

MEDIA RELEASE

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ATTENTION: Chiefs of Staff, News Directors



Research helps asthmatics breathe easier

An asthma intervention program developed by the University of Tasmania for community pharmacies has found a significant improvement in the management and quality of life for sufferers of the respiratory condition.

The School of Pharmacy's Unit for Medication Outcomes Research and Education project has recently completed its research review finding that general practitioners, community pharmacists and people with asthma support the full implementation of the program.

Researcher pharmacist Bonnie Bereznicki said the project also saw participants endorse a national roll-out of the intervention program that could benefit more than 150,000 Australians with poorly controlled asthma.

The research is based on an innovative computer solution for the community pharmacist to identify customers with poorly controlled asthma through their medication records. These patients are then referred back to their general practitioner for an asthma management review.

Project trials found that surveyed asthmatics were using an average seven puffs each day of their reliever medication, while the Asthma Foundation benchmark is three puffs of reliever medication, such as Ventolin, each week.

The qualitative outputs for the research involved general practitioners, pharmacists and people with asthma. Mrs Bereznicki said the intervention process would now be refined for a general uptake across Tasmania with the ultimate aim to have the project implemented across Australia.

"The intervention has the potential to show widespread improvements in asthma management, resulting in better asthma control and improved outcomes for all Australians," Mrs Bereznicki said.

"Community pharmacists believe that a national roll-out of the asthma intervention would be a positive move towards improved asthma management in the community.

"The intervention in Tasmania resulted in a three-fold improvement in asthma management with a significant shift towards more patients using preventer medications and relying less heavily on their reliever medications."

Reviews of the medication dispensing database at the community pharmacy showed the three-fold improvement in asthma management was sustained for at least 12 months.

“We know that in asthma, there is underlying inflammation in the airways. Therapy should therefore include treatment of the inflammation with preventer medication, not just treatment of the symptoms when they arise,” Mrs Bereznicki said.

“An increased use of preventer rather than reliever medication has been associated with improved symptoms, reduced need for rescue courses of oral steroids; and reduced emergency department visits, hospital admissions and urgent GP visits.”

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