

Comment	Group response	Editorial response
General		
<p>I have read through the document and have no comments to make other than to advise you to use the ASH Scotland reference at the end rather than ASH (which is a separate charity only responds to English information requests)</p> <p>Our details are:</p> <p>ASH Scotland 8 Frederick Street Edinburgh EH2 2HB</p>	<p>Added details for ASH Scotland and ASH Wales</p>	<p>√</p>
<p>I have just skimmed through this online and it seems to cover all the main points very clearly including the various diagnostic tests e.g. p13 challenger test. Graphics are always good p44 (a picture is worth a thousand words). I notice that you have included further self-help information links too e.g. diet, smoking etc., which I think is important.</p>	<p>Thanks</p>	<p>√</p>
<p>I read your consultation cover to cover, and I sound like a record after the last one, but I found it very easy to follow and understand, knowing nothing about the condition. Well done once again!</p> <p>I know you can't include every trigger but I thought traffic fumes was very important. Think of the people in China. I believe there are few giant steelworks in the UK now, so that may not be a problem at present.</p> <p>I think all the deep mines are closed down.</p> <p>I was a bit uneasy about babies and toddlers who can't communicate. There seems to be no info on how to suspect asthma and go about seeking help, without worrying about being regarded as an overanxious mother.</p>	<p>Thanks</p> <p>Outwith current remit of guideline</p> <p>Separate booklet for children</p>	<p>√</p> <p>√</p> <p>√</p>

<p>Can you look at this please?</p> <p>How do blind, deaf and people with learning difficulties get to be aware of the info?</p> <p>Any advice for teenage girls going on the pill? Reaction with asthma drugs? Girls may be on the pill and not tell their mums.</p> <p>Male and female teenagers may be taking illicit drugs, which might be fatal with asthma drugs</p> <p>I found pages such as page 26, very difficult to read. I may have missed something.</p>	<p>We can offer different formats for example large print</p> <p>This information is not in guideline.</p> <p>Outwith remit</p> <p>Diagram has now been removed. Too small for one page A5. Information broadly described in text.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>
<p>This is nearly 80 pages long. The vast majority of these pages will never be read by anyone. Why are they there? To show how clever sign is?</p> <p>I have asthma and lost interest about page 10</p> <p>The breathing tests need simpler and more consistent words. What's a PNE test?</p> <p>I strongly suggest this is redone in no more than 4 pages and retried for patients who aren't obsessive compulsive</p>	<p>Agree is long. The guideline is very long. Shortened slightly though risk removing information others find helpful.</p> <p>Changed to more consistent words and explanations. There is no mention of a PNE test in the booklet.</p> <p>As this is a translation of the guideline, it cannot be done in 4 pages or less. Agree is long, see comment above.</p>	<p>Pregnancy section now supplementary leaflet. Considering separating young people section in to a separate booklet designed for young people in future versions.</p>

<p>Overall a very good booklet but also quite long. I had lost the will to live by the end.</p> <p>One of my son's had/has asthma and it was triggered by upper respiratory tract infections. These are not mentioned as a trigger on the diagram at the start which is a shame, I think it is worth including here.</p> <p>I had no idea what FeNO was and had to look it up, May be worth explaining at least the derivation of the initials.</p> <p>I felt the beginning of the booklet seemed a little patronising but understand that not everyone has background knowledge and felt it read better as it went on.</p> <p>I only wish the guidelines and the booklet were available 35 years ago.</p>	<p>Agree long, see above</p> <p>Clinical members of the group advised to add cold/flu as a trigger. Also changed image of dog to cat.</p> <p>Agree, added “FeNO is another breath test which can be used. It measures the fractional exhaled (Fe) nitric oxide (NO) in your breath, which is an indicator of inflammation” in to a definition circle.</p>	<p>√</p> <p>√</p>
<p>It looks very good, is well laid out and easy to read. It is longer than I expected.</p> <p>The only comments that we have are:</p> <ul style="list-style-type: none"> on FeNO around pages 8-11. It would be good to say what FeNO is ie. fractional exhaled nitric oxide. Also possibly explain that it is a measure of airway inflammation. On page 9 the explanation of FeNo 	<p>Agree long but clinical guideline is long. See previous comment.</p> <p>Agree. Added info in FeNO. See earlier comment.</p>	<p>√</p> <p>√</p>

