

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

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

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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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.

Study design

Randomised controlled trial

Primary study design

Interventional

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 UK, Asthma + Lung 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?
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[Results article](#)

results

01/01/2010

Yes

No