Conference report

British Thoracic Society Winter Meeting 2000

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The weather and the transport crisis threatened the British Thoracic Society Millennium Winter Meeting but, despite these problems, more than 1500 delegates attended. A wide range of topics in respiratory medicine was covered in the three days of the meeting. There were more overseas “experts” presenting than at previous meetings, and a “top and tail” overview format was introduced to several of the slide and poster sessions. This article reviews some of the highlights of the meeting.

Asthma

There were three main areas of focus in this year’s BTS conference. Firstly, adherence to the international guidelines on asthma management which, although emphasising the importance of both lung function and symptoms in guiding clinical decisions, clearly remain open to modification by future developments. Mitra et al from Dundee presented their study on asthmatic children in an outpatient setting where serial lung function data remained unhelpful, whereas their symptom scores were far more reliable in planning alterations to treatment.

Secondly, in deciding whether to initiate long term treatment with inhaled corticosteroids in asthmatic patients a further study emphasised the importance of first documenting airway eosinophilia. The results of this work from Leicester suggested that asthmatic patients who were non-atopic or who smoked were less likely to show a baseline eosinophilia or improve on inhaled corticosteroids, thereby extending the findings of a previous similar study. A sentinel paper linking themes from these two studies was presented by Ward et al in the excellent airway remodelling symposium. Their demonstration that changes in airway inflammation, remodelling, and bronchial hyperresponsiveness (BHR) in asthmatic subjects following treatment with inhaled corticosteroids were not temporally concordant was of prime importance. Improvements in lung function and inflammation seen after treatment with inhaled corticosteroids were seen before any changes in airway remodelling or BHR. This continues to be a vital area of asthma research and Ward’s study leads us one step closer to understanding these important interactions. It also implies that current guidelines do not necessarily provide the best advice in terms of disease severity and progression for asthmatics on treatment with inhaled corticosteroids.

Thirdly, BTS guidelines recommend that patients should enjoy a degree of control over their asthma using self-management plans. This can only be achieved by better education from interested health care professionals, both in the hospital setting and in primary care.

Three papers brought attention to areas for improvement. One from Liverpool focused on highlighting the lack of implementation of these guidelines by nurses in the primary care setting (including some nurses with diplomas in asthma management) and suggested this should be addressed. Another paper, funded by the National Asthma Campaign, confirmed that, despite ample evidence of benefit, many professionals caring for asthmatic patients either in hospital or in primary care do not offer their patients self-management advice or perhaps do so only verbally. The group suggested that free leaflets giving simple written instructions were preferable. This was reinforced by a Nottingham pilot study demonstrating how they achieved good education and understanding in their asthmatic children using a multimedia package, enabling the children to comprehend complex information about asthma, its treatment, trigger factors, etc.

There was continuing emphasis, as there is each year, on the lack of compliance with prescribed “preventer” treatment by asthmatic subjects who consequently deny themselves the benefit of a reduction in lifetime exposure to oral steroids (and additionally place themselves at risk of premature loss of reversibility due to airway wall remodelling). Misconceptions, “steroid phobia”, and poor understanding are partly to blame, leading to acceptance of daily symptoms such as wheeze as normal. This was illustrated neatly in one particular study of asthmatic patients who considered themselves well controlled despite 35% reporting daily wheeze. Whether poor compliance is a direct result of lack of education or self-management plans remains a matter for speculation and continuing debate.

Finally, it is reassuring to know that, in children with severe persistent asthma, bronchoscopy and biopsy under general anaesthesia by experienced operators is safe, particularly to those who work in this field where the need for greater understanding of the underlying multifactorial processes involved in severe asthma is essential to direct future research and treatments. This was brought to the fore by Professor N C Thompson in his Altounyan lecture on “Difficult asthma.”
Chronic obstructive pulmonary disease (COPD)

This year there were two important papers highlighting the underuse of pre-seasonal influenza and pneumococcal vaccination.12, 13 This is seen to contribute to a continuing excess morbidity and mortality in susceptible respiratory patients14 and a substantial number of people remain at risk despite the Department of Health’s recommendations.15 This must surely be addressed jointly by primary care and specialist respiratory physicians. It was also noteworthy that in one previous study it was estimated that half the patients admitted during the influenza outbreak had presented within a period of time suitable for treatment with neuraminidase inhibitors.16 Another emphasis this year was the disappointing underuse of spirometric tests by GPs in referring patients with COPD, despite the BTS guidelines,17 together with a continuing lack of uptake by some GPs of “open access” spirometry arranged by their local hospital specialists. Furthermore, despite clear BTS recommendations, such patients are not being given the benefit of long acting β2 agonists where there is good or partial reversibility. The place of pulmonary rehabilitation in the management of COPD led to lively discussion, as always.

In a randomised controlled trial of home exercise and education it has been shown that information and home visits to encourage pulmonary rehabilitation are ineffective in patients with COPD.19 Interesti...

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