1.27 Enhanced diagnostic assessment in the integrated care setting to guide primary care management of asthma

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Background: Asthma is diagnosed based on symptoms and variable expiratory airflow limitation. Objective verification of asthma prior to starting treatment is recommended, as inhaled corticosteroids reduce sensitivity of spirometry.¹ Early diagnostic assessment avoids over treatment or unnecessary treatment of suspected asthma. Methods: We piloted an enhanced physiology testing program for GP spirometry requests by recording validated PROMS (mMRC, ACT scores), medications, adherence and blood eosinophils. 131 cases over 6 months were assessed. Results: 46 patients were referred to confirm a GP diagnosis of asthma; a further 15 had suspected airway disease, and 10 were referred with cough, wheeze or dyspnoea. Reversible airflow obstruction was demonstrated in only 14 (19.7%) individuals. Overall, 12 patients had spirometry confirmed asthma. 14 had spirometry and clinical assessment consistent with asthma/COPD overlap. Only 12 (46.2%) patients were on an appropriate ICS/ LABA inhaler. Eight patients were on inhaled therapy not containing an ICS and three were on PRN SABA alone, contrary to GINA recommendations. Three were not on inhalers. Non-compliance or incorrect dosing was noted in five cases. **Conclusion:** Enhancing community-based spirometry by recording comprehensive clinical information provides primary care physicians with the core information required to adjust asthma management plans to guideline-directed standards in the community. Disclosures: Conflict of Interest: The Authors declare that they have no conflict of interest.