



NEWS

“Conflicting” UK asthma guidelines should be streamlined, experts say

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“Conflicting” UK guidelines for diagnosing and managing asthma are confusing for doctors and should be combined to provide greater consistency, two leading respiratory experts have argued.

In an editorial for *The BMJ* (doi:10.1136/bmj.k29), Duncan Keeley and Noel Baxter of the Primary Care Respiratory Society (PCRS) say that recently published asthma guidelines from the National Institute for Health and Care Excellence (NICE)¹ have led to “substantially conflicting advice on key issues” when compared with existing guidelines from the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN).²

NICE’s guidelines, published in November 2017, recommended using both spirometry and fractional exhaled nitric oxide (FeNO) testing for diagnosing and monitoring asthma, and advise that peak flow monitoring should only play a subsidiary role.

This contradicts BTS and SIGN guidance which has been widely used by clinicians in the UK since they were first published in 1992. Unlike the BTS and SIGN guidelines, NICE’s guidelines incorporate cost effectiveness analyses.

Keeley and Baxter, who are both practising GPs, warn that the conflicting advice has led to “real risk of confusion for health professionals and worse outcomes for people with asthma.”

In their editorial, the authors highlight that NICE’s guidelines do not cover the whole of asthma care, and have been “problematic” for many in the respiratory community. They warn that NICE’s guidelines will lead to asthma diagnosis shifting away from primary care, and an increase in hospital referral rates. They also warn that FeNO testing carries “significant costs.”

The authors advise GPs to refer to a PCRS briefing document,³ that broadly supports BTS and SIGN guidelines by prioritising peak flow monitoring, alongside trials of treatment if necessary, as the initial objective test in primary care. Unlike NICE, PCRS recommends spirometry and FeNO testing as additional options in cases of intermediate probability.

But they also call for a single evidence based guideline to provide more consistency. They say, “All four nations of the

UK need a single, regularly updated, comprehensive, and evidence based guideline covering both diagnosis and management. It should incorporate health economic analysis of key options where necessary. The logical way forward is for the comprehensive BTS and SIGN guideline to continue, with NICE contributing resources to the task and expertise in cost benefit analysis.”

Mark Baker, director of the centre for guidelines at NICE, said, “We agree that there should be a single guideline and we would be happy to work with colleagues at SIGN and the BTS to develop jointly badged advice. This has for some time been our ambition, but the need to harmonise NICE and SIGN methodologies and, in particular, to take cost effectiveness into account, as NICE must do in all its advice, has been the stumbling block.

“We recognise that our recommendations on testing represent a significant enhancement to current practice and that this will take the NHS some time to implement, with additional infrastructure and training needed in primary care. Until the capacity to use objective testing is in place, the current (SIGN and BTS) guidance on diagnosis should be followed. Other recommendations in the NICE guideline can be implemented without additional resources.”

Baker added: “Neither guideline is wrong; both have been developed by professionals and patients committed to achieving the best outcomes for people living with asthma. The fact the evidence can be interpreted differently by two competent bodies underlines the need for a single, joint approach. We stand ready to do that.”

1 National Institute for Health and Care Excellence. Asthma: diagnosis, monitoring and chronic asthma management. 2017. www.nice.org.uk/guidance/ng80.

2 British Thoracic Society, Scottish Intercollegiate Guideline Network. British guideline on the management of asthma. 2016. www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016.

3 Primary Care Respiratory Society UK. PCRS-UK briefing document: asthma guidelines. November 2017. <https://pcrs-uk.org/sites/pcrs-uk.org/files/Briefing%20asthma%20guidelines%2028.11.17%20final.pdf>.

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