

Key points

Written asthma action plans

- Asthma action plans are written instructions on how to recognise when asthma is getting worse, and what action to take when it does. They help many people control their asthma and stay out of hospital.
- Most people with current asthma do not have a written asthma action plan. Young adults, adult men, and persons living in less well-off areas are least likely to have a written asthma action plan.
- There was an increase in the number of people who had these plans in the early 1990s. However, the number of people with asthma who have written asthma action plans decreased during the period since 1995.
- People with current symptoms of asthma or more severe asthma are more likely to have a written asthma action plan.

Medications

- The most common type of respiratory medication used in all age groups is bronchodilators (mainly short-acting beta agonists), which are used by people with asthma and COPD for relief of symptoms.
- The use of nebulised administration of bronchodilators has declined since 2000.
- There is evidence that many people with asthma who would benefit from use of inhaled corticosteroids are not using them regularly.
- The majority of inhaled corticosteroids are taken in the highest dose. It is likely that for many people their asthma could be well controlled with a lower dose of inhaled corticosteroid.
- In 2004, two-thirds of inhaled corticosteroids used were in a combined formulation with long-acting beta agonists. Use of this combined medication should allow the use of lower doses of inhaled corticosteroids, with equivalent efficacy.

Spirometry

- Spirometry is a breathing test used to help diagnose and monitor asthma and other lung diseases.
- Between 1994 and 2004, there was little apparent change in the use of spirometry among all age groups. There was a steady decline in spirometry claims from 1998 to 2004 in those aged 5 to 34 years.
- There is a lot of variation between the states and territories in the number of claims for performing spirometry. The reason for this variation is not known.

Introduction

Over the last 20 years a consensus has emerged, based on available evidence, that written asthma action plans and regular use of medications that control the disease and prevent exacerbations are key elements in the effective management of asthma. Additionally, the important role of spirometry in the diagnosis, assessment and follow-up of patients with asthma has been recognised for many years.

This chapter will review the data relating to the use of these management strategies and their implementation in the Australian population.

6.1 Written asthma action plans

A written asthma action plan (AAP) enables people with asthma to recognise a deterioration in their condition promptly and respond appropriately, by integrating changes in symptoms or peak expiratory flow measurements with written instructions to introduce or alter their medication. The aim of an AAP is to assist the process of early intervention and to prevent or reduce the severity of acute asthma episodes. There is evidence that, in patients with asthma, the use of a written AAP in conjunction with training in self-management and regular medical review improves outcomes. This includes less need for hospitalisation, urgent GP visits, and additional medication, as well as better lung function (Gibson et al. 2002). It has also been shown that written AAPs reduced the risk of death from asthma by 70% (Abramson et al. 2001). Written asthma action plans have formed part of national guidelines for the management of asthma since 1989 (Woolcock et al. 1989) and have been promoted in public education campaigns by the NAC (NAC 2002).

AAPs may be provided in various formats. The following features, which are common to most of the AAPs that have been shown to be beneficial, are considered to be the four essential components:

1. The AAP should be in a written format.
2. It should be individually prescribed, rather than a generic example.
3. It should contain information that allows the user to recognise the onset of an exacerbation.
4. It should contain information on what action to take in response to that exacerbation (usually increase or commence steroids and/or seek urgent medical care).

While most existing surveys on the use of AAPs have asked about the possession of a written AAP, most have not specifically established whether it contains the other essential components.

Possession of written asthma action plans

In recent surveys the proportion of adults with current asthma who possess an asthma action plan ranged from 15% to 22% (Table 6.1).

People with recent asthma symptoms or with more severe asthma were more likely to report that they possessed a written AAP. In New South Wales in 1997, 43% of adults with severe asthma possessed a written AAP (Marks et al. 2000). In the same state, in 2003, 41.2% of people who had taken treatment for asthma or had symptoms of asthma in the last 4 weeks reported having a written AAP (Centre for Epidemiology and Research 2004). At the same time, in Victoria, 51% of people who had experienced asthma symptoms in the last 12 months had an AAP (Department of Human Services, unpublished data 2004).