

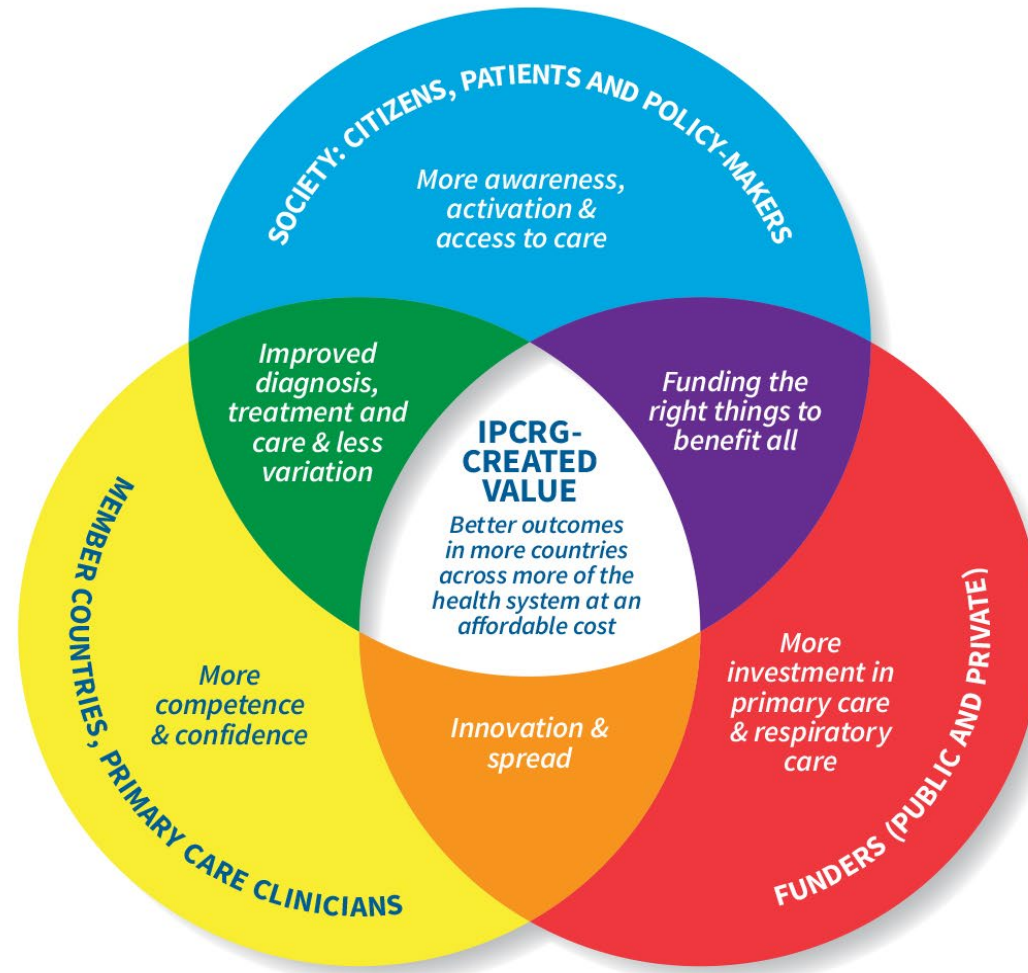
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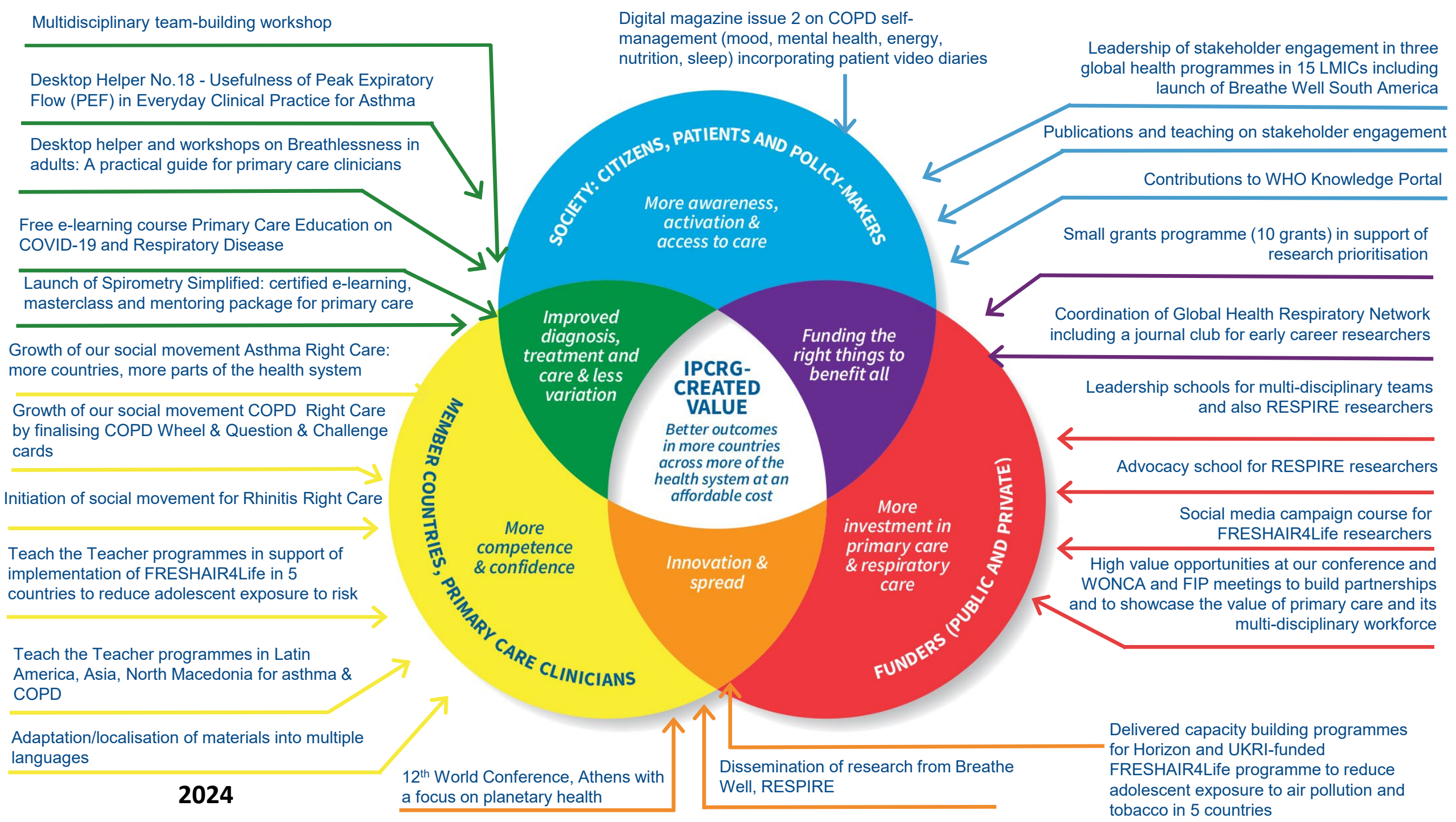
President's Report for 2024