<p>is against a picture of a peak flow meter and not an FeNO monitor which is confusing so perhaps this picture needs to be changed.</p> <ul style="list-style-type: none"> Also on page 36 there needs to be a page number added to the text: 'You can read more about asthma attacks on page #.' 	<p>Changed layout to explain peak flow.</p> <p>Page number will be added in final version</p>	<p>√</p> <p>√</p>
<p>I have had a look at the new guideline booklet and it looks good, i like the pictures you have chosen and i feel the recommendations and medicines are now much more visible when you search the booklet. I can see that we need a few more comments from patients but ultimately i like it a lot. I can see that you have taken alot of what Tina and I mentioned to your at our last visit and i feel the booklet is certainly fit for purpose.</p> <p>Cant think of anything bad to say about it, but i did just have a quick flick through.</p>	<p>Thanks</p>	<p>√</p> <p>√</p>
<p>I'm sure it will have been picked up but FeNO should be Peak Flow (PEFR) on page 8 and 9. Or if the wording is correct there should be s different picture on page 9 as it is a picture of a peak flow meter. Otherwise an excellent patient summary of the main guideline document.</p>	<p>Changed to peak flow text</p>	<p>√</p>
<p>Looks good.</p> <p>Can I also add page 22 ICS/LABA combinations also come in other colours ie pink (Fostair) and orange/grey (Flutiform)</p>	<p>Added colours</p>	<p>√</p>
<p>Page 8. The last bullet is not quite right. 'Your doctor will.... do some breathing tests to see how well your lungs are working. These are sometimes</p>	<p>Changed to peak flow. Added extra line on FeNO as above.</p>	

<p>called lung function tests and the main ones are called spirometry or FeNO.’ I would add peak flow to the lung function tests (given that GPs have PFM’s in their surgeries so that is the most likely first test). FeNO is not really a lung function test, and the doctor will not be testing it because they are very unlikely to have FeNO equipment. Maybe change to ...’ do some breathing tests to see how well your lungs are working. These are sometimes called lung function tests and the main ones are called peak flows or spirometry. FeNO is another test which can be used.’</p> <p>Page 18. I think there is a word missing 'In severe <u>asthma</u> specialist treatments such as anti-IgE therapy or a procedure called bronchial thermoplastic may be considered</p> <p>The spirometry picture on page 9 is also not ideal – we don’t use nose clips and primary care spirometers don’t look like this.</p> <p>Page 48. can we reiterate the advice about seeking medical advice the same day ‘even if you are feeling better’ - anyone who is taking multiple doses of SABA is likely to need steroids which they can start themselves if they have an emergency supply and/or see their GP promptly.’</p>	<p>Agree, but section now removed. Image changed</p> <p>Added “However you should still make an appointment with your doctor or asthma nurse for the same day, even if you are feeling better”</p>	<p>√</p>
<p>Page 53 touches on medicine in pregnancy being ok and Page 55 is more in depth - should they be on the same page?</p> <p>Page 56 - while you are in hospital - why would they be in hospital?</p>	<p>Reworded to say if you are in hospital because of an asthma attack</p>	<p>No change, format fine. Pregnancy section now supplementary leaflet</p> <p>√</p>

