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STEPPING DOWN THERAPY IN ASTHMA; IS IT DONE AND HOW TO DO IT?

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Introduction: ~8% of the population has asthma. Stepping up asthma care for poor asthma control is necessary, but how to step down therapy is rarely addressed. The Global Initiative in Asthma (GINA) recommendations in 2017 did address this topic, but clinically we observe that when asthma is controlled, physicians and patients are reluctant to wean off any medication for fear of losing control. Thus, some patients wind up on more medication than they may require.

Methodology: An online questionnaire was sent to all members of the Family Physician Airways Group of Canada to look at Canadian physician attitudes and knowledge regarding stepping down Asthma therapy. 206 respondents most with >15 years' experience. Routine reassessment occurred in 57.4% (~equal between q 3, 6 and 12 months), but only when they called for concerns in 42.6%. 98.1% of physicians felt comfortable in managing asthma. Despite evidence of contradictory statements between guidelines most followed current guidelines Requested consultations with an asthma expert took >3 months in 67.5% of these doctor's experience. 95% of physicians used ICS, 87.7% used ICS/LABA and 93% used SABA. Interestingly 22.6% used LAMA, but 15.5% used LABA/LAMA a currently unapproved medication for asthma.

Results: Well controlled asthma was the best indicator of asthma stability. If uncontrolled, stepping up therapy would be done in two weeks by 77.4% and in three months by 19.4%. Stepping down therapy would be considered when a patient with asthma was stable for two weeks (19.2%), three months (42.3%), six months (23.1%) and one year (10.3%). We reviewed the stepping down of patients off various controller options including ICS alone at various doses and ICS/LABA at various doses.

Conclusions: While, three quarters of physicians felt comfortable tapering down ICS in controlled asthma patients, how it was done was quite varied and not consistent with current GINA recommendations.

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