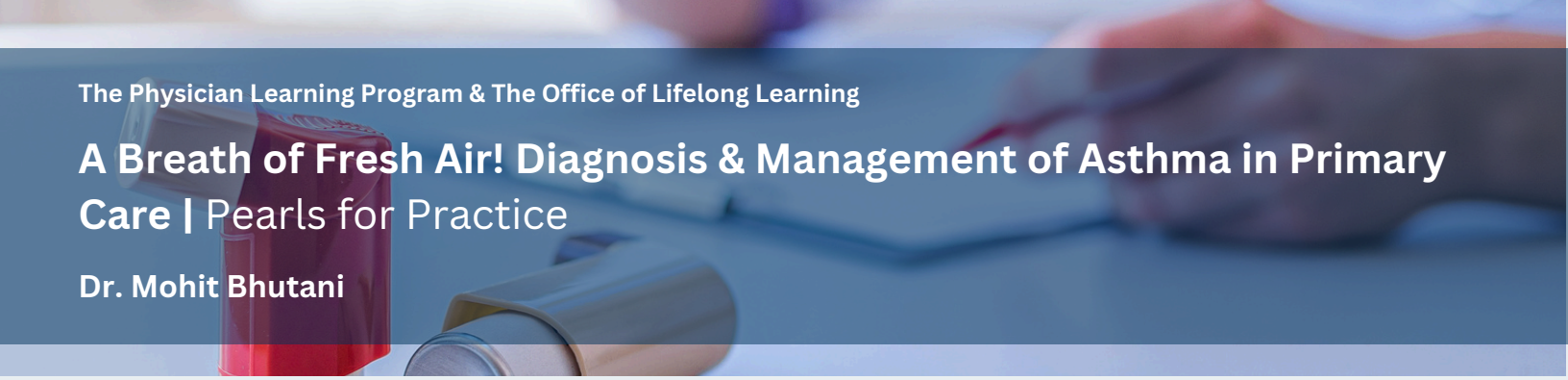

The Physician Learning Program & The Office of Lifelong Learning

A Breath of Fresh Air! Diagnosis & Management of Asthma in Primary Care | Pearls for Practice

Dr. Mohit Bhutani

Key Messages

- Make sure that the patient has asthma as: “all that wheezes is not asthma” (COPD, cystic fibrosis, congestive heart failure, stridor, anxiety), send your patient for confirmatory spirometry.
- Asthma should be considered as a chronic disease and not just episodic.
- It is a chronic inflammatory lung disease punctuated by periods of acute inflammation.
- If chronic inflammation is left untreated it causes structural changes leading to fixed airflow limitation.
- The understanding of pathophysiology of asthma has evolved substantially over the last 10-15 years. This has allowed for targeted therapies for severe asthma patients.
- Management of patients with asthma needs a chronic disease management strategy that can improve quality of life and exercise endurance, reduce risk of exacerbations, and reduce risk of death.

Goals in management **2021 CTS guidelines Control Criteria**

Characteristic	Frequency or value
Daytime symptoms	< 2 days/week
Nighttime symptoms	< 1 night/week and mild
Physical activity	Normal
Exacerbations	Mild and infrequent
Absence from work or school due to asthma	None
Need for a reliever (SABA or bud/form)	< 2 doses per week
FEV or PEF	>90% of personal best
PEF diurnal variation	<10-15%
Sputum eosinophils	<2-3%

Higher risk of future exacerbations:

- any history of a previous severe asthma exacerbation requiring: systemic steroids, ED visit, or hospitalization
- poorly controlled asthma as per Canadian Thoracic Society (CTS) criteria
- overuse of short-acting beta-agonist (more than 2 canisters of SABA in a year)
- current smoker

Patients should be seen as partners in the management of asthma

Do your patients with asthma:

- Understand that it is a chronic disease with acute flares?
- Recognize that their behaviours and choices will impact their outcomes?
- Do they know what optimal control means?
- Can they recognize when their asthma worsens? Do they know what to do when their asthma flares?
- Do they know how to use their devices and when?
- Do they understand the role the individual medicines play in their treatment?

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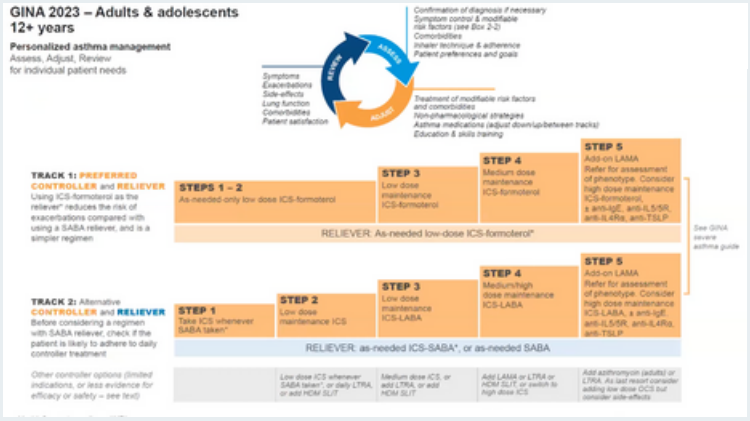
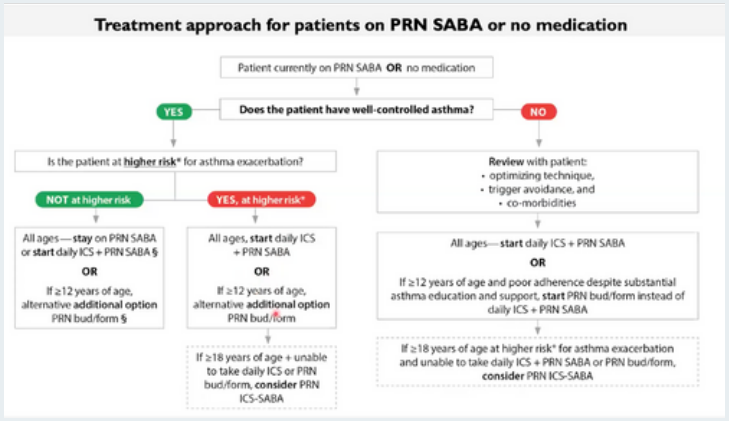
What should you do given the competing recommendations?

- "if it isn't broke, don't fix it": Well controlled asthma with daily ICS and minimal SABA use with no exacerbations
- If asthma is "partly controlled or uncontrolled" after reviewing factors that may affect control; talk to your patient about evolving pharmacological strategies and review their preferences
- With a symptom based "PRN" strategy, patient education is of extreme importance
  - Patients need to recognize their symptoms and report changes to physicians in a timely manner
- Regularly assess the patients symptoms and risk of future exacerbations as this will drive the management

When to refer?

- Anytime
- If the patient continues to have symptoms or exacerbations despite best efforts (2nd opinion, consideration of severe asthma)





References:

GINA guidelines: **www.ginasthma.org**
CTS guidelines: **https://cts-sct.ca/guideline-library/**

Consider using **MyL3Plan**, a free online tool developed by the Office of LIfelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits. by completing the following cycles:

- Practice-driven quality improvement using objective data (CQI)
- Personal Development (PD
- Standards of Practice Quality Improvement (SOP).

Learn more here!

Join NAPCReN! NAPCReN data can help you identify patients with chronic diseases commonly seen in your practice. The Physician Learning Program has partnered with NAPCReN and will send you reports with individualized and comparison data on selected topics. This data can inform quality improvement cycles and help you advance your practice.

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