Several studies have demonstrated that health care providers often underestimate asthma severity and have demonstrated poor adherence to National Asthma Education and Prevention Program guidelines. Successful management of asthma requires both accurate determination of asthma severity and proper treatment. This study demonstrates a method that may increase the likelihood of delivering preventive asthma care at non–asthma-related office visits by prompting clinicians. However, as the authors pointed out, although prompting improved the delivery of preventive asthma care, a large percentage of patients in the CPG did not have follow-up–visit recommendations (46.4%), received no asthma action plan (50%), and received no discussion related to asthma (25%). This study demonstrates that a better system needs to be implemented to increase the rate of delivering appropriate preventive care for patients with asthma.

Anupama Kewalramani, MD
Mary E. Bollinger, DO
Baltimore, MD

Improved Asthma Outcomes in a High-Morbidity Pediatric Population: Results of an Emergency Department-Based Randomized Clinical Trial

PURPOSE OF THE STUDY. To determine if an emergency department–based asthma follow-up clinic could improve outcomes within a high-morbidity pediatric population.

STUDY POPULATION. Four hundred eighty-eight patients (aged 12 months to 17 years) from an emergency department at an urban tertiary care pediatric hospital with previous physician-diagnosed asthma and ≥1 unscheduled visit in the last 6 months and/or ≥1 hospitalization in the last 12 months.

METHODS. The subjects were recruited while they were still in the emergency department for their acute care visits. The subjects were randomly assigned to either a single visit to an asthma clinic located in the emergency department, where they met with an asthma educator and a physician, or the control group, which received printed information about asthma. Follow-up telephone interviews were conducted at 1, 3, and 6 months after enrollment.

RESULTS. One hundred seventy-two (70.5%) of the subjects who were randomly assigned to the intervention attended the clinic, and 167 of these subjects were prescribed inhaled corticosteroids. Compared with children in the control group, those in the intervention group had significantly fewer unscheduled visits for asthma care (mean: 1.39 vs 2.34; relative risk: 0.60); at 6 months, reported significantly more use of inhaled corticosteroids (49.3% vs 26.5%; relative risk: 2.03); reported “no limitation in daytime quality of life” significantly more often

Sally Joo Bailey, MD
Washington, DC
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Sally Joo Bailey
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