

Comments	Group response	Editorial response
General		
<p>Looking good! my only few suggestions are (and this is me being pedantic!)</p> <p>page 8 - the image of the cold/flu looks more that the figure is vomiting rather than sneezing!</p> <p>page 19 - my worry would be if you put the MDI there like that that people may think it's okay to use it without a spacer</p>	<p>No change</p> <p>Agree, removed image.</p>	<p>√</p> <p>√</p>
<p>Please feel free to use or ignore.</p> <p>Page 7 – wheezing symptom should be “a soft quiet whistling sound” instead of “a noisy whistling sound”</p> <p>Page 9 – “lots of mucous is produced” change to “lots of mucous is produced in the airways”</p> <p>Page 10 – the last sentence does not add anything to this box</p> <p>Page 12 – first sentence in green box. Clunky language. Is the doctor telling you that they have looked and listened and then noting if they have heard a wheeze OR are they telling you and noting that wheeze is present. Might parents assume that if a wheeze is absent then the diagnosis won't be asthma. To me it is irrelevant whether wheeze is present or not and this point is not that helpful.</p> <p>Page 14 – second green box. Perhaps say that the result will be a useful baseline to compare with a measurement when the child is unwell (when it may still be in the normal range)?</p> <p>Page 15 brown box – this is confusing. We have just said that ICS are usually used but say that very occasionally (in my book never) a reliever might be used</p>	<p>Changed to “a whistling sound”</p> <p>√</p> <p>Reworded</p> <p>Reworded</p> <p>No change</p> <p>Agree, deleted paragraph as clear in recommendation box and table</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>Ok to delete as covered better in medicines table</p>

<p>Page 15 green box – watch and see is always a useful strategy, could we add this in?</p> <p>Page 22 – leukotriene receptor antagonists also come in granules for the younger children. Theophylline does not come as an injection – the IV formula is called aminophylline</p> <p>Page 23 – ‘assess’ is a bit of medical word, would ‘check’ be better understood?</p> <p>Pages 27 and 28, and text on page 29 – can all these side effects comments go in one big green box?</p> <p>Page 30 - can we say that children should not be prevented from doing PE/activities due to their asthma. This could be part of action plans.</p> <p>Page 37 – do we dare put in a line about what does not work: HDM reduction measures, removing the cat/dog (unless symptoms clearly caused by exposure), humidifiers, dehumidifiers, ionisers, vitamin supplements</p> <p>Page 6 and 38 diagram – what are the yellow butterflies doing?</p> <p>Page 39 – Not sure I agree with “not out of the blue”. Many children admitted with an asthma attack are perfectly well until</p>	<p>Doesn't state this in guideline?</p> <p>Added granules.</p> <p>Removed injection. Aminophylline outlined in later table.</p> <p>Agree, changed to check.</p> <p>Some text is information and not recommendations. Section has been moved and revised so hopefully clearer.</p> <p>Previous research has shown patients and public do not want to know what is not recommended. However asthma booklet might be different. Checked with editorial and patient representatives.</p> <p>Removed</p> <p>Check with clinical group member</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>Agree, can add for clarity.</p> <p>Agree with reviewer as lifestyle choices that reader has control over and may spend money and time on. Also may find reassurance in not needing to do difficult things e.g. remove pets.</p> <p>√</p> <p>Clinical group member disagrees, reworded to show</p>
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<p>they get a cold the day before so it is often out of the blue in my experience.</p> <p>Page 40 – clunky English. Is the spacer a blue inhaler?</p> <p>Page 43 table – we have not mentioned IV salbutamol. Perhaps we can add this here under ‘other IV treatment’ and include aminophylline and salbutamol here</p> <p>Page 45 purple box – I think the guideline says a week. Could we say 5 working days?</p> <p>Page 50 top green box – ‘doctor or nurse’ throughout this section</p> <p>Page 53 bottom green box – not sure that this is deliverable</p>	<p>Agree, changed to (usually blue) to be in line with rest of booklet.</p> <p>?</p> <p>Guideline says 48 hours. Keep as 2 days.</p> <p>Agree</p> <p>Guideline says clinical recommendation.</p>	<p>that symptoms can develop over a few hours or days.</p> <p>It is in the reliever section, think it’s clearer by type of medicine.</p> <p>√</p> <p>√</p> <p>√</p>
<p>Having just read through this I really like its format and easy to read style. I think this would be very useful for all concerned.</p>	<p>√</p>	<p>√</p>
<p>I’ve read most of this document Sign153 on Asthma and can readily comment on its comprehensive nature and content. It is superb. I’ve no direct experience of this disease in my family, friends, or when teaching in College or supervising staff at work. I found it very interesting to read and learn much more about Asthma but I feel unable to add anything useful to this highly professional document.</p> <p>I wish it every success.</p> <p>Thanks for this opportunity</p>	<p>√</p>	<p>√</p>

