

# The 6-Point Asthma and Allergic Rhinitis Status Measure



Asthma is commonly sub-optimally controlled. Allergic rhinitis commonly co-exists with asthma and may be a factor in poor asthma control. The following 6-point Asthma and Allergic Rhinitis Status Measure (developed jointly by the GPIAG and Allergy UK) has been designed to provide a simple tool for use in an asthma review to assess control.

## The 6 Point Asthma and Allergic Rhinitis Status Measure

Complete the following questions about asthma and nasal symptoms. Any ticks in a darker shaded box for questions 1-4 indicate poor asthma control and the need for full assessment. See over page for full interpretation of result.

1 In the last 7 days, how many days has asthma interfered with your normal activities (e.g. sport, school, work etc)?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
2 In the last 7 days, how many nights have you been affected/woken by asthma symptoms (including cough, wheeze, breathlessness)?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
3 In the last 7 days, how many days have you experienced asthma symptoms (including cough, wheeze, breathlessness)?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>
4 In the last 12 months, how many times have you needed a course of steroid tablets for worsening asthma?	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ <input type="checkbox"/>
5 Do you have any of the following symptoms when you don't have a cold: itchy, runny, blocked nose, catarrh or sneezing?	No <input type="checkbox"/> Occasionally, causing a little bother <input type="checkbox"/> Occasionally, causing quite a bother <input type="checkbox"/> A lot, but causing little bother <input type="checkbox"/> A lot, causing a lot of bother <input type="checkbox"/>
6 Do you smoke?	No <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Yes <input type="checkbox"/>

Questions 1-3 are derived from the RCP Three Questions as recommended in the BTS/SIGN Guidelines on the Management of Asthma <sup>1,2</sup>



Developed by the GPIAG and Allergy UK



# How to interpret the result



If any answers to questions 1-4 over page are in darker shaded areas, asthma control is likely to be poor. Shaded answers to questions 5 & 6 may provide possible causes for poor control. Possible remedies are suggested in the table below.

**NB. These are given as guidance only, and should be supplemented by your own diagnostic and therapeutic judgement:**

<b>POOR ASTHMA CONTROL</b>	<ol style="list-style-type: none"><li>1. Check actual use of prescribed preventer medication (adherence)</li><li>2. Check technique with inhalers</li><li>3. Check/review self-management plan</li><li>4. Check for asthma triggers:<ul style="list-style-type: none"><li>• Smoking</li><li>• Allergens (consider referral for allergy assessment)</li><li>• Stress</li><li>• Rhinitis (nasal allergies) – SEE BELOW</li></ul></li><li>5. Consider increasing or changing preventer treatment</li></ol>
<b>POOR ASTHMA CONTROL, WITH ALLERGIC RHINITIS</b> (Shaded answer to Q5)	<p><b>Consider steps 1-4 above and:</b></p> <ul style="list-style-type: none"><li>• Review preventer therapy, considering management of both asthma and allergic rhinitis</li></ul>
<b>GOOD ASTHMA CONTROL</b>	<ol style="list-style-type: none"><li>1. Consider whether patient is suitable for step-down approach with therapy</li><li>2. Re-schedule asthma review for 6-12 months</li><li>3. Consider treatment of rhinitis if present (shaded answer to Q5)</li></ol>

## Further Information

- A patient self-assessment version of this Status Measure is also available and is being offered to patients via surgery packs, Allergy UK Website, the media and other channels
- Further copies of this tool are available for download at: [www.gpiag.org](http://www.gpiag.org)
- For more information on asthma and allergic rhinitis, including management and diagnosis contact:
  - Healthcare professionals should visit: [www.gpiag.org](http://www.gpiag.org)
  - Patient and carers should visit: [www.allergyuk.org](http://www.allergyuk.org)
- The General Practice Airways Group, as the independent professional respiratory society for primary care health professionals, is dedicated to achieving optimal respiratory health for all. For further information and details of how to join the GPIAG see [www.gpiag.org](http://www.gpiag.org)

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1. *British Guideline on the Management of Asthma.* British Thoracic Society and Scottish Intercollegiate Guidelines Network; Revised Edition published 2008. ([www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk))
2. *Measuring Clinical Outcome in Asthma: A patient focused approach.* Pearson MG, Bucknall CE, editors. 7-1-1999. Royal College of Physicians, Clinical Effectiveness & Evaluation Unit