

Te huango o te tamaiti

Childhood Asthma: Guide and Decision Support Module

New Zealand has one of the highest rates of childhood asthma in the world with 25% of children aged six to seven years and 30% of adolescents 13–14 years reporting asthma symptoms. The prevalence has fallen in the last decade, but significant challenges remain. Among these are diagnosis, adherence and ethnic disparities in treatment.

Bpac has recently published and circulated a guide to the management of childhood asthma which is based on the New Zealand childhood asthma guidelines and other international sources. The guide is designed to complement the *bestpractice* childhood asthma decision support tool.

Inequalities in asthma prevalence, morbidity and mortality

Key results of the 2006/07 New Zealand Health Survey, show that one in seven children aged 2–14 years (14.8%) had been diagnosed with asthma and were taking medication for this condition. Adjusted for age, there were significantly more Māori children taking medication for asthma than other children in the total population.

Prevalence rates for asthma are higher for Māori (26%) and Pacific children (22%) than for European/other children (20%) and this disparity increases with age.



bestpractice Decision Support module

The module will assist the practitioner in the diagnosis, management and monitoring of asthma in children, including the generation of an individual action plan.

This module is available free to general practice. For further information contact:

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Māori and Pacific children with asthma suffer more severe symptoms than other children, are hospitalised more frequently, and have more days off school as a result of their asthma.

The guide emphasises the ethnic disparities that exist in the prevalence, treatment and outcomes of childhood asthma and suggests strategies to improve management in all groups.

Reliever to preventer ratio

Data shows that the ratio of reliever to preventer dispensings is higher in Māori and Pacific children than in European/other children. This means that Māori and Pacific children are more likely to depend on an asthma reliever (such as salbutamol) and less likely to use inhaled corticosteroids than European/other children. Māori also appear to be less likely to be prescribed a long acting beta-2 agonist. Both the guide and the bestpractice

decision support module provide guidance on diagnosis, medicines management and patient/carer information.



Best Practice Journal Special Edition – Childhood Asthma. Available at:
www.bpac.org.nz