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**Eastern Region Confidential
Enquiry of Asthma Deaths**



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Why asthma still kills

The National Review of Asthma Deaths (NRAD) Confidential Enquiry

Brief summary for patients and the public
May 2014

Commissioned by:



Introduction

Asthma affects over 5 million people of all ages in the UK. Its symptoms include breathlessness, wheezing, chest tightness and cough, which can be either sporadic or persistent in nature. It is so common that in recent years its seriousness may have been forgotten – asthma can, and does, still kill and many deaths may be preventable.

People with asthma, their families, doctors, nurses and members of the public need to recognise the signs of poorly controlled asthma and, critically, to act quickly to seek emergency assistance when faced with a potentially life-threatening attack.

Key findings

The review found deficiencies in both the routine care of asthma patients and the treatment of attacks. In many instances, neither doctors nor patients recognised the signs of deteriorating asthma; they also did not react quickly enough when these were seen.

Key findings include the following.

- > During the final, fatal asthma attack, almost half of those who died did so without seeking medical help, or before emergency care could be provided.
- > Around one-fifth of those who died had attended a hospital emergency department for asthma at least once in the previous year.
- > Ten per cent died within 1 month of being discharged from hospital for asthma.
- > Many of those who died were being treated for mild or moderate asthma. Experts concluded that most of these actually had poorly controlled, severe asthma, but neither the patients nor their doctors recognised this.
- > There was widespread over-reliance on reliever inhalers and underuse of preventer inhalers in those who died.
- > Nearly half of those who died had not had an asthma review by their GP or nurse in the previous year.
- > Around one-fifth of those who died were smokers, and this was thought by experts to have aggravated their asthma; others were exposed to second-hand smoke at home.

Key recommendations

Why asthma still kills makes recommendations to improve care, for doctors, nurses, asthma patients, NHS managers and those who organise health services.

Key recommendations include the following.

- > Better education is needed so that doctors, nurses and other healthcare professionals are aware of factors that increase the risk of asthma attack and death.
- > Every NHS hospital and general practice should have a designated, named clinical lead for asthma services, responsible for formal training in the management of acute asthma.
- > Asthma patients prescribed more than 12 reliever inhalers in a year should have an urgent review of their asthma control.
- > Follow-up arrangements must be made after every attendance at an emergency department for an asthma attack. After discharge from hospital for asthma, patients should be followed up in hospital outpatients.
- > People with asthma should have a structured review by a doctor or an asthma nurse with specialist training at least once a year.
- > People with asthma should be provided with a personal asthma action plan (PAAP). This is a written record of the discussion that a patient has with their GP or asthma nurse about their asthma care to help them manage the condition. Smokers with asthma should be offered treatment and advice from smoking-cessation services.
- > There should be better education for parents, carers and children about managing asthma. People need to know 'how', 'why' and 'when' to use asthma medications, recognise when asthma is not controlled and know when and how to seek emergency advice.

Why asthma still kills

Why asthma still kills is the report of the National Review of Asthma Deaths (NRAD), a confidential enquiry that sought to understand the circumstances surrounding asthma deaths in the UK and to make recommendations to improve care and reduce the number of deaths from asthma.

The enquiry investigated deaths occurring between February 2012 and January 2013 in the UK, and scrutinised the medical records of people who were thought to have died from asthma during this period. The work was led by the Royal College of Physicians and done in partnership with professional and patient organisations.

Advice for patients, families and carers

Asthma attacks can be life threatening or, more rarely, fatal. Patients need to know about their responsibilities for managing the condition and not be afraid to ask questions of the doctors and nurses who are treating them and helping them to manage their asthma.

Know the risk of having an asthma attack

It is really important to understand that asthma does kill. The Triple A: Avoid Asthma Attacks online test can show whether a person with asthma is at increased risk of a future asthma attack. The test is available at: www.asthma.org.uk/triple-a

Asthma is a self-managed illness and it is vital that all those with asthma know how to control their condition. If people are having problems controlling their asthma, they must talk to their GP or asthma nurse.

The importance of a personal asthma action plan (PAAP) and attending an asthma review

Patients with asthma should have a review with their GP or asthma nurse at least once a year. The review is an appointment to discuss with the GP or asthma nurse how asthma is affecting the patient's life and to agree a plan to reduce the risk of attack.

A PAAP should be completed at the review. This plan helps a person with asthma to know how to spot when their symptoms are getting worse, what to do to get them back under control, what to do in an emergency and when to call for medical help. The review should also look at the inhaler technique (how the person is using their prescribed inhaler).

Organise an appointment with the GP within 48 hours of leaving hospital if admitted because of asthma

Going to hospital for asthma may be a sign that patients are in danger of having another, more serious asthma attack in the future. Visiting the GP within 48 hours will mean that the GP or nurse can review the asthma medication, update the PAAP, check the inhaler technique and make sure that the patient is doing everything possible to avoid another asthma attack.

Take asthma medicines as advised by the GP or asthma nurse

Asthma patients should talk about the medicines that they are prescribed for their asthma with their GP or asthma nurse to ensure that they fully understand what the medicines do. If a person is worried about the type of medicine or the way to use an inhaler, they should talk to their GP or asthma nurse.

Know and avoid asthma 'triggers'

Asthma 'triggers' are the things that set off a person's asthma symptoms. These should be recorded in the PAAP and patients should discuss how to avoid triggers during their review with the GP or asthma nurse.

Other contributing health factors

Why asthma still kills reports that some people who died also suffered from depression and anxiety. Living with these conditions can be stressful, and stress can be a trigger for many people with asthma.

Smoking can have a serious impact on asthma. Smoke irritates the lungs and can bring on asthma symptoms. Smoke can also prevent asthma medicines from working properly. People who have asthma and currently smoke should talk to the GP about the help available for stopping smoking.

Being overweight can make it difficult to manage asthma. The GP can advise about the best way to manage diet and lose weight, which may have a positive impact on those with asthma. ■

More advice, support and information can be found on Asthma UK's website www.asthma.org.uk