ASTHMA

What's the issue?

“Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness and breathlessness. The severity of these symptoms varies from person to person. Whilst there is no cure, asthma can be controlled well in most people most of the time to lead a normal active life, although some people may have more persistent problems. Control can be achieved through the tailored use of medication (usually inhalers) and to some extent by avoiding things that the individual knows will make their symptoms worse (triggers)” [273]. One potential trigger is cigarette smoke [99]. “Occasionally, asthma symptoms can get gradually or suddenly worse (“asthma attack” or “exacerbation”). Severe attacks may require hospital treatment and can be life threatening, although this is unusual. In the UK, 5.4 million people have asthma (1 in 12 adults and 1 in 11 children)” [273]. In England, there were 1,037 deaths (284 aged under 75 years) in 2013 [78], 65% of which are said to be preventable [274]. There are wide variations in outcomes for people living with asthma [275]. Nationally a five-fold difference has been demonstrated between some areas in hospital admissions for adults with acute exacerbation of their asthma and as much as a six-fold difference for children.

What’s our situation?

For 2015/16, there are 18,200 (6.2%) registered patients (adults and children) on the asthma GP disease registers which higher than England (5.9%) and the average of seven comparators (5.8%) [93, 276]. There was no statistically significant association between deprivation and prevalence across the general practices in Hull. This could simply reflect increased undiagnosed disease among those living in the more deprived areas rather than a lack of a true underlying relationship [276].

Modelling (October 2016) gave an estimate of 26,790 patients with asthma, which suggests that around 8,500 patients with asthma are undiagnosed assuming the model is accurate [276].

Over the three year period 2008/09 to 2010/11, there were an average estimate of 372 admissions per year (170 for men and 203 among women). There was a statistically significant difference in the directly standardised admission rate among Hull’s seven Areas for both men and women. There was also a relatively strong association between the inpatient admission rate and deprivation, with more admissions for residents in more deprived areas [276].

In Hull, there were 29 (11 men and 18 women) asthma deaths over the three year period 2013-15, 21 (72%) of which occurred at age 75+ years [77, 78, 83, 276].

For more detailed information, see the JSNA Toolkit: Asthma report.

What are the strategic needs?

Asthma prevalence can be reduced over the long-term by reducing air pollution and cigarette smoking, and by increasing breastfeeding rates. In order to treat effectively, diagnoses need to be made in Primary Care. Asthma symptoms can be better controlled by having an asthma review once a year. Self-management of symptoms can be improved by the use of asthma action plans and better education, which have been shown to reduce admissions by more than half. The 2012 National Paediatric Asthma Audit demonstrated that only 45% of children admitted were given an action plan at discharge and 43% of children didn’t have their inhaler technique checked before discharge [277]. For the 2012 National Adult Asthma Audit, 20% of newly-diagnosed asthmatics and 30% of known asthmatics were not commenced on inhaled corticosteroid therapy at discharge. Nine percent of patients were non-adherent to their asthma treatment. Just under half (49%) had their inhaler technique reviewed, but 26% of patients were found to have poor technique. A clinic review appointment was scheduled in 67% of patients within four weeks of discharge, and 43% had a written record of advice to see their GP within a week of discharge [278].
References