ISRCTN45684820 https://doi.org/10.1186/ISRCTN45684820

Does giving advice on avoiding allergies and triggers improve asthma control? A research trial

Submission date	Recruitment status	[_] Prospectively registered
13/02/2008	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
26/02/2008	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
21/06/2010	Respiratory	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Prof Chris Griffiths

Contact details
Centre for Health Sciences
Barts and the London Medical School
2 Newark st
London
United Kingdom
E1 4NS

Additional identifiers

Protocol serial number
04/016

Study information

Scientific Title
Does structured advice on Allergy and Allergen Avoidance given by practice nurses improve control of asthma in primary care? A single blind randomised controlled trial

Acronym
AAA

Study objectives
The control of asthma can be improved by a structured allergy assessment followed by individualised avoidance advice, given by practice nurses in primary care.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval received from Bristol South NHS Ethics Committee on the 15th November 2004.

Primary study design
Interventional

Study design
Randomised controlled trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Asthma

Interventions
Control patients:
Usual care asthma reviews (UC) consisted of assessment of symptoms, inhaler technique, and medication usage, and provision of self-management action plans.

Intervention patients:
Structured allergen and trigger avoidance advice reviews (AAA) comprised the elements of a usual review as above, supplemented by a structured asthma and allergy assessment consisting of:
1. Skin prick testing
2. Completion of the Structured Allergy Questionnaire and Asthma Trigger Inventory
3. Avoidance advice for identified triggers

Duration of these was about 30 - 45 minutes. There was no further contact with the nurse until follow up 4 months later.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Lung function/symptoms, assessed at 4 months.

Key secondary outcome(s)
Self efficacy, assessed at 4 months.

Completion date
01/01/2006

Eligibility

Key inclusion criteria
1. Diagnosis of asthma, confirmed by 20% peak expiratory flow [PEF] diurnal variation in medical records or 15% reversibility on spirometry (British Thoracic Society [BTS]/Scottish Intercollegiate Guidelines Network [SIGN] 2003)
2. Prescribed asthma medication within the past year
3. Aged between 16 to 55 years, either sex
4. Not had skin prick testing in the past 10 years

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Unable to give informed consent.

Date of first enrolment
01/01/2005

Date of final enrolment
01/01/2006

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

Centre for Health Sciences
London
United Kingdom
E1 4NS

Sponsor information

Organisation
St George's Hospital Medical School (UK)

ROR
https://ror.org/040f08y74

Funder(s)

Funder type
Charity

Funder Name
Asthma UK (UK) (ref: 04/016)

Alternative Name(s)
asthmalunguk, Asthma + Lung UK, Asthma UK

Funding Body Type
Private sector organisation

Funding Body Subtype
Research institutes and centers

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?

Results article	results	01/01/2010	Yes	No