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WHY ASTHMA STILL KILLS

Editor,

In May 2014, the RCP National Review of asthma deaths was published, entitled "Why asthma still kills"¹. The report reviewed asthma deaths in the four UK countries over a 12 month period. One recommendation was that all asthma patients who have been prescribed more than 12 short acting beta agonist (SABA) reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control².

Following on from this report, I conducted an audit of SABA overuse in asthmatics in a GP practice in West Belfast during my FY2 rotation.

Method: An EMIS search was conducted of asthma patients who had been prescribed 12 or more salbutamol inhalers from January 2014- 2015. Patients were contacted by telephone or sent a letter to invite them to attend for review of their asthma-starting with those issued the highest quantity of SABA inhalers. They were reviewed by FY2, practice pharmacist and two practice nurses.

Results: The total number of asthmatic patients prescribed salbutamol in the Year 2014-2015 was 576, with 145 prescribed 12 or more inhalers (25%). The largest quantity issued to a single patient was 44. The table below demonstrates the breakdown of number of inhalers prescribed.

Number of inhalers prescribed	Number of patients
12	31
13-19	51
20-29	41
30-39	20
40+	2

From January-March 2015, 98/145 had been offered appointments or contacted via telephone about their SABA overuse. 46/98 had a review and discussion about their asthma. Those who have failed to attend for review and had been receiving > 1 inhaler per prescription had their prescription reduced to 1 inhaler per script, with a note to make an appointment for review of their usage.

Discussion:

This audit suggested that around ¼ of asthmatics in the practice were poorly controlled. On further review, a large number had failed to attend for an annual asthma review (45%). In those patients reviewed between January and

March, their SABA usage had started to reduce over the 3 month period. At review, they were assessed using the BTS/SIGN guidelines, which cover a spectrum of areas. It was evident that education was very important for them. They were provided with a personal asthma action plan to refer to if they became symptomatic. This audit was presented at the monthly practice meeting in order to update the GP partners and highlight the issue. We would recommend vigilance when prescribing inhalers – those with excessive usage may benefit from education and personal action plans with the goal of reducing avoidable mortality.

The authors have no conflict of interest.

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INAPPROPRIATE ED ATTENDANCES IN NORTHERN IRELAND: A REVIEW OF ATTENDANCES IN THE BELFAST HEALTH AND SOCIAL CARE TRUST

Editor,

Inappropriate attendances (IAs) at Emergency Departments (EDs) may impact on patient safety and flow through the unscheduled care system. These are attendances where care could have been provided safely and more appropriately in other locations, e.g., by a general practitioner (GP) or by self-management. This study aimed to identify the number and type of IAs at EDs in the Belfast Health and Social Care Trust.

Notes of two consecutive days' ED attendances at the Royal Victoria Hospital (RVH) and Mater Hospital (MIH), 11th and 12th January 2015, were reviewed. During these days there were no significant incidents that would have been expected to alter the number or type of attendances. IAs were identified as those where the ED team did not provide any change in management or add to the patient journey or where, although the team may have provided some management, care could have safely been provided in another setting.

There were 646 attendances during the review period. Most were appropriate; 93.5% at the RVH ED and 79% at the MIH ED.



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