<p>Page 57 - why is it better to have an epidural and not a general anaesthetic?</p> <p>Page 62 - should this include college? Some children under 18 go to college.</p> <p>The layout is good, but there are a lot of white spaces, half pages, etc.</p>	<p>Guideline recommendation – checking with group.</p> <p>Guideline refers to schools</p> <p>This will be neatened in final version. Previous research found use of white space was appealing.</p>	<p>Group advised to remove as does not accurately represent the evidence from the guideline.</p> <p>√</p> <p>√</p>
<p>One significant concern is that the asthma action plan included is out of date and in healthcare terms, this is of significant concern. The most up to date version of the asthma action plan is available on our website which you can signpost to: https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/</p> <p>If at all possible the guidelines should be set out in a format that is interactive and easy to navigate. The best option should be a webpage where people can add comments or questions. Feedback from the Asthma UK health advice team and evidence from the World Health Organisation suggests that encouraging people to interact and fully engage with the health information is the best way to communicate health advice¹. We do not recommend releasing the guidelines on a downloadable PDF. Internal data from the Asthma UK website indicates that the overwhelming majority of people access our health advice pages on their mobile phones. They very rarely download PDFs. As a result, presenting the information in the guideline on a webpage makes it more likely that it will reach more people with asthma.</p>	<p>The action plan in the SIGN booklet is the same as on this link. It is the most up to date version (2016) unless Asthma UK can further advise.</p> <p>Will signpost to this if Asthma UK refuses consent to use image.</p> <p>Changing the format is a possibility in the future depending on funding. Currently there is demand for patient version on our website.</p>	<p>√</p> <p>√</p> <p>Team considering e-booklet for mobile/tablets</p>

Is the layout easy to read?		
Yes, though in one case, when a table stretches across 2 pages - p20-21, it is difficult to follow.	Agree but table will not fit on one page, there are headings at the top of each page to make it easier to follow.	Edited information to fit on one page
Yes. I think it's a good layout - struck me as some strong similarities with the Easy Read format for learning disabilities, which I think is an excellent thing!	Thanks	√
<p>Yes - very easy</p> <p>However the following many points need addressing</p> <p><u>General</u></p> <p><i>All links on more than one line are truncated - doesn't matter for print, but not if on-line.</i></p> <p><i>Page 7, 8, 16, 17, 32, 36, 68 - page nos missing</i></p> <p><i>Your doctor will ask you if you have any asthma symptoms. On page # (there is more information on work-related asthma on page #).</i></p> <p><i>further tests which are explained on page x.</i></p> <p><i>flow meter (see page #). If your lung function is lower than explained on page #</i></p> <p><i>You can read more about these medicines on page #</i></p> <p><i>about asthma attacks on page #.</i></p> <p><i>work. You can read more about peak flow meters on page #</i></p> <p><u>Page 17</u> <i>a couple of contractions to be avoided as is already done throughout</i></p> <p><u>Page 18</u> <i>reverse order of Bronchial thermoplasty and Anti IgE to correspond to sentence order above.</i></p>	<p>Final version links directly via click to the website.</p> <p>These will be in the final version</p> <p>All changed to contractions as advice from Plain Language Commission.</p>	<p>√</p> <p>√</p> <p>√</p>

<p><u>Page 21</u> the top row of the table has 2 empty cells</p> <p><u>Page 32, 45, 50, 52, 57, 66</u> These have empty balloons which look odd to me, are they supposed to have text inside ?</p> <p><u>Page 58</u> www.asthma.org.uk/advice/manage-yourasthma/pregnancy gives a 404 page not found</p> <p><u>Page 60</u> www.asthma.org.uk/advice/manage-your-asthma/youngpeople gives a 404 page not found www.asthma.org.uk/knowledge-bank-living-with-asthma-emotional-healthdepression gives a 404 page not found</p> <p><u>Page 69</u> www.asthma.org.uk/advice/understanding-asthma/types/occupationalasthma/ gives a 404 page not found</p> <p><u>Page 71</u> www.ash.org.uk address has changed 6th floor, Suites 59-63, New House, 67-68 Hatton Garden, London EC1N 8JY</p>	<p>Decision to remove section Edited table to fits on one page.</p> <p>These are empty quotation bubbles and will be filled after consultation. Sometimes people provide quotes during consultation that fit in and we use these.</p> <p>Link is correct and works. Final versions links directly. Seems copy and paste missed a character.</p> <p>As above</p> <p>Corrected to updated link: https://www.asthma.org.uk/advice/manage-your-asthma/emotional-support/depression/</p> <p>As above</p> <p>Addresses removed from booklet.</p>	<p>See above</p> <p>√</p> <p>Works fine.</p> <p>√</p>
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<p>T: 0207 404 0242 F: 0207 404 0850 E: enquiries@ash.org.uk</p> <p><u>Page 72</u> www.asthma.org.uk/scotland/guide.html gives a page 404 not found www.gov.uk/government/organisations/departmentfor-workpensions gives a 404 page not found www.healthtalkonline.org is ok but redirects now to www.healthtalk.org</p>	<p>Removed. Out-dated. As earlier. Updated to Health Talk details</p>	<p>√ √</p>
<p>This layout is in the same general format which SIGN follows, but the graphics are outstandingly good, as will be commented on below.</p> <p>The summary contents is useful to those seeking specific pieces of information and explanation of recommendation types clear and useful.</p> <p>Contents flow smoothly and straightforwardly through definition.</p> <p>Symptoms triggers and types, eg occupational (p67). Through diagnosis based on research evidence with recommendations through those involved in care, treatment options and compliance techniques to other approaches particularly planning to information and support. Attack and risks associated with pregnancy clear. Particularly like the parts left to write in concerns.</p>	<p>Thanks</p>	<p>√</p>
<p>Yes - very clear. Large text with standardised icons</p> <p>Not very many diagrams or pictures</p>	<p>Thanks</p> <p>Have diagrams to explain airways and photographs of tests and equipment.</p>	<p>√</p>

