Asthma Scenario

A 52 year old male attends for an asthma review. He is complaining that his Ventolin inhaler isn’t working. All of his observations including peak flow are within the normal ranges.

What would you check?

What would you want to know?

His inhaler technique is adequate, and he cannot identify any asthma triggers.

He was first diagnosed with asthma last year by trial of treatment by one of the GP’s at the practice. He was complaining of being SOB but could not specify triggers. He is currently on Clenil BD and Ventolin PRN. He is taking his medication regularly.

What would you ask?

Does this sound like asthma?

He has never had spirometry.

Think about your history taking- yes, it’s a review but somethings not adding up.

No other medications and no other conditions/PMH.

He lives at home with his wife.

His wife has dementia, and the patient is her main carer.

The last time this patient had an episode of feeling SOB he was driving alone.

Does this sound like asthma?

You do a spirometry that comes back normal.

You ask the patient about his mental health- is everything okay at home- No his wife is becoming more and more violent due to her dementia and he doesn’t know what to do. The patient is very anxious and thinks about it a lot which makes him feel SOB. The patient feels he cannot leave her as she becomes aggressive when he tries to move out and his children are unhappy with him and don’t understand how she can be aggressive.

Is this asthma?

What would you do?

You go to the GP who originally diagnosed the asthma and express your concerns that you feel the issue could be anxiety not asthma- the GP agrees with you and agrees to book a F/U with him so the patient can be supported. This GP is also the safeguarding lead.

What do you now need to do?

Document!

Follow up- remind yourself to check the consultation with the GP and that your feelings were portrayed.

Safeguarding ref

Social services

Offer the patient support- so he doesn’t have to go home- the patient declined.