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P130 FEASIBILITY STUDY OF A PRIMARY CARE SCREENING TOOL FOR OCCUPATIONAL ASTHMA

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Introduction Occupational asthma (OA) accounts for 1 in 6 cases of adult-onset asthma and is associated with an estimated societal cost in the UK of £100 million/annum.¹ However many workers with OA go undiagnosed or experience a lengthy delay in diagnosis,² and primary healthcare professionals fail to enquire about patients' occupations and the effect of work on asthma symptoms.³ We evaluated the feasibility of introducing an electronic screening tool for OA in primary care.

Methods A prospective feasibility study was undertaken over a 3-month period in 4 primary care practices in Birmingham, UK. Practices modified their existing electronic health records (one of: EMIS, SystemOne, Vision) with a customised asthma review template embedding the questions "What is your occupation?" and "Are your symptoms better away from work on days away/on holiday?" Baseline practice-level data were gathered and at the end of the study period all exposed healthcare professionals (GPs, practice nurses) were invited to complete an online questionnaire intended to evaluate utility and willingness to use the tool.

Results Prevalence of Read-coded asthma was 5.6–8.2% and Read-coded OA was 0–0.7%. All 4 practices incorporated the screening tool without any technical difficulty. 24/52 (46%) exposed GPs/nurses returned questionnaires, of whom 10 (42%) had used the tool; uptake was higher (85%) in those professionals who were given brief training. Healthcare professionals who did use the screening tool found it to be user-friendly (clear, concise, logical) with no perceived procedural or IT difficulties or significant added burden. Responders were less confident (44% agreed/strongly agreed) about how to act when patients had work-related asthma symptoms and 78% agreed/strongly agreed that further training in managing health aspects of suspected occupational asthma would improve the screening tool.

Conclusion An electronic screening tool for OA can be easily and quickly incorporated into existing asthma disease management systems. Its utility could be greatly improved by user instruction and training in further clinical management of the patient with work related asthma symptoms.

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P131 UNDERSTANDING HEALTH BELIEFS AND BEHAVIOUR IN WORKERS WITH OCCUPATIONAL ASTHMA

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Introduction Long delays from symptom onset to the diagnosis of occupational asthma have been reported in the UK, Europe and Canada and workers are often reluctant to seek medical help or workplace solutions for their symptoms.^{1,2} Reducing this

delay could improve workers' quality of life, and reduce the societal cost of occupational asthma. This study aimed to explore reasons behind such delays.

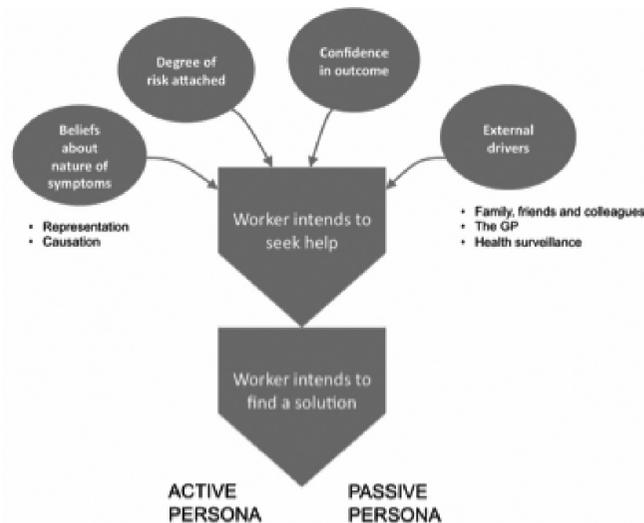
Methods A purposive sample of 20 individuals diagnosed with, or under investigation for, occupational asthma (median age=52; 70% male; 80% white British) undertook a single semi-structured interview. Interviews were transcribed verbatim and thematic analysis was undertaken in order to explore health beliefs and identify barriers to diagnosis.

Results Four themes were identified: (1) workers' understanding of symptoms, (2) working relationships, (3) workers' course of action and (4) workers' negotiation with healthcare professionals. Understanding of symptoms varied between individuals, from a lack of insight into the onset, pattern and nature of symptoms, through to misunderstanding of what they represented, or ignorance of the existence of asthma as a disease entity. Workers described reluctance to discuss health issues with managers and peers, through fear of job loss and a perceived lack of ability to find a solution.

Conclusion The evolution of workers' understanding depended upon how actively they looked to define symptoms or seek a solution. Proactive workers were motivated to seek authoritative help and negotiate inadequate healthcare encounters with GPs. In summary there appear to be a number of key influences motivating a worker to seek an explanation for their symptoms or a definitive solution, which are represented in the model in Figure 1. Understanding workers' health beliefs will enable policy makers and clinicians to develop better workplace interventions for identifying occupational asthma.

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Abstract P131 Figure 1 The major influences on workers' health-seeking behaviour

P132 CLEANER'S ASTHMA : NOW YOU SEE IT, NOW YOU DON'T

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