



## Asthma

I was surprised when I looked back over my last 18 months' worth of Capel Capers articles and realised that I had not written one about asthma as it is one of my great passions. It has been brought back into the press in recent weeks because of the untimely death of Ellie-May Clark a 5-year-old girl. It made me reflect on asthma deaths and how many are preventable. I thought I would share some of the statistics with you and some advice.

The Royal College of Physicians wrote a paper in May 2014 titled "Why asthma still kills: The National Review of Asthma Deaths" (NRAD). With a team of highly skilled respiratory specialists, they reviewed all of the asthma deaths in the UK within a 12-month period and then looked for patterns. The whole article is 115 pages and makes for sombre reading. I will summarise some of the key points for you.

- During the final attack of asthma, 87 (45%) of the 195 people were known to have died without seeking medical assistance or before emergency medical care could be provided. This means that 45% of people were either unable to seek help or they did not realise they needed the help until it was too late.
- 57% of the people who died were looked after in General Practice, meaning their asthma was "mild" enough not to need consultant care. I use the term "mild" very loosely as there is no such thing as mild asthma and this is one of the points I would like to make. From those 112 people who died from their asthma that were looked after at their doctor's surgery, I am sure some of them thought they had "mild asthma". There is no such thing as mild asthma – you either have it or you do not. Yes, some asthma takes much less medication to control it where as other people require much higher doses and a combination of medication to control it but both sets of people could potentially die from asthma.
- There was no evidence that an asthma review had taken place in general practice in the last year before death for 84 (43%) of the 195 people who died. Everyone who has asthma is invited into the surgery for an annual review and yet 43% of the people who died had not been for a review. I am one of the nurses that perform these reviews – I am shocked by how many times I have had a patient in who tells me their asthma is well controlled, only to realise that they are not well controlled and need their medication stepped up. People get used to what is their "normal" and so do not always notice their lungs are not as good as they should be. Some people think it is ok to need their salbutamol daily or multiple times a day (blue reliever inhaler). I had one patient who had been prescribed 16 salbutamol inhalers over a 12-month period and they thought their asthma was well controlled – that is 3,200 inhalations so 266 a month. Well controlled asthma means needing your salbutamol a handful of times in a month, not a regular basis.
- Particularly in children and young people, poor recognition of risk of adverse outcome was found to be an important avoidable factor in 7/10 (70%) children and 15/18 (83%) young people in primary care. Our children and teenagers do not realise that you can die from asthma. They do not realise how important it is to take their regular preventer. As parents we need to educate our children and make sure they realise how serious asthma can be but also how easily treatable it is with the right medication.
- The median age at the time of the initial diagnosis of asthma was 37 years. Most people who died, and for whom this information was available, were diagnosed in adulthood, with 69% diagnosed after the age of 15 years. People think that asthma is a childhood illness and that we only diagnose children. This is not true and the statistics back this up. Almost every week in general practice I have an adult, who comes in, has the appropriate tests and gets

diagnosed with asthma. Adults – if you are worried about your breathing, see your respiratory practice nurse or see your GP if you don't have one.

- From a practical standpoint, the vast majority of people are not actually taking their inhaler using the correct technique. If you have a metered-dose inhaler then the breath should be slow and gentle and ideally you would use a spacer. If it is a dry powder inhaler then you should inhale sharp and hard. You should hold your breath for 10 seconds following inhalation. If you are not sure which type your inhaler is then ask the pharmacist or give me a ring or send an email.

#### My take home messages

1. Please attend your annual review with your practice nurse.
2. Please make sure you know the correct technique for taking your inhaler – advice has changed over the years.
3. If you need to use your blue reliever regularly then you need a review.
4. Take your preventer every day, even when you are feeling well (if you would like to know why then email me – I have limited space for these articles).
5. Make sure your child or teenager is taking their medication when they should and how they should.
6. Ask your practice nurse for a written asthma action plan – it might just save your life.
7. Any questions – please get in touch with me.

Blessings,

Caroline, your Parish Nurse

(Information taken from NHS choices)

**Caroline: 07588 706869 [Caroline@CapelParishNurses.org.uk](mailto:Caroline@CapelParishNurses.org.uk) Wed & Fri 9:30-2:30**

**Margaret: 07588 698284 [Margaret@CapelParishNurses.org.uk](mailto:Margaret@CapelParishNurses.org.uk) Mon & Wed 9-4**

**Website: [www.CapelParishNurses.org.uk](http://www.CapelParishNurses.org.uk)**