CORRESPONDENCE

Physiotherapy interventions in the BTS guidelines on the management of asthma (2011): a need for change?

Updates to the British Thoracic Society (BTS) asthma guidelines have been recently highlighted by Turner and colleagues.[1 2] To our concern, the content on physiotherapy interventions has not been revised or updated since the 2006 version.

We reviewed the contents of the new BTS guidelines relevant for physiotherapists. The timescale for literature search indicates that the relevant section was last updated in February 2006, with coverage in Medline extending from 1996 to 2005.

Thus, we searched PubMed for English language papers published between January 2006 and December 2010 and found 32 indexed as randomised controlled trials. In the Cochrane Database of Systematic Reviews we found updates or revisions to all cited documents, with those updated in 2004 and 2005 and not quoted in the guideline.

A corresponding document, not referred to in the BTS guidelines, the joint BTS and the Association of Chartered Physiotherapists in Respiratory Care (ACPRC) Guidelines for the Physiotherapy Management of the Adult, Medical, Spontaneously Breathing Patient, with a section on physiotherapy interventions in adults with asthma, was published in *Thorax* in 2009.[3] The authors searched multiple databases (with date limits ranging from May 2005 to January 2006) and their recommendations differ, to some extent, from those provided in the BTS guidelines. This causes some confusion as to which guidelines should be considered.

The terminology, levels of evidence and grades of recommendations for physiotherapy interventions, reported in both documents, are compared below in the table 1.

According to the BTS asthma guidelines 'evidence that non-pharmacological management is effective can be difficult to obtain and more studies are required'.[1] However, this statement seems to be not fully relevant in the case of physiotherapy interventions. Evidence-based practice is a priority in the development of physiotherapy.[4] Numerous, increasingly rigorous studies have been published since the early 2000s. In 2010, 24 Cochrane reviews on non-medical management of asthma were available, including six reviews regarding physical therapies.[5]

The updated Cochrane reviews, not reported in the BTS guideline, do not generally provide new or changed conclusions; however, it is quite debatable why the updates have not been provided in the guidelines since 2004. The PubMed search results also suggest

Table 1 A comparison of the contents of the BTS 2011 asthma guidelines and the BTS/ACPRC 2009 guidelines[1 3] and results of our updated search

BTS/ACPRC 2009			BTS 2011			Our search results	
Terminology; intervention (s)	Level of evidence statements	Content and grades of recommendation	Terminology; intervention (s)	Level of evidence statements	Content and grades of recommendation	Cochrane Database of Systematic Reviews (no limits)	RCTs* PubMed (March 2006–Dec 2010)
Classified as physiotherapy interventions			**Classified as complementary and alternative medicines/approaches**				
Breathing exercises in asthma	1++	A: for breathing exercises B: for suitable tools (e.g. anxiety measures)	Breathing exercises including yoga and the Buteyko breathing technique	n/p	B: for the Buteyko technique No recommendation provided for other breathing exercises	2004 (breathing exercises)	10
Buteyko breathing technique in asthma	1+	B (recommendation for)					2
Airway clearance techniques in asthma†	1−	Insufficient evidence to support or refute	Manual therapy including massage and spinal manipulation	n/p	n/p	2005	1
Airway clearance adjuncts/ devices‡							
Physical training in asthma	1+	B; B; A (depending on the outcome measure; recommendation for)	Physical exercise training	n/p	n/p	2004	19
Inspiratory muscle training in asthma	1−	Insufficient evidence to support or refute					

SIGN (Scottish Intercollegiate Guidelines Network) key to evidence statements and grades of recommendations.
*Studies indexed as RCTs in PubMed.
†Clapping, vibrations, shaking (collectively termed manual therapies) and postural drainage, forced expiratory technique, directed coughing.
‡PEP, oscillating positive expiratory pressure devices.
ACPRC, Association of Chartered Physiotherapists in Respiratory Care; BTS, British Thoracic Society; n/p, not provided; RCT, randomised controlled trial.

the need for updating the guidelines, as the most recent studies cited in the guidelines are dated for the year 2003. In our view, despite the fact that its last searches were conducted up to 2006, the joint BTS/ACPRC 2009 guidelines remain in the international perspective the most reliable document for asthma physiotherapy practice.

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