

Improving Asthma Management: A Tale of Two Countries



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Improving asthma treatment outcomes in the modern era has proved surprisingly difficult. Although asthma mortality has fallen in most nations, preventable deaths continue¹ and day-to-day disability has changed very little. Surveys of asthma control spanning decades continue to show us that half of all patients suffer suboptimal symptom control and needless disability^{2,3} despite the widespread availability of medications we have shown can achieve control in the majority of those who live with the disease.⁴ In this issue of *JACI: In Practice*, de Bruin et al⁵ report on their attempt to understand how the health care delivery system fails our patients. Their study was opportunistic. As part of a larger study of long-acting beta2-agonist use, they surveyed 276 health care providers from primary practice settings in the UK and France, collecting information on the asthma care delivered. By contrasting care between these 2 countries, they detected significant differences in the consistency of care provided and in the support for self-management provided to patients. As compared with their counterparts in France, patients in the UK were more likely to practice inhaler use with their caregivers, to have their asthma control assessed by a validated questionnaire, and to have reviewed an action plan for medication use. Although there may be many factors that underlie such differences, the investigators' thoughtful analyses provided the likeliest explanation—in the UK, half of their health care provider respondents were practice nurses, not physicians. Indeed, it is unlikely that UK physicians could have provided more comprehensive and consistent care than French physicians; the former saw patients less often and for shorter consultations. Patients with asthma seeing a UK practice nurse typically spent twice the time in consultation than in a visit to a UK physician.

The UK was an early leader in developing asthma education curricula for practice nurses, a lead that has been followed elsewhere.⁶ In Canada, the example of the UK's National Asthma Training program sparked the development of a national program to certify asthma educators. This has since been expanded to certify chronic obstructive pulmonary disease and smoking cessation educators⁷ who are not only nurses but may come from

several health care disciplines including respiratory therapy, pharmacy, physiotherapy, and others.

There are limits to the study by de Bruin et al. As they acknowledge, their analysis of asthma health care delivery relies on self-reporting with the concern that we may be told what respondents think we want to hear and not what they actually do. The authors argue persuasively that the context of their survey, the cross-validity of questions, and the self-admitted gaps in care show that actual practice patterns were revealed. A more important limitation of such process research is that it cannot tell us what impact these asthma management differences have on clinical outcomes. We must wonder, for example, why the excellent performance of UK practice nurses has not changed the worrisome finding that asthma mortality in the UK is amongst the worst in Europe.⁸ Is the delivery of consistent and comprehensive asthma care by practice nurses in the UK undone by other shortcomings in the system? This is clearly a complex question beyond the scope of a simple observational study. But the findings of de Bruin et al offer a tantalizing thread to pull as we work to unravel the challenge of controlling a chronic and sometimes needlessly fatal disease.

As medical care has shifted from acute care in the hospital setting to the management of chronic disease in the ambulatory setting, we have been slow to recognize the key role of the nonphysician health care provider. The finding that practice nurses help to make asthma care more comprehensive and guidelines consistent should come as no surprise. We must spend more time and effort ensuring that our patients with asthma become more effective partners in their own care.

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