Difficult to manage asthma desktop guide: referral letter (UK version)

Key information to include in a referral letter for a patient with difficult-to-manage asthma

To get the most value from a referral for a patient with difficult-to-manage asthma aim to include the following information in a referral letter:

- Reason for referral today / current concern (*for example: poor control despite optimal treatment, to confirm diagnosis of asthma, for management suggestions; what is concerning or bothering the patient regarding their asthma*)
- The criteria on which the original diagnosis was made if available (*for example: symptoms; demonstration of reversibility, with PEF or spirometry*)
- Duration of asthma
- Any measures of current control (*including: symptom scores, evidence of variable airflow dysfunction, exacerbations in the last year, steroid use, hospitalisation, need for mechanical ventilation, life-threatening asthma episodes*)
- Current treatments (*including: generic name, brand name, dosage, inhaler type*)
- Inhaler technique checked by observing
  (Link to Difficult to manage asthma resources when online)
- Adherence with asthma therapy checked against prescribing record
- How the patient understands their condition and its treatment
- Impact on quality of life
- Any concomitant rhinitis, eczema or anaphylaxis. If so, how this is treated
- Smoking history; other domestic / work exposures (*including: pack years; quit attempts; motivation to quit*)
- Other factors in a patient's life (such as depression, psychological factors etc) that may affect asthma management, which the difficult-to-manage asthma service could offer support better than primary care.

If you are unable to complete this information, consider if it can be gathered before sending the referral because this will improve the effectiveness of the referral.

Example of a referral letter that includes all of the key pieces of information

Here is an example of a letter that includes all of the information that a secondary care respiratory specialist wants to have for a patient referred for difficult-to-manage asthma:

Dear Doctor

I would value your assessment of this 42 year-old woman with asthma because she has had several severe exacerbations in the last two years despite treatment.

She was diagnosed with asthma in childhood based on spirometry and has been on inhaled steroids more or less continuously since then, but in the past 8 to 10 years she has become more difficult to manage, particularly in the past two years.

She is currently being prescribed Seretide 500 Accuhaler twice daily, and Singulair 10mg at night but continues to require a Ventolin inhaler weekly. In addition, she has had two hospital admissions and at least six additional visits to Accident and Emergency and our practice with worsening asthma.

She receives steroids on each of these occasions and I have been concerned about her level of steroid exposure. Because of this, I reviewed these episodes and they do sound like asthmatic exacerbations with appropriate physical signs and reduced peak flow. On at least one of these presentations, she performed spirometry in the practice and this demonstrated airflow obstruction.

Her Seretide and Singulair prescription records are consistent with good prescription filling and her inhaler technique seems excellent based on observation.

She has no obvious co-morbidities other than some background rhinitis, which we have treated effectively with Nasonex. Her body mass index (BMI) is 26 and she has never smoked tobacco. There has been no obvious change in her circumstances in the past few years and the home situation seems fairly stable. She is a housewife.

She had a normal chest X-ray six months ago and I have requested a bone scan because of her significant steroid exposure.

Many thanks