Does attendance at a general practice asthma clinic reduce asthma morbidity more than does standard medical treatment?

Heard AR, Richards IJ, Alpers JH, et al. Randomized controlled trial of general practice based asthma clinics. *Med J Aust* 1999;171:68-71.

Correspondence to:

Mr Heard

SA HealthPlus

PO Box 65

Rundle Mall, SA 5000

Australia

Adrian.Heard@dhs.sa.

gov.au

Funding: Department of Human Services, Adelaide, South Australia.

This digest and commentary appeared previously in *Evidence-Based Medicine* 2000;5:45

DESIGN

6-month, randomized, unblinded,* controlled trial.

SETTING

8 general practices in South Australia.

PATIENTS

195 patients aged 5 to 64 years (mean age, 26 years; 55% women) who had asthma. Follow-up was 98%.

INTERVENTION

Patients were allocated to a group attending an asthma clinic (n = 98) or to a standard treatment group (n = 97). Asthma clinics operated once per week for a 3-hour session. Registered nurses with extensive respiratory care experience educated patients in asthma management strategies, including a written asthma management plan; spirometry; and use of peak flow meters, inhalers, and asthma diary cards. Patients in the asthma clinic group were asked to attend 3 sessions.

MAIN OUTCOME MEASURES

Days missed from work or school; use of an action plan; medication use; current smoking; level of morning or nocturnal asthma symptoms; and number of hospitalizations, emergency department visits, and home visits by general practitioners.

MAIN RESULTS

Of the 98 patients allocated to the asthma clinic group, 67 attended 3 sessions, 17 attended 1 or 2 sessions, 13 attended no sessions, and 1 patient withdrew. Analysis was by intention to treat. The study had 80% power to detect a 50% reduction in

the proportion of patients reporting 1 day or more lost from work. At 6 months, patients in the asthma clinic group were more likely than patients in the standard treatment group to own a peak flow meter and less likely to be awakened at night because of asthma (table). A trend existed for more patients in the asthma clinic group to begin or recommence smoking (table). The groups did not differ for any other outcomes.

CONCLUSIONS

Patients with asthma who attended a general practice asthma clinic were more likely to own a peak flow meter and less likely to wake at night because of asthma than those receiving standard medical treatment, but they did not differ for any other measures of asthma morbidity.

*Information provided by author.

Asthma clinic vs standard medical treatment for asthma morbidity at 6 months

Outcomes	Asthma clinic	Standard care	RBI (95% CI)	NNT (CI)
Owning a peak flow meter	73%	56%	30% (5%-62%)	6 (3-31)
RRR (CI)				
Waking at night because of asthma	7%	20%	64% (21%-84%)	8 (4-29)
RRI (CI) NNH (CI)				
Currently smoking	15%	7%	108% (-8.5%-378%)	Not significant

RBI = relative benefit increase; RRR = relative risk reduction; RRI = relative risk increase; NNT = number needed to treat; NNH = number needed to harm; CI = confidence interval.