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PRACTICE OBSERVED

Practice Research

General practice audit of asthma in childhood

MARK LEVY, LINDEN BELL

Abstract it has been suggested that asthma is underdisagnosed in children. We studied the records of 52 children with asthma in our group practice. Although asthma had been positively diagnosed in roughly 10% of the children aged 18 months to 11 years, to make the diagnosis required an average of 18 to 20 consultations for respiratory problems. According to the symptoms recorded before the diagnosis was made, only three quarters of the children had presented with wheeze and roughly a third had had difficulty in sleeping.

We think that the doctor's time would be better spent exacting patients shout their asthma than by repeatedly treating som-estimate respiratory infection.

Introduction
It has been said that asthma is underdiagnosed in general practice possibly because of a reluctance to make the disgnosis. **
The results of a recent study suggest that some general practicioners know only the common ways in which asthma may present in childhood. *They may also be unfamiliar with current ideas about prophylactic and symptomatic treatment and are precoccupied with infection as the principal cause of recurrent vegaristory problems in childhood.

We deeded to find out how many children in our practice. We deeded to find out how many children in our practice gray that the property of the p

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Results
We identified 52 children with authra—a prevalence of 111*,
Of these, eight had been diagnosed in hospital and 44 by general
precitioners. An objective diagnosis was made in 31 patents. The
criterion for making this diagnosis was a variation in peak expiratory
few rate of at least 20**, A tubelective diagnosis was made in the
remaining 21 patients from a history suggestive of asthma and a
Table 1 shows the age of patients when they consulted for the first
time with a respiratory problem. Thirry five of the children with
asthma presented with tuch tymptoms before the age of 1 year,
10 in their 2nd year, and by the age of 4 nearly all land presented for
the first time.

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Rethinking Established Dogma

Academic general practice

JOHN HORDER

A few weeks ago I was at a party when I was button-holed by an old acquaintance, a country general practitioner whom I had not seen for many years. It was only a moment before he launched into the attack—"those academics" is supposed that he meant general practitioners who work in universities and springs to their defence. Afterwards, of course, I realised that in academic? What is scademic general practicioners are used to the state of the st

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I hate saying it, but anyone who holds these views seems to have the prejudice of ignorance and perhaps envy too. It is so tempting to knock people who are like oneself, yet just a little different, especially if one does not meet them very much. It is a mere four centures since Protestant and Catholic Christians killed each other in the main part of this kingdom for being just a little different, especially if one does not meet them very much. It is a mere four centures since Protestant and Catholic Christians killed each other in the main part of this kingdom for being just a little different in the Consist Oxford Dictionary, where I had hoped to find a true and just a little very features in the Consist Oxford Dictionary, where I had hoped to find a true and just definition: "Scholarly, abstract, unpractical, cold, merely logical; member of a university; too much enslaved to the principles of an academy; merely theoretic arguments; university robes." So perhaps I ought to have been more sympathetic to my friend. On the other hand, the root of the constructive and generous to academics.

Within the medical profession the antagonism is certainly not confined to general practitioners, but it is easy to see why it should infect them as much or more than others. Until 30 years ago, with few exceptions, they saw themselves as practical men and women who could leave reflection, questioning, theory, except their own. The were themselves—monch of medicance the product of an undergraduate training by instructors drawn from every branch except their own and without appreciable experience of their role. The role itself had not been defined; undeed most people thought that it could not be; it could therefore neither be taught nor developed through any process of I. I was about that time, when change was exponented for the destruction of war, that an old wison began to produce new beginnings in general practice. Dr Geoffrey Barber had actually started before the war to lecture at 5 Mary's Hospital, Paddington, but Dr Rich

Age (months)	No of patients	Percentage of total	Cumulative percentage total
0-6	18	34 62	35 00
7-12	17	32 69	67 31
13-18	4	7 69	75 00
19-24	6	11 54	86 54
25-30	,	5 77	92:31
31-36	i	1 92	94 23
37-42	i	1 92	96 15
43-48	i	1 92	98-08
49-54	ō	0	98-08
55-60	ī	1 92	100.00

TABLE II—Age at diagnosi

Age (months)	No of patients	Percentage of total	Cumulative percentage tot
0-12	0	0	0
13-24	3	5 77	5.77
25-36	6	11:54	17:31
37-48	7	13-46	30 77
49-60	10	19 23	50.00
61-72	•	7 69	57-69
73-84	9	17 31	75 00
85-96	5	9 62	84 62
97-108	2	3.85	88 46
109-120	ž	3 85	92 31
121-132	- i	7 69	100 00

No of consultations	Total No of patients	
0-5		
6-10	12	
11-15	8	
16-20	17	
21-25	•	
26-30	2	
31-48	3	

For the five symptom groups, taking all consultations into account, 50 (90%) patients presented at one time or another with cough, 1975-3) with wheeze, 16 (31%-4) with difficulty in stepring, 15 (25%-5) with white difficulty in stepring, 15 (25%-5) with the constraint of the presentation of the prescriptions given to the children under 4 years, 43%- (29%) were for anotheric, 17% (100%) were for bronchodilators, and 40%- (243) were for cough suppressants. For all the children diagnosed as having asthma, 20% (45%-7) prescriptions for antihotics were given, 138 (19%-) for bronchodilators, and 257 (28%-) for cough suppressants.

