

ABI033 Attitudes of Spanish family physicians about preferences for using antibacterial drugs for patients diagnosed of having acute bronchitis *Prim Care Respir* 2002 **11**(2) 66

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Aim: To know the attitudes of Spanish physicians related antibiotic use in different patterns of acute bronchitis.

Design: A cross-sectional survey was set out in November during the Spanish Conference on Medicine Family held in Donosti (Basque Country).

Method: All the participants who filled up a questionnaire were given a present at the Aventis Pharma's stand at the Conference. They were asked if they would prescribe antibiotics in cases of acute bronchitis accompanied with high temperature, purulent sputum, uncertainty in the diagnosis and in the cases in which patients wanted with treatment antibiotic.

Result: 843 family doctors filled up the questionnaire and 35 inquiries were dropped out because of illegibility or non responses. Out of the 84 valid responses reported, 569 doctors preferred to use antibiotics in cases of acute bronchitis with a temperature higher than 38° (72.6%) -175 physicians strongly agreed with this sentence (22.3%)-, 662 preferred to use them in case of a purulent sputum (84.5%) - 23 strongly agreed (29.9)-, 131 stated that they would prescribe antibiotics when patients really wanted them (16.9%) and 603 would prescribe antibacterial agents in case of suspected pneumonia (77.7%) -115 strongly agreed with that sentence (14.8

Conclusion: Despite the fact that antibiotics are ineffective in acute bronchitis many doctors would prescribe them mainly in cases of uncertainty and in cases of purulent sputum justifying the high consumption of antibiotics in our country.

Keyword: Acute bronchitis, antibiotic prescribing, rationale prescribing

ABI034: Additional value of spirometry in risk assessment of acute respiratory disease in winter among patients with mild to moderate asthma or COPD *Prim Care Respir* 2002 **11**(2) 66

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Background: Spirometry is frequently performed by Dutch general practitioners to diagnose and monitor asthma or COPD. However, its additional value to anamnestic data in predicting the occurrence of acute respiratory disease (ARD) is unknown. We developed a clinical prediction model, assessing the additional value of spirometry, for the risk of asthma/COPD exacerbation or pneumonia during an influenza epidemic.

Methods: Data were used from a case-control study among patients with asthma or COPD aged 18-64 years in general practice. During the influenza epidemics of 1998-1999 and 1999-2000, data on demographics, prior health care use, medical consumption, type of lung disease and comorbidity were collected from 87 patients with an exacerbation or pneumonia and 363 controls matched on age, sex and computerized medical records. Additionally, FE₁ and PEF were measured before and after inhalation of a β -agonist. Conditional multivariate logistic regression analysis and receiver-operator curve (ROC) analysis was used to assess the discriminative value of anamnestic data and spirometry.

Results: Independent predictors of the occurrence of ARD were 'prior exacerbation' (OR 6.3, 95% CI 3.3-12.3), 'use of bronchodilators' (OR 3.0, 95% CI 1.3-3.8), 'treatment by pulmonologist' (OR 2.0, 95% CI 1.2-3.4) and 'COPD' (OR 1.7, 95% CI 0.9-3.0). The fit of the model was good (Hosmer-Lemeshow goodness-of-fit-test p=0.36) and discrimination satisfactory (AUC =0.75). Both FE₁ and PEF predicted an exacerbation. PEF predicted were significant predictors, but did not improve discriminative power of the model. Subgroup analyses showed no effect modification by age, type of lung disease, or risk classification on the additional discriminative value of spirometry.

Conclusion: Using routinely available information, a reliable estimation of the risk of ARD in patients with mild to moderate lung disease aged 18-64 years during an influenza epidemic can be made. There is no additional value of lung function to history taking in this patient group.

Keyword: asthma; COPD; influenza season; exacerbation; pneumonia; spirometry

ABI035: Effectiveness of a combined PHE and environmental tobacco smoke exposure *Prim Care Respir* 2002 **11**(2) 66

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AIM: The effectiveness of a combined intervention program aimed at reducing the exposure to allergens and environmental tobacco smoke (ETS) on primary prevention of asthma in familial predisposed children, is being evaluated. Four hundred forty-one children will be followed from the prenatal period until the age of 6 years. The children are randomly allocated to an intervention group (n=222) or usual care group (n=219). The parents in the intervention group are advised on measures to decrease the exposure of their child to allergens and ETS. The advice given is focussed on type of feeding in the first 6 months of life, ETS-exposure and exposure to house dust mite and pet allergens.

PRELIMINARY RESULTS: Preliminary results of the exposure levels of the children participating in our study reveal that the intervention is very successful in reducing the allergen exposure but not exposure to ETS. Room for improvement on ETS exposure as measured by reported smoking habits of parent inside the house showed to be low. Only 15.3% of parents in the intervention group and 13.9% in the control group reported to be smoker (p=0.299).

Exposure to house dust mite, cat- and dog allergen in the intervention group was reduced significantly (p=0.000).

As far as the type of feeding is concerned, the results reveal that the intervention has resulted in a lower percentage of children exposed to cow's milk in the period from birth until 6 months of age. Twenty three % of children in the control group as compared to 57% in the intervention group were never exposed to cow's milk in the first 26 weeks of life (p=0.000).

It is hypothesised that reducing the levels of exposure to allergens in early life will contribute to primary prevention of asthma in familial predisposed children.