<p>Yes the information is spread out and draws the eye. The use of boxes helps people to find the bits they want.</p>	<p>Thanks</p>	<p>√</p>
<p>Yes, but a lot of information to take in. The graphics are good and help to spread out the information . A binder might work better since there is so much information. People could relevant section out as they need it.</p>		<p>Exploring this.</p>
<p>The length of the document makes it unlikely that people with asthma will read all of the content. The current evidence on health literacy states that accessible layouts and ease of navigation are key to effectively communicating health messages^{2,3}. This evidence suggests that the average person with asthma is unlikely to read the entire eighty-page document. Furthermore, there is a lack of clear chapter sections. This also makes the text harder to follow, making it less accessible for people with asthma. Therefore, we recommend colour-coding different sections and including a short summary at the start of the guidelines. The summary should include hyperlinks to make it easier for people to access the sections that are relevant to them. Asthma UK welcomes the fact that the text has been broken up using boxes and bullet points. However, we believe that these are not applied consistently enough. For example, it is not clear why some points are in grey boxes and others are not. Furthermore, page 29-30 has so many boxes the content becomes difficult to follow. This makes it harder to follow the flow of copy. As a result, despite the text being broken up, the guidelines are harder to read and therefore less accessible to people with asthma.</p>	<p>Agree is long, the consultation version is 73 pages. Shortened final version to 64 pages. The asthma clinical guideline is very long.</p> <p>Chapters are clearly defined by headings and new page.</p> <p>Contents page includes hyperlinks.</p> <p>Used grey boxes consistently.</p> <p>Decreased amount of boxes on this page.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>
<ul style="list-style-type: none"> · The layout is good and it's easy to read. · Images and diagrams are excellent and add to the info, as well as making it look more attractive and avoiding big chunks of text. 	<p>√</p>	<p>√</p>

Are the images and diagrams appropriate and meaningful?		
<p>Page 9</p> <p>FENO - the test is not explained, but is mentioned next to a picture of a peak flow meter. p11 then says if the FeNO test is higher than expected, it increases the likelihood that you have asthma. Reading about the FeNO test I would think that the illustrations on p9 should be reversed, as the one at the top looks more capable of measuring gases.</p> <p>I would suggest that the description of the FeNO test says something like</p> <p>FeNO - a test which measures the fractional exhaled (Fe) nitric oxide (NO) in your breath, which is an indicator of inflammation. Some people will want to know this (as I did), and I dn't think he information should be withheld just to avoid a technical word.</p>	<p>Has been corrected so peak flow image is next to peak flow text.</p> <p>Agree</p>	<p>√</p> <p>√</p>
<p>p47</p> <p>point 3 - does the “up to 10 puffs” include the first 2 in point 1? How about suggesting counting them on a piece of paper. If I was panicking I might lose count at about 6. Even better, have a small table someone could check off, or that a carer could help wit. Using images of an inhaler:</p> <ol style="list-style-type: none"> 1. inhaler, inhaler 2. Sit up, steady breaths 3. No better?: inhaler, pause, inhaler - tick <p>wait 2 mins</p> <p>No better?: inhaler, pause, inhaler - tick</p> <p>wait 2 mins</p> <p>No better?: inhaler, pause, inhaler - tick</p> <p>wait 2 mins</p> <p>No better?: inhaler, pause, inhaler - tick</p>	<p>Agree. Changed to make clearer and more closely aligned with Asthma UK Advice.</p> <p>Tick box would make only single use.</p>	<p>√</p>