Discussion

The prevalence of asthma in the group of children that we studied was 11°s, the generally accepted range being 5°s to 10°s. The ages at which the children first presented with respiratory symptoms correspond with those in other studies.¹ Only a third of the children studied had been diagnosed as asthmatic by their 4th birthday, despite all but one having presented with respiratory symptoms by this age. Antibiotics and cough suppressants were most often prescribed, indicating the contribution of their than the contribution contributio

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BRITISH MEDICAL JOURNAL VOLUME 289 27 OCTOBER 1984 infection as opposed to thinking of other causes for the respiratory symptoms.

Some patient subured to "where bround-noconstriction," and prombe subured to "where bround-noconstriction, and prombe subured to "where bround-nin", and prombe diditions were prescribed. But failure to note a diagnosis of asthma in the patient's record on these occasions usually resulted in inappropriate treatment being given at later consultations. We think that this happens because "wherey bronchitis" implies a temporary disease, whereas asthma is generally aveed by both general practitioners and patients as a chronic and recurring problem.

September 1997 of the problem of the problem of the problem of the propriate treatment, reduce most imore likely to lead to appropriate treatment, reduce most imore likely to lead to appropriate treatment, reduce most imore likely to lead to appropriate treatment, reduce most in some likely to lead to appropriate treatment, reduce most into the labor the doctor time to concentrate on educating his patients with asthma and their families. Furthermore, far fewer ambitious and cough suppressants would be prescribed, at a considerable saving to the National Health Service.

The results of our study support the generally accepted view that cough is an early presenting symptom in asthma, but 25°, and the support of the properties of the support o

- 1 Speight ASP, Let DA, Hey EN. Underdagnoss and undertreatment of ashnas in chalchood Br Med 3 [1983,2881 (23)-5-5] and chalchood Br Med 3 [1983,2881 (23)-5-5] and chalchood ashnas [1983,2881 (1983)

ONE HUNDRED VEARS AGO. If we may take iterally a statement published in the New Verk Merked Record, the "Heathen Chinee" must be a most satisfactory patient, for he invariably carries out instructions to the letter, is very grateful, and always pays his bills. The infinit" Chinee" in a very multibary as a rule, and does not average must be used to be a rule of the state of the st

if further is the experience of changing needs, changing knowledge, and changing organisation. It is no longer possible to equip young doctors with what they will need for their professional lifetime. Nor can a profession survive which does not look at itself and reflect on how is own role needs to respond took at itself and reflect on how is own role needs to respond took at itself and reflect on how is own role needs to respond took at itself and reflect on how is own role needs to respond took at the profession survive in the reflective, questioning, critical element, it is why the reflective, questioning, critical element is needed within people whose apparent task is practical. This element, I believe, is the essential meaning in a difficult word. It is something wholly positive and constructive. It depends in no way on authority, privilege, for enthusiasts to meet.

Today there must be one general practitioner in every five who either has or has had esperience of teaching students or postgraduate trainees. Many of them have studied how to teach. Perhaps one in 50 has published an organial study, but far more hold regular case discussions or examine their own performance So, for me there is no dividing line between "academic" and "ordinary" general practitioners. Indeed, the idea that any doctor could be merely a practical worker responding to patient demand according to set habits of mind acquired long since seems ridiculous; none of us can survive without some source of up-dating that challenges what we thought before and forces us to question it and to decide which is right. But some do this more often and more deeply than others.

Challenges
It seems to me that it is those general practitioners who work
in university medical schools who have to face the most severe
challenges. To look after patients, to teach, to carry out research,
to run a department, and to contribute to running a medical
school is not an easier life than being in full time general practice.
Not being available full time for patients stirs anxiety and guilt,
not least when this is emphasized by "ordinary general practi-tioners." So far from thinking that they know better, most
academics are self critical. At the same time they are in difficulty
academics are self critical, at the same time they are in difficulty
of a doctor, since it is different from their own; even less do they
understand the generalist, since they themselves are accustomed
to a highly specialised environment. General practitioner

academics might perhaps take comfort from General de Gaulle, who reckoned that as long as he was under attack from opposite directions simultaneously he must be on the right course. They may certainly take comfort from the high marks awarded to the committee of the must be on the right course. They may certainly take comfort from the high marks awarded to the committee of the c

ONE HUNDBED YEARS AGO. That all medical men will at once recognite as a stepshely vivol and truthful representation of a distinct variety of manty, a inforced by Mus. Linguid's rendering of the character of Pauline in the new play of "Called Back" at the Prince's Theart. This representation, it is at one obvious, has not been exoguisted from the inner consciousness of the actress, nor drawn from poetical prictures or conventional notions of manifer adjunction from poetical prictures or conventional notions of manifer adjunction and the properties of the strength of the properties of the strength of the properties of the strength o

skilled criticism, is that she has succeeded in producing a portraiture of madness in one of its most interesting and least repulsive phases, not, as stage-madness often is, an impossibility or bundle of inconsistencies provocative of laughter or disparts, but genuine melancholia attonia, such as may be seen any day in the wards of our hunatic hospitals. It is melancholia attonia of the first degree, shown of its agrace, beauty, and pathos that are mangled with it. In her paused and bewildered look, her passive mood, her rhythmic movements, her statuseque attitudes, her echo-answers, Miss Lingard presents to us an accurate delineation of the symptoms of that semi-cataleptic stupped, her passive morns of that semi-cataleptic stupped, been taken by a swift and appalling emotion, and that rises again with equal celerity when the third of the catacitym has subsided, and when some stirring chord of memory or feeling has been touched. Pulline's condition, from the moment when the drops unconscious and prognouss, and her recovery is just what might have been preduced, Miss Lingard is to be congravatated on having produced a most able and impressive study of madness.

(British Medical Journal 1884 ji:1100.)