



FPAGC

Family Physician Asthma Group of Canada
l'Association canadienne des médecins de famille contre l'asthme

MESSAGE FROM THE CHAIR

Spring 1999 brings a new season, and perhaps some warm weather. The updated Canadian Consensus Guidelines on Asthma are due out any time and we will report on these in the near future. In the FPAGC newsletter number 13 Robert Jin wrote an article summarizing the Price Waterhouse survey "Physician Asthma Management Practices in Canada," which indicated that many family physicians did not follow the Canadian asthma guidelines. The most recent guidelines group has an implementation committee whose mandate is to help family physicians to incorporate the guidelines' recommendations into their asthma management practice.

The FPAGC is again providing a MAINPRO-C accredited asthma workshop at the College of Family Physicians' ASA May 13-15 1999 in Victoria BC. The workshop runs all day 13 May, and then on Friday night (14 May) there will be both a General meeting of the FPAGC, and the Gerry Alexander Memorial Lecture. The FPAGC may be able to provide the MAINPRO-C accredited workshop at a site close to you in the future. If there is a local group interested in such a workshop please contact me and we will try to work something out. (SEE ARTICLE "ASTHMA WORKSHOP")

ASED 4 is occurring in Halifax NS in November 1999. This meeting of physicians and educators, which is sponsored by CNAC, is a biennial conference. It provides an opportunity for networking with other asthma-interested individuals, as well as the opportunity to learn about new advances in asthma and innovations in education. I've been fortunate to be involved in the planning of the last two ASED meetings, which have been very successful.

You should have recently received a survey regarding the FPAGC and asthma education materials in Canada. Thank you all for responding. We will summarize the results in a future newsletter. The survey was co-sponsored by the Laboratory Centre for Disease Control in Canada, and the results will help decide national policy on asthma. The FPAGC executive were also interested in identifying local asthma expertise, and this survey will help us to do that.

Please take the time to introduce yourself to me at the College meeting in Victoria or ASED 4 in Halifax. See you there!

Alan Kaplan MD CCFP(EM)
Chairperson FPAGC

ASTHMA GUIDELINES SURVEY - RESULTS

The updated Canadian Asthma Guidelines will be released shortly, and one of the concerns of those involved in their development is the implementation of the guidelines. Asthma is still, unfortunately, less than well-managed in many parts of the country. Last summer I conducted a survey of members to look at how familiar are Canadian Family Physicians with asthma guidelines, and what format of presentation they preferred.

Of 378 questionnaires sent out 92 (24.3%) were returned. 53 respondents had seen the Canadian guidelines, leaving a surprising 39 (over 42%) who hadn't. Of those who had seen the guidelines 10 (19%) did not consider themselves familiar with the contents of the document. The commonest ways to learn of the guidelines were through journals and CME events, although hospital "rounds", mail-shots, and pharmaceutical representatives also had a role.

In looking at "stepped care" or "asthma continuum" the respondents who answered this part of the questionnaire were evenly divided, with 15 preferring the continuum, 13 preferring stepped care, and 10 having no preference. The great majority found both systems easy to understand. I had the impression that stepped care was preferred by those physicians with less experience in managing asthma, and the continuum by the more experienced. However, this was only an impression, as the questionnaire was not designed to look at this aspect of practice.

The results have been passed on to the sub-committee involved in the implementation of the guidelines. On their behalf, and on behalf of the FPAGC, I thank all those who returned their questionnaire.

Mervyn Dean MB,ChB,CCFP
Executive member FPAGC

ASTHMA WORKSHOP

You may be aware of, or have even attended, the FPAGC MAINPRO-C accredited Asthma Workshop which has been held as a pre-conference event at the Annual Scientific Meeting of the College of Family Physicians for the last two years (and is again scheduled for the 1999 ASA in Victoria, BC in May). Both workshops have been very well received and we have been pleased and flattered by the positive feedback.

MAINPRO-C accreditation by the CCFP up until recently was difficult to obtain. ACLS, ATLS, and PALS are all accredited courses. The College has now made it easier to receive these credits through problem based learning groups, PEARLS, etc. If you

have any questions regarding this, please contact the College of Family Physicians of Canada.

We would be able to facilitate a MAINPRO-C creditable Asthma Workshop in your area. Some members have already called asking for this. Please contact me, or Rob Hauptman if you are interested in holding a workshop for up to twenty doctors. We are portable, and can come to you, but there will necessarily be a fee for the participant to cover expenses which will continue to be in line with the costs at the CCFP meeting.

