

The results of this study have clearly shown that the introduction of an asthma clinic to a general practice, typical of a number of practices in the UK, can have an impact on the morbidity of over a quarter of asthmatics. This may be largely attributable to implementation of appropriate prescribing, which itself may be a consequence of a research-oriented attitude amongst health care professionals and patients. The overall effect argues strongly in favour of introducing asthma clinics in all general practices. The differences produced by giving instructions verbally or in written forms if present, are relatively small.

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## Letter to the Editor

### Glaucoma and asthma in the elderly

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In a recent report Levy<sup>1</sup> suggested developing a protocol for screening undiagnosed asthma in elderly patients. Such a protocol might include screening patients who have glaucoma and are treated with topical non-selective beta blockers such as timolol maleate. This medication is widely used because it is a convenient twice-daily dosage and has few ocular side-effects.

Evidence to support this comes from two studies reported by Diggory *et al.*<sup>2,3</sup> They recruited 51 elderly glaucoma patients with no previous history of asthma or chronic obstructive pulmonary disease, who were using topical timolol maleate to control intra-ocular pressure. In their first study their aim was to find the extent of unrecognised impairment of lung function tests among elderly patients already using timolol maleate. To do this they recruited patients who, after having lung function tests, were randomly allocated to receive either pilocarpine or betaxolol (cardio-selective beta blocker). They also had a control group of 20 patients recruited from the same clinic to exclude any learning effects with the use of the spirometer. There were significant improvements in lung function tests of peak expiratory flow, FEV<sub>1</sub> and FVC after a four week period. There was no corresponding improvement in lung function tests in the control group. The authors concluded that non-selective beta blockade impaired lung function in these elderly patients.

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The objective of their second study was to find a simple method based on respiratory symptoms obtained by direct questioning and the response to inhalation of  $\beta_2$ -agonists to identify those patients experiencing significant air flow obstruction. They discovered that patients who had exertional dyspnoea, cough with sputum, a 15% improvement in all lung function tests after nebulised salbutamol and those patients with raised dyspnoea scores (based on patients comparing themselves with others of their own age and reporting how breathless they felt when undertaking activities of daily living), were likely to demonstrate clinically significant broncho-spasm with an 89% specificity and a 74% sensitivity.

These studies were done on patients with no past history of asthma or COPD. The benefit from including patients with such past medical histories would be higher and justify their screening for asthma. ■

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