Online

Emeritus Prof Amanda Barnard, Australia

We continue to deliver our strategy





We created value for our 39 country members and individual clinicians



- Co-creation, testing and launch of two important educational tools for COPD Right Care in 6 pilot countries
- Launch of a new programme, Rhinitis Right Care, and recruitment of a new working group of primary care with a special interest in allergic rhinitis, a very common problem in primary care
- Extension of Asthma Right Care social movement to more countries and more regions within countries, and more professions



We created value for our 39 country members and individual clinicians



- Delivery of capacity building programmes through our signature Teach the Teacher programme in Latin America, Asia and Europe that builds both teaching competence and content knowledge in asthma and COPD diagnosis, management



- Creation and delivery of a Teach the Teacher programme for the FRESHAIR4Life implementation science programme to build capacity of primary care, researchers, teachers and sports coaches to implement behaviour change programmes with adolescents and to develop social media campaigns



We created value for our 39 country members and individual clinicians



- Launch of Spirometry Simplified: IPCRG's own certified e-learning, masterclass and mentoring package for primary care
- Continued dissemination of other e-learning resources including EAACME accredited Primary Care Education on COVID-19 and Respiratory Disease; Chronic respiratory disease in primary care settings with University of Edinburgh for RESPIRE on Coursera
- Translation and adaptation of desktop helpers and Right Care materials into a range of Member languages



We created value for our 39 country members and individual clinicians



- Two new desktop helpers one on the use of peak flow in everyday clinical practice for asthma and one, supported by several international primary care workshops on a practical guide to breathlessness in adults.
- Delivery of skills-based workshops during our 12th world conference including leadership development, and engaging clinicians and patients in planetary health



Breathlessness in adults: A practical guide for primary care clinicians

1. WHAT THIS DESKTOP HELPER OFFERS

Up to 10% of the population experiences long-term breathlessness (lasting more than four weeks), a symptom that has a widespread impact on those living with it and which often leads to emergency presentation if the underlying conditions are not well managed.¹⁻³ It is also highly associated with lower quality of life and poorer prognosis.⁴⁻⁶ This desktop-helper offers practical steps to primary care clinicians for the assessment and management of adults with long-term (chronic) distressing and disabling breathlessness. It aims to improve the consultation both for the individual and the clinician and offers practical ways to deal with this difficult symptom.