<p>wait 2 mins</p> <p>4. No better - call 999 or 112</p> <p>Wait 10 mins, start again at step 3</p>		
<p>Mostly. However the image used on p9 to illustrate FeNO is not a FeNO device, but a peak flow device, of the sort that patients are often prescribed (it's almost identical to the one I have at home!) Important to get this right so as not to cause confusion.</p> <p>Nice to see a variety of ethnicities and genders shown in the photos.</p>	<p>Changed graphic.</p>	<p>√</p>
<p>Yes - clear explained images</p>	<p>Thanks</p>	<p>√</p>
<p>As commented on about graphics are excellent with a variety in their presentation: medical diagrams as in airways (pg 31) and asthma attack (pgs 44-46):</p> <ul style="list-style-type: none"> • excellent illustrations of triggers • actual photographs showing procedures and techniques for using spacers and inhalers (p10, p28) <p>Graphics provide practical advice to be followed during treatment and self-management and will make compliance more efficient.</p> <p>Some diagrams may be difficult to read due to the size of print eg Treatment of Asthma in Adults (p26)</p> <p>Commend signposting of Asthma UK checker with illustration.</p>	<p>Thanks</p>	<p>√</p>
<p>The diagram on page 3 is repeated on page 44 seems.</p> <p>I am not sure it is very good. The airway is OK but I would remove the alveolus or have some indication of branching</p>	<p>The diagrams are similar but do show different things. Page 3 shows asthmatic airways. Page 44 diagram shows airways when having asthma attack.</p>	<p>The diagrams are similar but do show different things.</p>
<p>Yes</p>	<p>√</p>	<p>√</p>

<p>Yes. The photos are helpful.</p>	<p>√</p>	<p>√</p>
<p>Asthma UK believes that the diagrams and infographics used in the guidelines are useful. However, we believe that there should be more of them. This will make it easier for people reading the guidelines to recognise relevance to their experiences and go on to apply the advice to their own lives.</p> <p>The quotes from people with asthma on pages 6, 15 and 17 help make the guidelines more personal. However, they would be more effective if they were to come from named individuals as opposed to “patients”. As a result, we recommend including details on the people that have given the quotes such as their name, age, where they live and potentially a photo.</p> <p>Specific changes we recommend:</p> <p><input type="checkbox"/> The diagram on page 3 should relate to the copy on page 6 so that a reader with no knowledge of what the diagram on page 3 is showing can use the information on page 6 to interpret the diagram.</p> <p><input type="checkbox"/> The picture on page 9 looks like a peak flow meter. This picture should be changed to something that is less likely to cause confusion.</p> <p><input type="checkbox"/> Green circle icons are inconsistently sized. They should be consistently the same size.</p> <p><input type="checkbox"/> The font on Page 67 used to explain occupational asthma is not used for passages of copy anywhere else.</p> <p><input type="checkbox"/> The text in tables on page 40 is a different font size here compared to earlier tables</p>	<p>Final version will include names. People have only given consent for their first name to be used.</p> <p>Discussed with plain language, and decided to keep as is.</p> <p>Agree, this section now relates to peak flow tests</p> <p>Ensured consistent size of green circle icons</p> <p>Changed from bold to regular font</p> <p>Changed font for consistency</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>
<p>Do you think that the language and tone is appropriate?</p>		

