

Use of the NHLBI Guidelines to Reduce Asthma Morbidity in an Inner City Pediatric Population

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Purpose: Asthma is the most common chronic pediatric illness, disproportionately affecting poor, minority, urban children who often lack access to a medical home and use emergency rooms for care. Use of the Nat'l Heart Lung and Blood Institute (NHLBI) guidelines improves asthma management, but they are long and complex. **Method:** We used the NHLBI guidelines and adapted them to be more feasible for use in primary care. Patients (children with asthma residing in homeless shelters and a low-income very high asthma prevalence community in the South Bronx) were assessed, and controller medication prescribed, using the NHLBI guidelines, on first and follow-up visits (average interval, 4 months). Data from retrospective chart review of 220 consecutively assessed patients diagnosed with asthma with at least 1 follow-up visit were coded and analyzed. **Results:** Initially, 79.5% had persistent asthma; on follow-up this decreased to 66.4% ($p < 0.05$); 63.6% were assessed with moderate-severe asthma, declining to 46.8% ($p < 0.05$). Initially, only 30.0% of patients with persistent asthma were on a controller; this increased to 75.5% ($p < .05$). **Conclusions:** The NHLBI guidelines can be adapted for use by primary care providers without disrupting patient flow or productivity, increasing appropriate prescription of controller medication and decreasing asthma morbidity