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ORIGINAL RESEARCH

Poor perceptions and expectations of asthma control: Results of the International Control of Asthma Symptoms (ICAS) survey of patients and general practitioners

David Bellamy[a,*], **Tim Harris**[b,1]

[a] *James Fisher Medical Centre, 4 Tolpuddle Gardens, Bournemouth BH9 3LQ, UK*
[b] *GlaxoSmithKline, Greenford, UK*

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Summary
Aims: To assess current levels of asthma control and to identify barriers to optimal asthma management.
Methods: A survey was conducted of 802 asthma patients (via computer—aided telephone interviewing) and 809 general practitioners (GPs; via the internet) from the UK, Italy, France, Germany, Spain, Canada and Australia.
Results: Over three-quarters (82%) of patients surveyed reported an absence of asthma control, with the vast majority (80%) experiencing subsequent lifestyle restrictions. Although most (58%) GPs questioned believed that total asthma control was possible, half (52%) agreed that their patients were not achieving best possible asthma control.
Conclusions: Action is required to encourage patients to view their asthma more seriously and to be more proactive in reporting symptoms to their GP. These actions, coupled with greater prompting of patients by GPs about their asthma, should help to optimize asthma management.

Introduction

Asthma affects an estimated 300 million people worldwide, with an additional 100 million cases predicted by 2025 [1]. Asthma impacts significantly on patient quality of life and healthcare resources [2], accounting for approximately one in every 250 deaths worldwide and with approximately 15 million disability—adjusted life years lost to asthma per year [1].

Although the majority of patients seen in primary care have mild-to-moderate asthma, many patients are failing to achieve established

* Corresponding author. Tel.: +44 1202 522622; fax: +44 1202 548580.
E-mail address: david.bellamy@virgin.net (D. Bellamy).
[1] Present address: 14 Dean Close, Uxbridge UB10 9LB (Tel.: +44 (0) 1895 465132; e-mail: timjharris@mac.com).

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global standards for asthma management [2]. This has been demonstrated in several international surveys including the Asthma Insights and Reality in Europe study, in which nearly half of the 2,800 patients surveyed reported daytime symptoms of asthma and almost a third reported asthma-related sleep disturbances [3]. Also, patients' perception of asthma control did not match their symptom severity, with approximately half of those patients reporting severe symptoms considering their asthma to be completely or well controlled [3]. Other studies, carried out in America [4], Asia—Pacific [5] and the UK [6], have demonstrated a comparable shortfall in asthma control.

Following the publication of updated Global Initiative for Asthma (GINA) asthma management guidelines in 2002 [2], the International Control of Asthma Symptoms (ICAS) survey was conducted in order to capture a 'snapshot' of the attitudes of both patients and general practitioners (GPs) to asthma control, including evaluation of current levels of asthma control and identification of barriers to optimal asthma management.

Methods

Selection of subjects

Eight hundred and two asthma patients from the UK, Italy, France, Germany, Spain, Canada and Australia participated in the ICAS patient survey, which was conducted between 19th and 30th November 2003 by Taylor Nelson Sofres plc using computer—aided telephone interviewing. All respondents were taken from household survey panels specific to each country. Patients were eligible for inclusion if they were aged over 16 years and self-identified as having occasional or mild-to-moderate asthma. They were not screened according to smoking status. Quotas were not applied for male:female ratio and since the main contact approached in France was the housewife, most of the respondents there were female. Response rates were not measured.

Eight hundred and nine GPs from the UK, Italy, France, Germany, Spain, Canada and Australia participated in the ICAS GP survey, which was conducted on-line by Taylor Nelson Sofres plc. All GPs had to see at least one asthma patient per month to be eligible to participate. In France, Germany and the UK, GPs were sampled using internet GP panels, while in Australia, Canada, Italy and Spain, GPs were pre-recruited by telephone. In Canada, quotas were applied on French versus English speakers in order to be representative of the GP population. In each country, a regional spread of respondents was achieved. Response rates were not measured. Assessment of response rates was not possible when sampling GP internet panels, since more GPs were asked to participate than were included in the final analysis in order to achieve the required sample size.

Questionnaire design

The questionnaire was designed to examine both patient and GP perceptions of asthma control in the light of revisions to asthma management guidelines published by GINA in 2002 [2]. Survey questions were not validated.

The agencies conducting the fieldwork were responsible for translating the questions using language that was clear, current and appropriate for the audience. In order to ensure both accuracy of translations and cultural/organizational variations, translations were then checked by an independent source, usually a native speaker resident in the UK, and any changes made by the checker were agreed with the agency.

Definitions of asthma control (patient survey) and total asthma control (GP survey) were developed with consideration to GINA guidelines for asthma management and prevention [2]. The definition of asthma control used in the patient survey originally included classification of patients according to measurement of peak expiratory flow (PEF). However, these results were excluded from the final analysis of asthma control as many patients had difficulty answering this question given their limited knowledge of the importance of regular PEF or spirometry measurements.

In the patient survey, asthma control (maintained over an 8—week assessment period) was defined as: no use of blue inhaler/reliever medication; no symptoms such as breathlessness, wheeziness, coughing or chest tightness; no night-time awakenings due to asthma; and no asthma attacks resulting in the need for oral steroids or hospital admission. People with lifestyle restrictions were defined as those answering 'yes' to any of the following questions. Do your asthma symptoms ever wake you at night or early in the morning? Do they restrict your sporting activities, impinge on your enjoyment of sports or affect you when you are playing sport? Do they embarrass you in social situations or restrict your social life? Do they mean you have to use your blue inhaler/reliever more than 2 days a week? Do they bother, irritate or frustrate you in your everyday life? Do they stop you having