AstraZeneca

STUDY REPORT SUMMARY

ASTRAZENECA PHARMACEUTICALS

FINISHED PRODUCT: No specific product
ACTIVE INGREDIENT:

Study No: NIS-RDK-DUM-2008/1 NCT00714038
CARE - Quality Improvement in Asthma Treatment in Primary Care, through Delegation of Consultations to the Nurse

Developmental Phase: IV
Study Completion Date: December 31th 2010
Date of Report: July 05th 2011

OBJECTIVES:

The overall objective for this study was to improve the management of asthma patients in general practice by implementing regular standardized procedures. The standard procedures consisted of scheduled consultations monitoring the disease. A guideline was developed based on the principles of GINA guidelines to secure standardized procedures.

METHODS:

Basically all GP clinics having a nurse employed could attend the study. Successful execution required however that the nurse was updated within the respiratory area with focus at asthma.
Inclusion criteria were patient age 18 – 80 years with diagnosed asthma. Written and oral consent was obtained. Exclusion criteria were diagnosis of COPD.

Before the study started the GP's and the nurses had to participate in an educational start-up meeting to receive training in guidelines, information about the study and background for registering parameters.
The consultation could be handled by the GP or by the consultation nurse. In close to all clinics the consultation was handled by the nurse.

Patients were included when they contacted the clinic, either in person or by telephone/e-mail, or identified via their electronic patient record identification followed by a postal invitation.
During the consultation the nurse filled in a questionnaire based on the principles of the GINA guidelines. The main parameters to register at visits included patient characteristics, lung function, evaluation of symptoms, treatment and compliance.

The clinics committed themselves to include at least 12 patients in the study; subsequently they could stop by request. When 12 patients had been implemented in the study it was expected that the nurse had developed skills and routines enabling her to handle these chronic patients. The clinic could decide whether they wanted to keep on including patients in the study or just use the developed skills in their daily practice. Based on the results from the first 12 patients the clinic received a written feedback report, and could, based on that, plan how to precede in or out of the study. The feedback report was presenting data from the specific clinic compared to mean data from all participating clinics.

RESULTS:

In total 2035 patients were included from 136 clinics.
1790 patients had been in the study for a period long enough to have the possibility to comply with the recommended follow up interval. Of the 1790 patients, 594 (33%) patients attended a follow up visit.
The follow-up visit were planned as follows: Patients with controlled asthma were intended to be seen in the clinic within 12 months (365 days); partly controlled asthma within 3–6 months (90-180 days) and uncontrolled asthma within 1–3 months (30-90 days). The mean (SE) interval between the first and second visit was:
Well controlled patients: 167 (11) days, partly controlled patients 102 (6) days and uncontrolled patients 80 (6) days (table 5).
A higher level of asthma control was found at the follow up visit compared with baseline visit, as many as 29.9% were uncontrolled at the time of enrollment compared to 16.6% at the second visit ($p<0.001$).
Of the well-controlled patients at the first visit 73.8% remained well-controlled at the follow up visit. Of the uncontrolled patients at the first visit 36% remained uncontrolled. 20% of the patients remained well-controlled, 27% of the patients became well-controlled, 31 patients deteriorated substantially during the follow-up and became uncontrolled, most of them were partly controlled at the baseline visit (n=27, 87%) and furthermore, 33 patients (23%) of those with well-controlled asthma at baseline became only partly controlled at follow-up.