the underlying physiology is to be welcomed, and there is a useful quick reference to pathophysiology effects on chest radiographs enclosed as a supplementary pocket book of 50 pages. This is a helpful pocket guide to common patterns, but its use of abbreviations throughout is slightly irritating, and inclusion of a radiograph as well as the line drawing illustrating the radiograph would have helped this handout.

Overall, therefore, this book is a useful addition to the specialist radiology of intensive care library but it is unlikely to be attractive to general respiratory physicians.—NMcIJ

Asthma: Basic Mechanisms and Clinical Management. 2nd edition. P J Barnes, I W Rodger and N C Thomson. (Pp 782; £75·00, US$ 165·00.) London: Academic Press, 1992. 0 12 079026 2

This is the second edition of this book which, when first published in 1988, established itself as one of the standard text books on asthma. The editors have drawn on an international group of authors who have covered various aspects of the underlying mechanisms in asthma, the pharmacology of asthma, and asthma management. All the various cells and chemical mediators implicated in the pathophysiology of asthma are covered well with a useful chapter by the three editors bringing the topics together in a generally well balanced overview. The chapters on individual antiasthmatic drugs are comprehensive and authoritative. The contributions are generally of a high standard but, whereas some chapters (for instance the one on physiology) are still up to date, in other fast moving areas such as antimediator drugs new studies leave some of the chapters looking already outdated.

The sections on asthma management are generally pragmatic and emphasise the approach taken in the guidelines in the treatment of asthma. However, it was disappointing that areas of uncertainty within the guidelines and the clear requirement for more studies to clarify points of uncertainty were not emphasised. Overall, the book deserves to be a success and will be of use to scientists and clinicians involved in research in asthma and those wanting a reference work to refer to specific areas. It will not, however, appeal as a manual for clinicians looking for practical guidance on the management of asthma.—NCB

Update on Childhood Asthma. M H Schoni and R Kraemer. (Pp 221; SFr88, DM88.) Basel: Birkhauser Verlag, 1993. 3 7643 2867 3.

This modest sized book running to 220 pages contains a mixture of reviews and scientific papers presented at a symposium on paediatric asthma in Berne in March this year. It is a credit to the editors that publication preceded the conference! The stated aim is to "summarise recent research results and to provide an update on present therapy and point to important psychosomatic aspects . . .". Of the 14 contributions, seven are straight reviews and seven are scientific papers (three on lung function methods in infants). As might be expected the home team form a major part of the book, making up nine of the 14 contributions. Contributions vary in length from seven to 25 pages, most are up to date, and the reviews will be a very useful source of references for those preparing grants and requiring background material. Not all of the contributions are strictly relevant to asthma; for example, there is a brief review on unbalanced protease in the lung which is more relevant to cystic fibrosis than to asthma. As might be expected in such a rapidly assembled book there are a large number of typograpical errors and variable quality of type face, but this is a mere irritation and does not detract from its value. There are six main sections, namely aetiology, pulmonary function testing, epidemiology, airway inflammation, allergy, and treatment, although several contributions do not fit happily under any of these headings.

More questions than answers are raised on the origins of asthma in childhood, reflecting the plethora of recent contributions in this field. A much clearer consensus on therapy is apparent and this is very much along the lines of recent consensus statements with a concern about the early use of inhaled steroids in mild perennial asthma. It is fascinating to see the overlap and variations in approach used by different reviewers on both mechanisms and the treatment of childhood asthma. Many of the issues raised on treatment could be resolved with carefully controlled studies, but the area of airway inflammation and whether features in the child are the same as in the adult remains to be established. Several of the reviews on mechanisms would be of interest to those concerned with adult asthma in identifying areas of similarity and difference. Overall this is an interesting contribution to the asthma literature and one which will date rapidly but which would be useful for a department with a research interest in childhood asthma. It is also quite useful for research fellows writing proposals or currently writing up their theses.—PJH

NOTICES

Quality '93

Quality '93 organised by the BMA, the BMJ, the King's Fund, the College of Health and Quality in Healthcare, will take place on 11 November 1993, at the Brewery, London ECX. The meeting will review progress with raising quality in the NHS and also look at what's new in raising quality. For further details contact: Pru Walters, BMA House, Tavistock Square, London WC1H 9JP. Telephone: 071 383 6518.

Pulmonary rehabilitation: new insights into *individual* assessment and management in patients with obstructive airways disease

This conference, sponsored by the European Respiratory Society, will take place on 14–15 April 1994 at the University of Nijmegen, The Netherlands and is aimed at those who are involved in pulmonary rehabilitation in patients with asthma and COPD. For further information contact Mrs M A J van Engelen, Eeneind 2, 5674 VP Nuenen, The Netherlands. Tel +31-40 834 833, Fax +31 40-836 422.

Sleep apnoea and hypertension

A satellite symposium of the 15th scientific meeting of the International Society of Hypertension on sleep apnoea and hypertension will be held at the University of Sydney on 27–28 March 1994. For further information please contact Dr Ian Wilcox, Department of Medicine, University of Sydney, Australia 2006. Tel: +61-2-5168024, Fax: +61-2-5503851.