

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Indicators for the NICE menu for the QOF

**Indicator area:** Asthma

**Indicator:** NM101

### **Indicator: NM101**

The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis.

**Please note: NICE inherited this indicator when it became responsible for managing the process of developing and maintaining QOF indicators in 2009.**

### **Introduction**

Asthma is a long-term condition affecting the airways in the lungs in children, young people and adults. Symptoms include breathlessness, tightness in the chest, coughing and wheezing. In 2012 in the UK, 5.4 million people received treatment for asthma: 1.1 million children (1 in 11) and 4.3 million adults (1 in 12). Asthma results in over 1000 deaths a year, of which around 90% may be preventable. Almost 40% of these deaths are in people aged under 75.<sup>1</sup>

The diagnosis of asthma is a clinical one; there is no standardised definition of the type, severity or frequency of symptoms, nor of the findings of particular tests. For most people aged over 5 years, conventional lung function tests may provide support for a diagnosis of asthma. Lung function tests include peak expiratory flow (PEF) or spirometry measurements (for example, forced expiratory volume in 1 second, FEV<sub>1</sub>). A significant increase in FEV<sub>1</sub> (>12% from baseline) or PEF after using an inhaled bronchodilator indicates reversible airflow obstruction and supports the diagnosis of asthma. It also

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<sup>1</sup> National Institute for Health and Clinical Excellence (2013) [Asthma](#) NICE quality standard 25

predicts a good response to inhaled corticosteroids. However, an absent response to bronchodilators does not exclude asthma.

## **Rationale**

This indicator requires evidence of variability or reversibility to be recorded for people with asthma who are aged 8 and over. The aim is to support the correct diagnosis for people with asthma in this age group.

NICE-accredited SIGN guidance states that a diagnosis of asthma is probable in children or adults with suspected symptoms, if there is significant reversibility of lung function using PEF or FEV<sub>1</sub>. In line with guidance, this indicator provides an incentive for asthma diagnosis using measures of variability or reversibility in people aged 8 and over, because these people are considered able to have lung function tests. Indicator achievement requires lung function measures to be taken 3 months before, or any time after diagnosis. This provides an incentive for practices to confirm a diagnosis in people newly diagnosed with asthma and in people previously diagnosed without measurements.

## **Source guidance and recommendations**

- [British guideline on the management of asthma](#) (2014) SIGN guideline 141
  - In children with an intermediate probability of asthma who can perform spirometry and have evidence of airways obstruction, assess the change in FEV<sub>1</sub> or PEF in response to an inhaled bronchodilator (reversibility) and/or the response to a trial of treatment for a specified period:
    - ◇ if there is significant reversibility, or if a treatment trial is beneficial, a diagnosis of asthma is probable. Continue to treat as asthma, but aim to find the minimum effective dose of therapy. At a later point, consider a trial of reduction or withdrawal of treatment.
    - ◇ if there is no significant reversibility, and a treatment trial is not beneficial, consider tests for alternative conditions.
  - Offer patients with airways obstruction and intermediate probability of asthma a reversibility test and/or a trial of treatment for a specified period:

- ◇ if there is significant reversibility, or if a treatment trial is clearly beneficial treat as asthma
- ◇ if there is insignificant reversibility and a treatment trial is not beneficial, consider tests for alternative conditions.

### **Further information**

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<http://www.nice.org.uk/standards-and-indicators/qofindicators>