

Correspondence

Prescribing for asthmatic children in primary care. Are we following the guidelines?

To the Editor

Dr. Dashash and Dr. Mukhtar reported their results on prescribing for asthma in children in a National Guard primary care center in Jeddah, Kingdom of Saudi Arabia.¹ They found similar results to our study on adults performed several years earlier, before the national guidelines on asthma management were implemented.² It was fortuitous that, with regard to the use of anti-inflammatory therapy, their findings were exactly the same as ours (33% of patients were on inhaled steroid and 5% on sodium cromoglycate). It is unfortunate to see that sub-optimal management of asthma is still occurring despite the extensive efforts to implement the national guidelines. Reasons for this were not clear from their report, but should be looked for in the future in similar studies. Possibilities may include inadequate dissemination of the guidelines, physicians' turnover (especially expatriates), lack of free medicines in the hospital pharmacy and so forth. Their findings highlight the need for health authorities and hospital administration in various institutions to encourage similar audits before and after creation of quality improvement interventions, such as those suggested by Dr. Dashash and Dr. Mukhtar.

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Reply from the Author

We would like to thank Dr. Al-Mobeireek for his comments. We share with him the disappointment regarding sub-optimal asthma management in primary care. An interesting point was his comment on reasons

for not following the national guidelines on asthma management.³ We agree that there is a problem of inadequate dissemination of guidelines, as we are aware that many physicians in need cannot obtain the guidelines. This might be overcome if the guidelines were available as a supplement in one of the leading Saudi Medical Journals, such as this journal. Another way of making them available is on the internet. The British Guidelines on Asthma Management, for example, are easily available because they are provided as a supplement with the journal *Thorax*.⁴ However, in our opinion the national guidelines³ need clarification in several areas in order to be applicable. For example, age of children is not defined; clear steps for objectively diagnosing asthma are not defined. As for availability of free medicines as a factor in sub-optimal management, we believe that our study showed that this was not an important contributing factor. This is because the study was conducted in a center where almost all of the recommended asthma medications were available and yet not prescribed.

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