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Child Asthma Guidelines

Dear Joanna

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the draft New Zealand Child Asthma Guidelines: A Quick Reference Guide. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes. Our submission has been informed by feedback from our Board and Advisory Councils.

1. We welcome the development of the above guidelines. We note that they are a revision of the 2017 guidelines and have been developed by a multidisciplinary team under the leadership of Dr David McNamara, Respiratory Paediatrician, Starship Hospital. Overall, we believe that the guidelines are well researched, well laid out and generally easy to follow. However, we have identified certain areas where we feel the guidelines could be improved. These relate to providing additional information about certain aspects of asthma that are currently not covered in the guidelines as well as making relevant sections in the guidelines more accessible to prescribers including GPs. We elaborate on our feedback in our responses to the specific questions below.

Content of draft guidelines

Is there anything missing that needs to be included, and why?

2. There is a tendency for a degree of complacency when it comes to asthma from both health professionals and patients. Accordingly, we suggest that it would be useful for the guidelines to include more information about the burden of asthma in New Zealand, including specific mention that it results in deaths, with a death rate of more than 1 person per week.¹ It

¹ Barnard LT & Zhang J. The impact of respiratory disease in New Zealand: 2018 update. Asthma and Respiratory Foundation NZ. Available from <https://www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2018-update>

would also be useful to include, by way of background, the proportion of children that experience asthma, data on admissions to hospital, impacts on schooling, and costs to the health system.

3. The language used in the document is a mix of high level and low level, and there are some concerns that the guidelines are quite protocol-like and seem pitched more to asthma educators and nurse-led clinics than to authorised prescribers. We believe that it would be helpful for the guidelines to be clearer as to who the intended audience is. While the abstract states that the intended users are health professionals responsible for delivering asthma care in the community and hospital emergency department settings, and those responsible for training health professionals, the main body of the guidelines do not mention the intended audience, let alone elaborate on the brief description in the abstract. We also suggest that there may be value in clearly identifying areas of the guidelines that are specific to authorised prescribers, and perhaps grouping these into one section in the document.

4. We suggest that consideration be given to providing specific information on how to correctly use an inhaler, including a diagram.

5. While we welcome guidance to ask about smoke exposure and recommend smoking cessation if appropriate, we suggest that it would be useful to make specific comments about checking on follow up as to whether family and whānau have stopped smoking, with links to information on aids to stop smoking.

6. We suggest that it could be useful for the guidelines to address the effects of passive vaping (exposure to second-hand aerosols from e-cigarettes) on children with asthma.

7. We suggest that it could be useful for the guidelines to address the role/use of prophylactic inhalers prior to exercise in children with asthma.

8. We have received feedback querying whether there is a reason why oral dexamethasone is not listed as an alternative to oral prednisone in the algorithm for the management of acute asthma (given that dexamethasone only requires 1-2 doses so may be of particular value when compliance is a concern). We point to evidence supporting the use of dexamethasone in children including a systematic review² and recent randomised controlled trial.³

9. We believe that it would be useful to include a list of individual authors that were involved in the development of these guidelines, and to present these separately from the list of organisations and individuals that were consulted for feedback and are identified in Appendix C.

10. We suggest that the list of abbreviations provided in page 2 of the draft guidelines be given increased visibility / prominence in the final guidelines.

What, if any, clinical guidance should be changed, and why?

11. We have received feedback expressing concerns about encouraging withdrawal of inhaled corticosteroids too soon, and pointing to research demonstrating that hyper-responsiveness persists for at least a year after symptom control is established, and airways re-modelling may be missed (see figures 1 and 2 below).

² Keeney GE, et al. Dexamethasone for acute asthma exacerbations in children: a meta-analysis. *Pediatrics*. 2014 Mar;133(3):493-9.

³ Cronin JJ, et al. A Randomized Trial of Single-Dose Oral Dexamethasone Versus Multidose Prednisolone for Acute Exacerbations of Asthma in Children Who Attend the Emergency Department. *Ann Emerg Med*. 2016 May;67(5):593-601

Figure 1 Airway hyperresponsiveness (AHR) continues to improve even after lung function has plateaued⁴