yes, though on reading it through I was beginning to lose the will to live at about page 40 because so much is repeated. I can see that may be necessary, though, as you want to repeat text in more than one section.	Aware is long, see comment above.	Not repetitive. Same medicines used in different situations.
Yes. It's generally clear, although describing tiotropium as an "antimuscarinic bronchodilator" is possibly not very helpful! It's very noticeable as the rest of that table is really clear...	Edited.	√
Yes - no complex sentences or difficult words used. Tone is correctly informative.	Thanks	√
It is written in straightforward, non-alarming language involving patients' indecisions about seeking a diagnosis and considering options for treatment. It follows a step by step route on the final road to diagnosis and encourages compliance with evidence based medicine. It explores the possibility of "trial and error" with different medications and treatments. The whole tone is one of involving the patient in their own asthma journey and a variety of challenges associated with the condition which there will be help to deal with. Self management and evidence base are central, fully explored and discussed without recourse to jargon or making decisions solely those of clinicians.	Thanks	√
Language is appropriate and easy to read.	Thanks	√
I think it is. It is factual and informative	√	√
Could maybe be simpler in places. FeNO needs to be defined earlier. Reversability test - do you really need to say this or should you just describe it?	FeNO description has been reworded.	√
The language used in the patient guidelines assumes a certain level of knowledge or understanding. Although some medical terms are explained many others are not. For example, the terms 'pressurized metered-dose inhaler' (page 28), 'adrenal gland' (page 31), 'complementary therapies' (page		Edited. Explain terms.

<p>33), and 'discharge' (from hospital) (page 50) are not explained in the guidelines.</p> <p>Furthermore, the guidelines do not always use the language that people with asthma might use themselves. For example, people with asthma who are looking for details about complementary therapies might not know to look under “other approaches”.</p> <p>The guidelines should place more emphasis on the potential benefits of reading and applying the guidelines. Currently, the guidelines are not clear on what a person with asthma stands to gain if they read the entire text. Meaning that, even if they read the guidelines, they are unlikely to commit to change their behaviour. Emphasising these potential benefits will keep people interested and make it more likely that they will read and act upon the guidelines</p> <p>Specific changes we recommend:</p> <p><input type="checkbox"/> The “what medicines can help control asthma” section (page 19-27) should explain how the medicines work to reduce the symptoms. This could be done by linking back to the diagram of the asthma airways from page 3. Evidence collected by Asthma UK, indicates that one of the biggest reasons why people do not adhere to medicines for long term conditions is if they do not perceive it to be necessary⁴. If the content is able to link asthma medicines to their mode of action in order to show a tangible benefit to airways and triggers, this will be more impactful.</p> <p><input type="checkbox"/> The Spacers and inhalers section (page 28-32) should explain the benefits of a spacer, give basic information on the benefits of an inhaler helps and indicate that a reliever inhaler is for emergency. It should be made very clear at the start of this section that using both together is key.</p> <p><input type="checkbox"/> We recommend that the information box on page 27 explain the benefits of using inhalers correctly. For example, stating that the medicine goes to the lungs where it is needed rather than being wasted by being squirted to the</p>	<p>The guidelines are currently a translation of the clinical guidelines for patients and the public. The guideline states at the beginning that it gives you information about "how you can get assessed and diagnosed for asthma, and the approaches that can help. It gives you information about the care you are likely to get an expect"</p> <p>Each medicine has a column called "how it helps" which explains how the medicines work to reduce symptoms.</p> <p>Covered in recommendation explaining your doctor will discuss different reliever inhalers with you.</p> <p>This is covered in the quote on page 27. Side effects are explained on the following pages.</p>	<p>This is a change of emphasis and style for the team to consider.</p> <p>Added emphasis in section “How do I take my asthma medicines”.</p> <p>√</p>
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<p>back of the throat. In addition, the box should indicate that using inhalers correctly reduces the risk of side effects such as oral thrush</p> <p><input type="checkbox"/> The box on Page 36 should acknowledge that it is common for people to worry about taking medicines. Normalising this concern will make people feel more confident talking to their GP about their concerns. This should encourage them to get the information and reassurance they need.</p>	<p>Changed wording to include acknowledgment that worrying is common.</p>	<p>√</p>
<p>Writing style/ language / tone</p> <ul style="list-style-type: none"> · Very appropriate. · The quotes are good but in many cases the “position” of the person quoted isn’t specified. It’s probably clear that they are people with asthma but while that is specified in Jill’s case, it’s not in the others. It could become repetitive to specify it each time so could maybe state earlier that quotes from people with asthma are included? In Sarah’s quote, p.17, it should be “it’s” but it may be “its” in the original quote. · The reference to air compressors not being recommended is bolded on p 63 but not on p 33, bolding just emphasises. 	<p>Suggest remove “patient with asthma” from Jill to keep consistent.</p> <p>Already changed to it's</p> <p>Sentence been reworded to emphasise not recommended.</p>	<p>√</p> <p>√</p> <p>√</p>
<p>How useful is the content?</p>		
<p>Specific comments:</p> <p>p 10</p> <p>“The medicine they usually give you to try are inhaled steroids” No they’re not - they usually start you on a reliever - see p20</p>	<p>The information in the guideline is correct. Added ‘(preventer inhaler)’ to clarify.</p>	<p>√</p>