Alan Kaplan MD CCFP(EM)
Chairperson FPAGC

ASTHMA AND THE CAT

The cat has long been known to be a trigger of asthma. Those persons with asthma who are allergic to cat dander will have severe lung inflammation if there is a cat in their household. A variety of tactics can be tried for the cat owner with asthma such as keeping the cat to one part of the house, or at least out of the bedroom, and brushing it weekly (but not by anyone who has asthma). The brushing should preferably take place outside the house, or at least in the garage. Also, the cat should be washed regularly (some would say so that it will run away). A recent study by Avner et al (*Allergy and Clin Immunol* 1997;100(30):290-3) found that washing cats decreased the levels of the airborne antigen. However, even with complete removal of the cat from the home it will take SIX MONTHS for the cat dander to disappear.

Another recent study (*Clin and Experimental Allergy* 199;27(8):860-7) concerning the clinical efficacy of specific immunotherapy to cat dander was interesting. At the guidelines meeting, immunotherapy was judged to be ineffective treatment for asthma. However, this study suggested otherwise. It was a randomized double blind study which measured allergy symptom scores and peak flow readings after immunotherapy with standardized cat dander antigen extract and subsequent standardized cat challenges. The fall in peak expiratory flow after the cat exposure decreased from 84.6 L/min to 29.2 L/min in the immunotherapy group, a statistically significant drop with a p value of 0.004. Perhaps in the future allergy shots will enable our cat-loving asthma patients to live disease-free with their feline pet.

Alan Kaplan MD CCFP(EM)
Chairperson FPAGC

ER ROUNDS

I have in previous newsletters reviewed the CAEP guidelines for the Emergency Department management of asthma. I would like here to review the use of magnesium in asthma management. The role of magnesium has long been debated in the management of post MI patients, and its use in eclampsia is clear. Magnesium also has a role in refractory hypokalemic patients. There have been a number of studies performed to look at the role of magnesium in asthma management, and they are not conclusive.

In a patient with severe life threatening asthma, a dose of two or three grams of magnesium could be considered as adjunctive therapy after beta-2 agonists, steroids, anticholinergics, and possibly theophylline. It is not toxic if given slowly IV under observation. The jury is still out, but I have used it with some success in this setting. It is probably advisable to obtain a serum magnesium level (if possible) prior to treatment. More studies are coming.....

Alan Kaplan MD CCFP(EM)
Chairperson FPAGC

CFC TRANSITION

(This piece was held over from Newsletter #13 because of lack of space. It is the article referred to in Alan Kaplan's "Message from the Chair" in that issue. My apologies if this omission caused anyone any concern or problems. - Ed).

As you probably know, the Montreal Protocol developed international strategies for the removal of CFC (Chlorofluorocarbon) metered dose inhalers (MDI) (see previous FPAGC newsletters). This is currently a big issue, even though we do want to remove the CFCs, we recognize that there are some problems with too much enthusiasm. There is already a stockpile of CFC products that cannot be just "dumped" by the pharmaceutical companies, and there are still some essential products which are as yet unavailable in non-CFC propellant delivery

devices. In addition we have to ensure that no patient is left without the proper medication during the transition period.

Currently non-CFC products include dry powders, oral medications, and a non-CFC MDI (*Airomir*, produced by 3M, contains salbutamol). This latter in addition to being non-CFC may also have some advantages in that it produces a softer plume to inhale, and there is less temperature sensitivity (it will lose neither efficacy nor stability in extremes of temperature), and will continue to dispense accurate doses to the last dose.

More to come...

Alan Kaplan MD CCFP(EM)
Chairperson FPAGC

ASED 4

Canada's fourth National Conference on Asthma & Education (ASED 4) will be held November 11-13 at the Sheraton Halifax, Halifax, NS. The deadline for abstract submissions is 30 June 1999.

The preliminary program, registration, and hotel reservation form is included with this newsletter, or may be accessed at the CNAC/ASED website at www.cnac.net. For further information contact:

Les McDonald, Executive Director,
Canadian Network for Asthma Care (CNAC),
6 Forest Laneway, Suite 1607,
North York, ON, M2N 5X9

Tel: (416) 224 9221
Fax: (416) 224 9220
e-mail: ased@cnac.net