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The care of children with asthma in general practice: signs of progress?

Sir,

Prevalence rates for asthma in children in the United Kingdom are generally regarded as being between 10% and 12%. Underdiagnoses and undertreatment have been highlighted by several authors who have drawn attention to the need for general practitioners to be more aware of the problem of asthma in children.¹⁻⁴

To investigate the diagnosis and management of asthma in general practice two contrasting practices with a known interest in the care of asthmatic patients were chosen for the study. One practice was a rural training practice in Aylsham, Norfolk (7900 patients) and the second was an urban practice based at Aldermoor health centre, Southampton (8400 patients).

There was a total of 3289 children aged 1-16 years in the two practices and from the morbidity registers it was found that 370 children (11.2%) had been given the diagnostic label 'asthma' (10% Aylsham, 12% Aldermoor). Of these children 212 had been registered since birth and the mean number of asthma consultations per child per year was 2.6 (median 1.9) with almost 50% of the consultations being doctor initiated in both practices.

Table 1 shows the range of treatments which had been used among these children. The proportion of children who had received prophylactic therapy was similar in the two practices. Although the Aylsham practice tended to prescribe more inhaled steroid and the Aldermoor practice more sodium cromoglycate, these findings reflect the policy in the Aylsham and Aldermoor practices to treat the underlying inflammatory process as well as providing symptomatic relief with bronchodilators. The use of nebulizers and oral steroids depicts the perceived severity of individual cases and situations where asthma may have been poorly controlled.

Table 1. Drug treatments used among the 212 children with asthma.

	No. (%) of children
<i>Acute therapy</i>	
Nebulizer treatment	37 (17.5)
Oral steroid therapy	7 (3.3)
<i>Long term therapy</i>	
Salbutamol	199 (93.9)
Inhaled steroid	93 (43.9)
Sodium cromoglycate	17 (8.0)
Theophyllines	17 (8.0)
Maintenance steroids	4 (1.9)

Twenty children (9.4%) had at least one admission to hospital and 25 children (11.8%) had at least one outpatient appointment for asthma. These results indicate that asthma care was predominantly in the hands of general practitioners. This fact is worth noting when considering reports from hospital studies which can only refer to a selected group of asthmatic children from a wide variety of general practitioners.

The level of 'diagnostic activity' in the two practices is in keeping with estimates of asthma prevalence in the UK and the emphasis on the use of prophylactic drug treatments is in line with current views on asthma care. We recognize that asthma in children includes a variety of sub-groups, some of whom are more vulnerable than others, and our intention is to develop methods of trying to identify 'at risk' children who require closer scrutiny and follow up. The fact that almost half of the consultations for asthma were doctor initiated provides evidence that regular review was a key feature of clinical care in the two practices.

We would like to stress that heightening awareness about asthma has to be balanced with an appreciation of the process of decision making in general practice where diagnostic precision is not always straightforward. In addition, measurements of outcome of care are not yet sufficiently robust to indicate whether 'higher diagnostic activity' actually leads

to longer term improvements for patients. However, the first steps in 'setting the scene' for longer term follow up have been taken in the two practices described. The next step is to ensure that outcome measures encompass methods of evaluating children's capacity to use inhalers effectively, allied to an assessment of parental attitudes and coping abilities.

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Management of urinary tract infection

Sir,

The appropriate management of urinary tract infection remains controversial. In order to assess current trends in the management of urinary tract infection in Israel, a survey was conducted among 50 family physicians comprising 25 general practitioners, 15 board certified family physicians and 10 residents in family medicine. There were 32 women doctors and 18 men doctors and their ages were as follows: four physicians 20-29 years; 10 30-39 years; 16 40-49 years; 15 50-59 years; five 60-69 years. They all worked in walk-in primary care clinics. All the physicians who were asked to join the study participated. During a one month period one of us (G S) interviewed the physicians using a questionnaire with open questions regarding their opinions