

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and similar variations in both the measurements made and the circumstances in which the instruments were being used (unpublished data).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.

K P JONES
Senior Lecturer,
University of Newcastle,
Department of Primary Health Care,
School of Health Care Sciences,
The Medical School, Framlington Place,
Newcastle upon Tyne NE2 4HH

- 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.

M G PEARSON
Aintree Hospitals, Liverpool
M R PARTRIDGE
Whipps Cross Hospital, London E11
B D W HARRISON
Norfolk and Norwich Hospital, Norfolk

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-