<p>p16 nurses will ask how many steroid tablets. But surely only if you are taking them. As oral steroids are not the first medicine to be prescribed, shouldn't this bullet point come below "How many inhalers...?"</p> <p>p18 2nd para., last sentence "In severe cases, specialist treatments..." Para about anti IgE should come before that re bronchial therapy as it is mentioned first in the previous para.</p> <p>p24 - how will my doctor decide? Say first that "Your doctor will assess your asthma..." (as this answers the question) and then say "there are five..."</p> <p>p26 It is confusing that the first line treatment is not (as I was led to believe earlier in the document) use of just a reliever inhaler, with a preventer inhaler only if the reliever is used >3 times/week.</p> <p>p28 Spacers are not explained. It seems they don't actually help deliver the medicine (if they did, we'd all use them) don't they help the patient to use their inhaler more effectively? Who should consider asking for or using a spacer?</p>	<p>The booklet says the nurse will ask about how many courses of steroid tablets you have been prescribed since your last review. Have moved the questions relating to inhalers to come before this.</p> <p>Decision to remove this section</p> <p>Reworded section.</p> <p>Reworded table on page 20 to make clearer that preventer inhaler is main treatment of asthma and reliever is only when a person feels their symptoms flaring up.</p> <p>Spacers are explained on page 28 including a photo.</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>
<p>Really good. I love that you make it clear what the quality of evidence is. So often this is not communicated in patient facing literature and we have to read</p>	<p>Thanks this is helpful.</p>	<p>√</p>

<p>the full guideline aimed at doctors. I think it's really helpful and important to understand what is backed by strong, or less strong evidence, what is based on clinical practice that seems to work, and what we don't have any evidence for (or maybe have evidence against!)</p>		
<p>Very useful - covers all that a patient should need to know</p>	<p>Thanks</p>	<p>√</p>
<p>The range of information provided enables those using it to find advice appropriate for their needs. The content is clearly set out from the beginning, defining the condition and its symptoms so that its readers can check out their condition before approaching a GP and later the condition specific nurse and secondary care staff involved in looking after them. It clearly sets out medication, inhalers and also additional approaches to help manage the condition. It explores self-management.</p> <p>It moves from the general to the specific treatment of an asthma attack which should reduce the anxiety in patients and carers. Moves to the specific cases of occupational and obstetric asthma.</p> <p>Finally, it gives useful signposts to more information and support.</p> <p>Excellent graphic information and SIGN specific information.</p>	<p>Thanks</p>	<p>√</p>
<p>I would not recommend discussing IgE and bronchothermoplasty before the standard treatments.</p>	<p>Decision to remove this section.</p>	<p>√</p>
<p>Very, I also like the space to make notes. It means the booklet becomes part of a persons own self-management regime.</p>	<p>√</p>	<p>√</p>
<p>Very useful but think it could be cut down a bit. Maybe too much detail at times. People might want this however. Its good to have so if you had binder, people could read which bits are relevant.</p>	<p>Exploring this option.</p>	<p>√</p>
<p>Overall, the content is informative. It contains a large amount information that will be useful for people with asthma. However, as set out in the answer to</p>		

