LEVEL OF ASTHMA CONTROL IN PRIMARY CARE IN THE UK AS DETERMINED BY THE RCP 3 QUESTIONS

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Introduction From 2012, the Quality Outcomes Framework (QOF) in Asthma was amended to include an objective assessment of a patient’s asthma control using the RCP 3 questions.

In the last month
• Have you had difficulty sleeping because of your asthma symptoms (including cough)?
• Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?
• Has your asthma interfered with your usual activities (for example, housework, work/school, etc.)?

Controlled asthma is defined as answering ‘no’ to all 3 questions.

Cegedim Ltd, who own the InPS Vision prescribing software, have access to anonymised QOF data and have used 150 GP practices which are selected to provide UK-wide representation. This has enabled an analysis to determine real-world levels of asthma control in primary care in the UK.

Methods Asthma patients were identified according to QOF business rules. Patients who had provided responses to the RCP 3 questions (during the period March 2012–February 2013) were selected. A subset of those who had been on the same medication for the 12 months prior to that assessment were specified, defined as consistently prescribed the same medication at the time of assessment and 12 months prior.

Results A cohort of 19,582 asthma patients who had completed the RCP 3 question assessment during the study period with 12 months of consistent therapy was identified. One-quarter (25%) of patients were controlled (answered ‘no’ to all questions). For patients at BTS Step 1 (SABA only) and BTS Step 2 (ICS monotherapy), the proportion controlled was 28% and 27% respectively. For patients at BTS Step 3 and above (ICS and LABA in combination, including as separate inhalers) the proportion was 23% (see figure).

Conclusions Asthma control in primary care in the UK is poor with only 25% of asthmatics achieving control as defined by the RCP 3 questions; levels of control were consistent across BTS steps. Interventions to understand barriers and improve asthma control are warranted.