Is the layout easy to read?		
Yes	√	√
Yes, I like it and would have loved something like this 22 years ago as a mum with a newly diagnosed wee one	√	√
Yes, although very long! Page 27 is confusing as the toothbrushing bit has jumped down below the box making it seem like it relates to that rather than the mouth conditions. I am sure it has been considered however I feel that it would be good to include something around Bronchiolitis and infants.	Moved beside side effects Not in guideline.	√ Was covered in a separate guideline now withdrawn.
Yes it is easy to read with short concise statements and "boxed" and highlighted areas that are important for parents to identify and refer back to when necessary	√	√
3 things: <ul style="list-style-type: none"> - Page 21: 'preventer inhalers are the main treatment for asthma' Emphasise this major point – colour background, bold, caps, whatever - Page 43 – age issues – above the line about treatment for a child over 2, insert a heading "how old is your child?" - Page 52 – I think it would sit better with other factors – - move complementary therapies to page 47 	Separated to separate paragraph point Added sentence above to say that treatment of asthma attacks vary depending on the age of your child Keep where is? Complementary therapies relates to young people section.	√ √ Discussed and no change at moment although will review in future.

Are the images and diagrams appropriate and meaningful?		
Would be worth including an asthma action plan for adolescents with more appropriate images / wording / font - with young people involved in its design / format	outwith remit.	Would be great. That would be a lovely student project.
Yes	√	√
Yes	√	√
<p>Most images are, however the image on page 38 is a recurring image from the introduction section and does not seem to add more value to the document as a whole.</p> <p>Perhaps the authors could consider adding photos/images of the different inhalers in a single page or included in the treatment table as a form of reference for parents instead of just noting them as "blue", "orange" or "brown"? As there is such a variety of different inhalers on the market.</p>	<p>Is a different image, shows airways during an attack</p> <p>There are so many variations in all shapes, sizes and colours. Other organisations best placed to provide this info?</p>	<p>This image is different, shows attack.</p> <p>Agree with group. Perhaps Asthma UK have this – SIGN can't promote specific brands.</p>
<p>Page 6: healthy and asthmatic airways</p> <ul style="list-style-type: none"> - remove mention of alveoli and lung pockets - remove mention of smooth muscle (too much unnecessary information) - keep images of different healthy and asthmatic tubes <p>Page 8: pollen – show a tree as well as flowers</p> <p>Page 15: insert an illustration of preventer inhaler (do not emphasise reliever.)</p>	<p>No change</p> <p>Keep this as differs between images and explains</p> <p>√</p> <p>√</p> <p>Agree if space</p>	<p>No change</p> <p>Agree to keep as some of the medication described relax the smooth muscles.</p> <p>√</p> <p>Image in spacer section shows this.</p>

