

Evidence to inform practice:

Preventer medicines in childhood asthma

Nina Reid, Parker Magin

Registrar Clinical Encounters in Training (ReCEnT) is an educational and research program in general practice vocational training. Since its inception in 2010, general practice registrars in a number of Australian training regions have collected information on their in-consultation clinical and educational experience. The analyses reported here were conducted as part of Dr Nina Reid's 2023 Academic Registrar post.

For the full report refer to:

Reid N, Fisher K, Ralston A, et al. Temporal trends in the prevalence of GP registrars' long-term paediatric asthma control medications prescription. *npj Prim Care Respir Med* 2024;34(1):30. doi: 10.1038/s41533-024-00395-6.

Practice points

- Asthma 'preventer' medicines have been increasingly recognised as underutilised in paediatric asthma care.
- The authors found no overall change in general practice registrars' prescribing of preventer medicines from 2010 to 2022.
- The authors did, however, find that there was a shift away from combined corticosteroid/other preventer inhalers to single corticosteroid inhalers.
- These findings should inform educational approaches to asthma management, including in general practice vocational training.

Using data from the Registrar Clinical Encounters in Training (ReCEnT) project,

the authors sought to establish whether Australian general practice registrars' prescribing of asthma preventer medicines for paediatric patients had changed during the period 2010–22. Prior to and during this period, there had been accumulating evidence for, and evidence-based clinical guideline recommendations for, greater use of preventer medicines (termed in the above report as 'long-term asthma control medications' [LTACMs]). Internationally, and in Australia, there has been concern regarding excessive reliance on 'reliever' medications with subsequent underutilisation of preventers.

The authors therefore undertook longitudinal analyses of ReCEnT data to estimate temporal trends in general practice registrars' preventer prescribing. Preventers/LTACMs included in the analyses were: inhaled corticosteroids; inhaled corticosteroid and long-acting beta-agonist combinations; leukotriene receptor antagonists; mast cell stabilisers; and biologics. It was hypothesised that preventer prescribing would have increased over time.

In analyses of the data of 2403 registrars who had managed paediatric asthma presentations, no change over time was found in overall preventer prescribing within the general practice training program, though there was a shift away from combined corticosteroid/other preventer inhalers to single corticosteroid inhalers.

The findings raise questions about the best approaches to educational/training strategies to optimise childhood asthma management. Possibly, further research (especially qualitative research) could explore the context and drivers of general practice

registrars' asthma prescribing (including parental attitudes, registrar perceptions and practice environment) to inform education/training interventions.

As general practice registrars' prescribing has been shown to be considerably influenced by their supervisors' and within-practice more senior general practitioners' prescribing, the findings are also likely to have implications for paediatric asthma prescribing more generally.

Ethical approval

For the research reported in the original article, ethics approval was provided by The University of Newcastle Human Research Ethics Committee (reference: H-2009-0323) and The Royal Australian College of General Practitioners' National Research and Evaluation Ethics Committee (reference: NREEC 23-161).

Authors

Nina Reid MBBS, FRACGP, Lecturer, School of Medicine and Public Health, The University of Newcastle, Newcastle, NSW

Parker Magin PhD, FRACGP, Conjoint Professor, School of Medicine and Public Health, The University of Newcastle, Newcastle, NSW; Adjunct Professor, School of Population Health, UNSW Sydney, Sydney, NSW

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Correspondence to:

parker.magin@newcastle.edu.au

correspondence ajgp@racgp.org.au