# How helpful do you think it is for asthma patients to monitor their own peak flow rates?

The comments were either, “not helpful”, “poor compliance and technique dependent”, “rarely helpful”, and “extremely helpful”. A question was raised about where patients can get a peak flow meter and how much they cost, but no reply was given. Two interesting thoughts on why monitoring was helpful are provided below:

We "teach" it, we "preach" it, but alas..... The only thing I haven't tried is having a supply of peak flow meters right here at the office so we could reach in a drawer at initial contact with a newly diagnosed mild/moderate persistent asthma patient, demonstrate the procedure, teach the procedure, have a specific nurse assigned to telephone contact that patient to help them stay on top of daily checking their numbers, following up on the rescue plan we give them and putting together a group of such folks for group visits (sounds like an intervention group to me). My point is, I don't think we are very effective because we have never integrated peak flows into asthma treatment as we have glucometers for diabetes treatment. If we were to, I believe it is possible we would see a comparable rise in patient compliance and efficacy of treatment. But to just write a prescription to get a peak flow meter, give some handouts on how to use it and then expect our patients to self-integrate using peak flows isn't very effective (and that is about what we do here in our clinic).

I find it extremely helpful. Every Thursday afternoon I have an asthma clinic where I see only patients with asthma. The clinic is based on NIH guidelines for evaluation, classification, education, and medical management of asthma. I have teamed with one of our pharmacists who assists me in obtaining handheld spirometry, and medicine delivery technique. The clinic consists initially of 3 separate visits over a 3 month time period. The first visit takes one hour, the next visits are 30 minute sessions each. At the first visit is where the bulk of the education takes place, along with spirometry. At the second visit I review asthma triggers, make changes in the meds if necessary, and give them a peak flow meter. I have them obtain 3 peak flow readings every morning and chart it for me. (I chose the morning time for consistency’s sake). At the third visit I develop an Asthma Action Plan based on their peak flow readings and send them home with a bottle of prednisone. The patients are then monitored at 3, 6, or 9 month intervals based on how well their symptoms are controlled. This plan has been extremely effective in cutting down our urgent care and ER visits for asthma exacerbations