



ADAPTATION OF ASTHMA GUIDELINES TO PRIMARY CARE

OBJECTIVES:

- Importance of asthma guidelines in primary care and barriers for implementation
- How to adapt the guidelines to our own primary care practice.
- How to understand the messages from guidelines based on selected populations from RCT in the management of individual patients

INTRODUCTION

Guidelines are needed to reduce the variation in clinical practice, improve equity of health care and ensure the best clinical practice in all conditions and environments. They are also excellent tools for advocacy to encourage politicians to promote best possible practice at national health systems.

Despite the tremendous progress in guidelines development and the wide availability of medications and treatments for asthma and other allergic chronic conditions, the depressing evidence is that guideline recommendations are not being implemented and clinical control is far from being achieved.

Most asthmatic patients are followed and managed in primary care.

REASONS FOR POOR IMPLEMENTATION

The reasons for the lack of implementation in primary care practice are complex.

- Primary Care physicians (PCPs) being inundated with bulky indigestible guidelines for the management of many various diseases. The reality of 'guideline overload' is illustrated by the publication in 2007 in Germany of a book containing approximately 1000 guidelines!
- A further challenge is for PCPs to update themselves as guidelines change from year to year.
- Most guidelines have not been developed by primary care physicians themselves considering their own procedures and practice at the front of the development process. The reality of primary care is difficult to understand from other fields and far from "hospital reality". The evidence on which guidelines are based rarely comes from primary care.
- There is an overemphasis in the guidelines on what to do and not enough on how to do it.
- Recommendations are mostly based in randomized clinical trials (RCTs) and this is the best way to establish the evidence. However, RCTs typically study highly selected patient populations leading to a lack of applicability and external validity by excluding most 'real-life' patients - such as those with co-morbidities, taking many concurrent treatments or at the extremes of age, that are the common

patients seen frequently in primary care. Pragmatic studies could be a way forward to explore the evidence for specific interventions developed in real-life situations

- Guidelines are not applicable to different settings and environments. Proper implementation of any guideline has to ensure its local applicability and acceptability. Diagnostic facilities and treatment options often differ greatly from primary to secondary care, from country to country, and from low- to high-income countries. Adaptation of clinical guidelines to particular health system's resources is one of the unsolved issues to promote their implementation
- Most guidelines don't have much involvement of patients associations to guide medical staff on how to develop best management from patients' perspective.
- Difficulties in designing effective implementation strategies and limited resources to implement the guidelines.

GUIDELINES: HOW CAN THEY BE IMPROVED?

With regard to disseminating the guidelines PCPs won't change behaviors if they don't see the need to change. Dissemination strategies should be evidence based.

- Guidelines publication should be "open access" and easy to find on the internet
- Guidelines may be best accepted if they are concise and recognize the real-world constraints of primary care. The ideal guidelines for primary care would be short, practical, easy to follow, using flow diagrams when possible and expressed as 'we should do this' rather than 'you should do this'.
- A coordinated series of educational initiatives aimed at healthcare professionals and patients is required.
- There is a need for a repository or "toolkit" of materials to help healthcare professionals deliver good quality of care. A simple, paper-based tool, slides sets and other helping materials should always accompany the guidelines as well as other sets for allied health professionals and patients. That would better cover the "how to do it" approach.
- A dissemination system of peer support and peer-led meetings could be successful in disseminating national asthma guideline recommendations in primary care.
- Getting messages to populations is also important. Proper mass education campaigns are extremely effective. It is of high importance the message content, timing, mode of presentation, and above all, social acceptability in ensuring the success or failure of a mass educational campaign. Patients organizations should be involved not only for development but for dissemination of guidelines
- Better availability of spirometry, allergy prick tests and other diagnostic tests is needed for PCPs to increase the diagnostic feasibility and improve outcomes.
- Recommended drugs and therapies must be available and affordable for PCPs
- Better tools to monitor asthma and guide treatment decisions, both computer-based and paper-based are needed for primary care. Continuous quality improvement and audit projects are needed to assure that implementation is getting things done in the real clinical setting. An internet-based international audit and feedback service for health care professionals wishing to compare their own practice with colleagues and guidelines recommendations should be desirable

CONCLUSIONS

1. Most asthmatic patients are followed and managed in primary care
2. Guidelines are mandatory to reduce the variation in primary care practice, improve equity and promote the best clinical practice.
3. Guideline recommendations are not being implemented and clinical control is far from being achieved. There are many reasons to explain this fact
4. One of the main reasons for poor implementation is that evidence on which guidelines are based rarely comes from primary care.
5. Implementation strategies are essential to improve guidelines use and outcomes.
6. Patients organizations' involvement is necessary in the development and dissemination of guidelines

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