Population prevalence of the causes of breathlessness vary, and each individual has a unique combination of causes and therefore a personalised approach is essential, best delivered by expert generalists in the community. Actively managing the symptoms of breathlessness alongside discussions and treatment

3. DEFINITION, BURDEN, MAIN CAUSES



DESKTOP HELPER

No. 18 December 2024

Usefulness of Peak Expiratory Flow (PEF) in Everyday Clinical Practice for Asthma

INTRODUCTION

Spirometry is the gold standard test for confirming asthma diagnosis, assessing bronchodilator responsiveness and measuring airflow obstruction. However, its use is often limited because of cost and the need for training.

Peak expiratory flow (PEF) monitoring offers a practical, cost-effective alternative that can be easily integrated into primary care settings, recommended by GINA. PEF measurements provide an effective method for monitoring asthma variability and control, enhancing the accessibility of asthma management.

DIAGNOSIS Ensuring accurate asthma assessment

Accurate diagnosis is essential to provide patients with appropriate treatment, including both

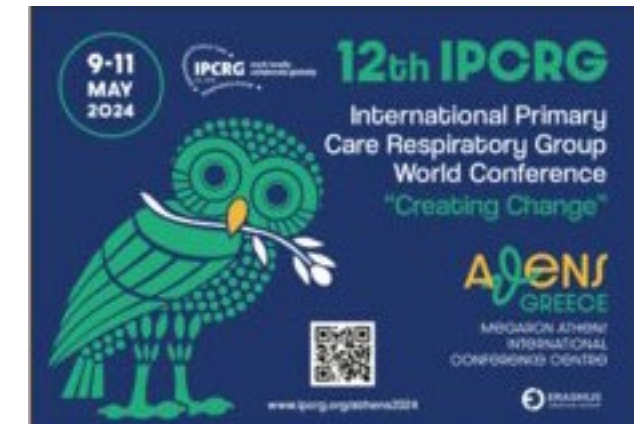
Peak flow technique

Despite the various designs of peak flow meters, all standard non-electric meters operate using the same basic technique. Instruct the patient to perform the following process:⁷ [see <https://www.ipcr.org/resources/peak-flow-measuring>]

1. Move the indicator to 0.
2. Stand or sit up straight.
3. Take in a breath as deep as possible.
4. Place the meter in the mouth and close the lips around the mouthpiece, ensuring the tongue is not blocking or inside the opening and none of the fingers are blocking the indicator.
5. As soon as the lips are closed, blow out as hard and fast as possible, using the chest and abdominal muscles. This should take no more than 2 seconds.
6. Write down the result.
7. Repeat the steps above 2 more times.
8. Record and report the highest result to your provider.

Observe the patient's technique during in-office education and assist with necessary adjustments. The technique should be continuously reviewed at follow-up visits.

Common causes of flawed readings:



We created value for public, policy-makers and those living with respiratory problems



- Publication of the second issue of the digital COPD magazine, designed as education for people living with COPD that can be offered by primary care to patients, incorporating unique video diaries of people living with COPD in four countries
- Leadership of stakeholder engagement in three global health programmes in 15 low- and middle-income countries including launch of Breathe Well South America, publications and teaching about our approach



We created value for public, policy-makers and those living with respiratory problems



- Support for early career researchers through small grants; and for RESPIRE, an advocacy school for researchers & research leaders school



- Development and delivery of a novel online course on social media campaigns for FRESHAIR4Life researchers



- Coordination of Global Health Respiratory Network to find synergies between global respiratory research programmes; also to encourage the next generation of respiratory researchers through a journal club

We created value for funders



- Leadership of work programmes in global health research programmes in 15 low- and middle-income countries funded by the Horizon Programme, UK Research and Innovation, National Institute for Health and Care Research, and Medical Research Council
- Facilitation of global health research by introducing new partners from our member countries to research institutes
- Provision of platforms for dissemination of findings through our scientific world conference in Athens and through our journal npjPCRM