Page 19: remove inhaler graphic	Agree, removed	√
Page 38: as page 6	See above	√
Do you think that the language and tone is appropriate?		
See comments above	See above	√
I like it easy to read but contains all the info	√	√
I think so	√	√
Yes, it is appropriate and easy to understand.	√	√
Tone is fine	√	√
Language – page 9 – add '(phlegm)' [in brackets] after 'mucus'	Agree, added	√
How useful is the content?		
Good In the section on young people I would include a comment about confidentiality when seeing the doctor alone. e.g. 'When seeing the doctor alone, your conversation will not be discussed with your parents / family unless you would like them to know what has been discussed or if the doctor has concerns about your safety'.	Added sentence to cover this	√
It's all appropriate	√	√
Very useful and relevant.	√	√
I think this timescale is totally unrealistic – sent on 9th and asking people to read, reflect and respond within 2 weeks	Agree, short timescale for this compared to usual timescales.	√

<p>I would ask ASCS to add that to any feedback to HIS especially as they are asking young people to respond right in the middle of exams for some age groups</p> <p>From my reading of this guideline I was very disappointed at the section on career choice as it seems to list a huge number of potentially inappropriate options without suggesting how YPs can find the positive choices for someone with asthma or advising if challenging with potential exposures would allow a wider choice for those whose hearts are set on one kind of career – I have been very concerned to hear YPs in my clinic stating that they plan to join the Armed Forces when I know this may be ruled out if they still have symptomatic asthma. I have tried to ask for education health to link with the Career advisors in high schools but cannot find out if this happens and if so how often and who initiates it – I had hoped that GIRFEC would help but daren't suggest it at present</p>	<p>Booklet advises to discuss options with doctor or asthma nurse. Can we mention Armed Forces if not in guideline?</p> <p>Further meeting with young people will help to develop this section.</p>	
<p>I completely agree that their timescales are totally unrealistic. Even if we did not have to consult with stakeholders and the Family Participation Group and others to compile a response it would be unrealistically short. I will not be sending to the Family Participation Group members as I would have to insist that they got back within a week which is not doable for families who are often caring for ill children.</p> <p>I do think that we should feed ASCS concerns back to SIGN that such a request is not aligned with the principles of Engagement and Involvement.</p>	<p>See above.</p>	
<p>The Army would look for 4 clear years - without asthma medication.</p>	<p>See above – can we mention Armed Forces?</p>	<p>Not at moment.</p>

<p>The content overall is helpful. Although there are a few concerns:</p> <p>1. Page 7: the symptom of "difficulty in breathing" is not asthma specific and could be misleading. Perhaps the authors could consider adding it at the end as a danger sign and not as a primary asthma symptom.</p> <p>2. With regards to the treatment pages 22 and 28. Although theophylline and long courses of steroids form part of the asthma guidelines they should not be included on the treatment list at this entry level. Perhaps it would be best to not include them in this leaflet (only as an addendum for the sake of completeness) but rather highlight that if asthma is poorly controlled on the basic treatment of blue/brown inhalers and montelukast then it would be best to be referred to a specialist asthma centre for further workup.</p>	<p>Developed by clinicians on group who felt this was a primary asthma symptom. Could be changed to shortness of breath.</p> <p>Check with clinician. Include for completeness?</p>	<p>In guideline as sign/symptom, as shortness of breath. Could change to 'shortness of breath'.</p>
<p>Page 23 seems to be the first mention of a spacer. There is more about spacers later, but I feel it should be mentioned earlier along with inhalers.</p> <p>Page 27 – preventer inhalers are shown as brown. Is this a new standard (because my seretide is purple) and on page 33 the PAAP form asks what colour is your inhaler?</p>	<p>Order of chapter has changed in final version</p> <p>Changed to 'usually brown' – different colours as mentioned earlier.</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>Yes</p>	<p>√</p>	<p>√</p>
<p>I'm sure it will, haven't had the opportunity to share with many young patients and families but will when I can</p>	<p>√</p>	<p>√</p>

As a parent I think so	√	√
Yes it does and it answers the most common concerns parents have with regards to diagnosis, treatment, side effects and when to seek expert advice. The website addresses included in this document and other contact details are essential and also useful in the instance that the parent/carer has more concerns or questions.	√	√
Yes, if amended as shown		√