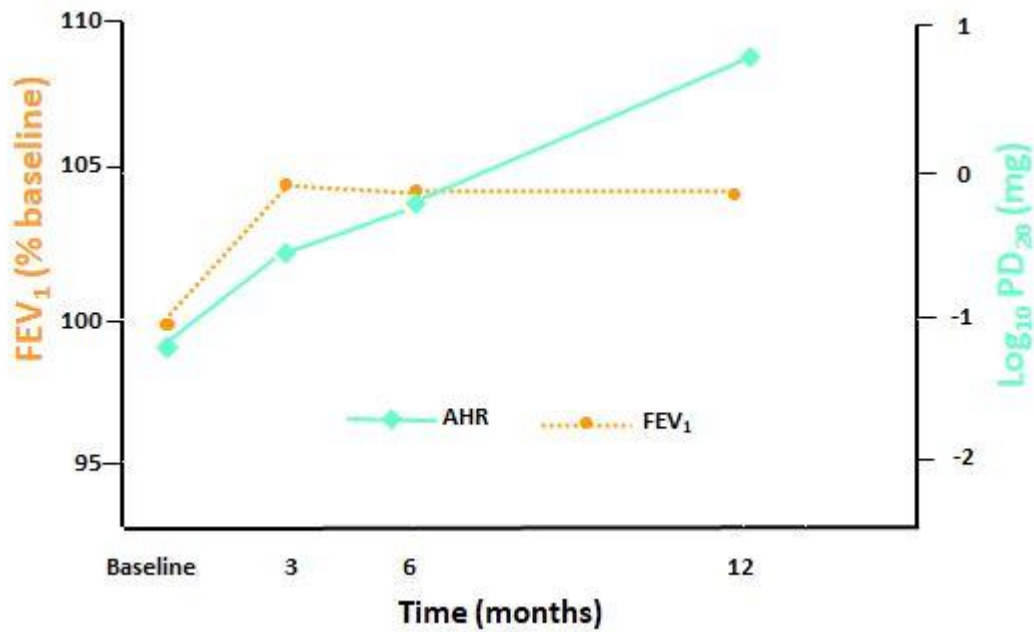
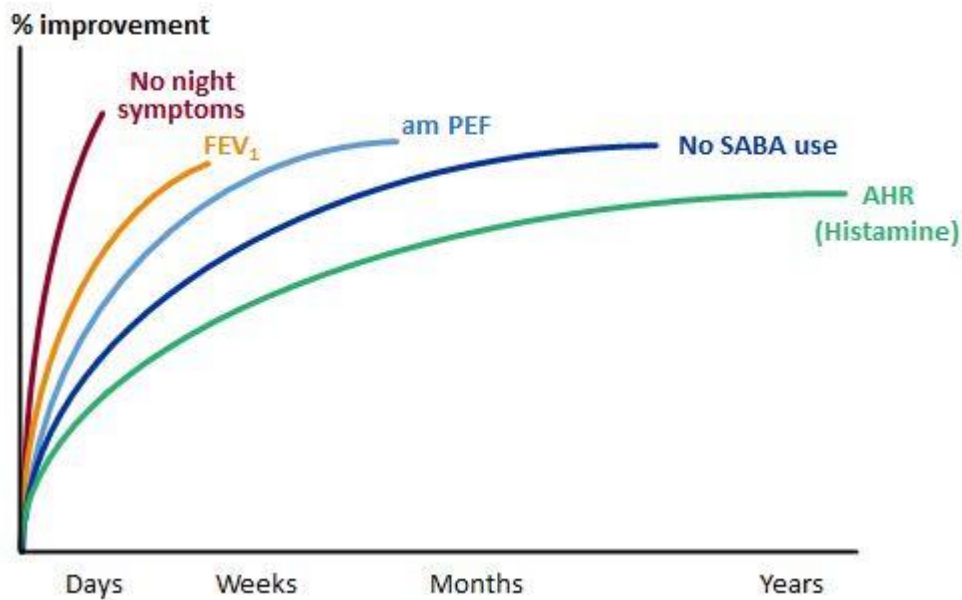


Figure 2. Time course of asthma control⁵



⁴ Ward C, et al. Airway inflammation, basement membrane thickening and bronchial hyperresponsiveness in asthma. Thorax. 2002 Apr;57(4):309-16

⁵ Woolcock AJ. What are the important questions in the treatment of asthma? Clin Exp Allergy Rev 2001;1:62-4

Relevance and application of draft guidelines

How relevant is the Guide to children with asthma, and in particular Māori and Pacific Peoples?

12. We believe that the guidelines have relevance to all children with asthma, however, their relevance to Māori and Pasifika could be strengthened by identifying if (and how) these communities were involved in the development of the guidelines. We suggest that there could also be mention of the role of outreach clinics going to marae. The term 'whānau' is used inconsistently throughout the guidelines. In some places, there is mention of the 'child and whānau,' in other cases 'family' is used alone, and at other times there is mention of 'family and caregivers' but not whānau. We suggest the use of 'family and whānau' throughout the guidelines.

How useful is the Guide as a tool for health professionals (e.g is it easy to follow and apply)?

13. There is a range of views on how easy the guidelines are to follow and apply. While we received some feedback conveying that they are easy to follow and well laid out, we also had views that they are less straightforward to follow. There are particular concerns that the guidelines do not include a definition of asthma or provide respiratory function criteria.

14. There is a view that labelling around wheeze, particularly the differentiation between preschool and school wheeze, is largely unhelpful. Unless there is strong evidence suggesting the contrary, the predictive value seems to be related to how long the child has had it, the frequency of symptoms and relationship to viral illness.

15. We suggest that it may be more appropriate for the practice points to be presented at the end of each section rather than at the beginning.

16. With respect to spirometry, it may be useful for the guidelines to address who this should be undertaken by, as well as emphasise the importance of appropriate experience and equipment.

How accessible and useful are the self-management plans for patients?

17. The self-management plans for patients appear to be well worded and useful.

To assist in your work with patients, how would you prefer to access the Guide (e.g on the web, via patient management system, hard copy handbook)?

18. We believe that the guidelines should be available in different formats and platforms including on the web, via practice management systems, and as a hardcopy handbook.

We hope our feedback is helpful and look forward to publication of the final guideline.

Yours sincerely



Dr Kate Baddock
NZMA Chair