<p>question one, the content is not as accessible as it could be. This will affect how useful readers will find the content.</p> <p>Specific changes we recommend:</p> <p><input type="checkbox"/> The Asthma Attack card shown on page 47 is an outdated version. The most up to date version is available via our website which you can signpost people to: https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/ . We recommend that an explanation that this is the ‘easy to read’ version. It was originally produced for people with learning difficulties, but can be useful for other people too.</p> <p><input type="checkbox"/> Many of the URLs to Asthma UK pages are out of date. We strongly recommend SIGN check the links to external content before releasing the guidelines.</p> <p><input type="checkbox"/> We recommend adding spaces for people to record questions, notes and information they want to remember. This would make it easier for people to pick out and retain information that is relevant to them. For this to be effective they would need to be encouraged to engage with the material Spaces would have to be accompanied by questions that would encourage patients to engage with the material. Examples of such questions include. ‘Are you worried about side effects? Will these medicines affect other health conditions?’</p>	<p>This section has been removed.</p> <p>SIGN will re-check links before publication.</p> <p>We have some space for this. Will increase if space allows.</p>	<p>√</p> <p>√</p> <p>Have moved side effects section</p>
<p>Content</p> <ul style="list-style-type: none"> · Very useful, and does help patients and carers understand what the latest evidence supports. · P 52; if the baby was unplanned...should there be ref. to discussing pregnancy and asthma with doctor once you find out? · P 53; The ref to smoking doesn’t say unequivocally don’t smoke or you are likely to harm your baby. Presumably deliberately? 	<p>Changed to “if you are pregnant or planning to try for a baby...”</p> <p>No change.</p>	<p>√</p> <p>√</p>
<p>Does the content help patients and carers understand what the latest evidence supports around: diagnosis, treatment and self-care?</p>		

<p>p43 no evidence that avoiding having house pets is of benefit? But what if pet fur is a trigger?</p> <p>p34 Surely homeopathy is known to be ineffective, rather than not having enough evidence? This might be misinterpreted & some people could think "they haven't yet proved it, but it may work"</p>	<p>Clinical members of group advised adding that removing pets from the home is not as effective as expected, partly because the allergens stay in the home</p> <p>Guideline says not enough evidence</p>	<p>√</p> <p>√</p>
<p>YES! See comment above for why I think this is possibly one of the best and most important things about this. Knowing about the evidence will help us work in partnership with our care team better (and hopefully do self-care and self-management better too.)</p>	<p>Thanks</p>	<p>√</p>
<p>Yes</p>		<p>√</p>
<p>The grading of recommendations specifically contributes to this. The altered format of SIGN patient guidelines facilitates this involvement of patients and carers in evidence based decisions about their care and hopefully improve outcomes for them as a result.</p> <p>The content gives information on a clear and jargon free manner and involves them in all aspects of their care. Particularly useful in this regards are patient quotes eg p15 the importance of review in the management of asthma and suggestions in blue throughout to help management of medicines and use of inhalers (p27). Similarly, the advocating of action places (p37).</p> <p>The variety of presentation of information allows patient involvement in treatment to the maximum and enables them to contribute meaningfully to dialogue with clinicians and all those involved in their treatment. Suggestions such as the noting of good and bad days enables this.</p>	<p>Thanks</p>	<p>√</p>

<p>Graphics are excellent for those who obtain their information this way. These range from the “pictograms” at the beginning (p4-5) to the excellent chart on asthma medications (p20-21) which incorporate advice and recommendations with practical instructions on how it should be taken and how it helps, thus promoting compliance.</p>		
<p>Yes</p>	<p>√</p>	
<p>Yes</p>	<p>√</p>	
<p>Yes</p>	<p>√</p>	
<p>Currently the content provides lots of information. However, available evidence on encouraging healthy behaviour changes shows that information alone does not activate or motivate behaviour change⁵. As a result, we suggest adding a section at the start of the booklet. This short section should explain how using the information set out in the patient guidelines could help people with asthma understand clearly what doctor is talking about and help them feel confident enough to ask question. It should also state that the information will help people better understand why their doctor has prescribed different treatments for their asthma and how these work to protect their airways and reduce symptoms.</p>	<p>This is being considered going forward.</p>	<p>This is being considered going forward.</p>