What is already known on this topic

Clinical specialist nurse outreach to primary care has not been shown to improve patient outcomes.

Education of hospital attenders with acute asthma by asthma specialist nurses has inconsistent effects on unscheduled care.

People with asthma from ethnic minority groups experience high levels of morbidity.

What this study adds

When asthma specialist nurses educated patients and liaised with primary care clinicians, unscheduled care in a deprived multiethnic area was reduced.

Ethnic groups may not benefit equally from specialist nurse intervention.

Ethnicity

Our study was not powered to detect differences in effect of the intervention between ethnic groups, but our exploratory findings are compatible with potentially important differences in outcome between ethnic groups. This is consistent with other work suggesting that minority ethnic groups derive less benefit than majority groups from asthma education.1 No randomised studies of interventions specifically addressing ethnic minority groups have reduced unscheduled asthma care.1,2 These observations are important because interventions that have a differential benefit between majority and minority ethnic groups potentially widen inequalities in health.

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Contributors: See bmj.com

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Competing interests: None declared.

Ethical approval: The study was approved by the local research ethics committee.

7 Monaghi H, Marshall T, Honeybourne D. Asthma education and quality of life in the community: a randomised controlled study to evaluate the impact on white European and Indian subcontinent ethnic groups from socioeconomically deprived areas in Birmingham, UK. Thorax 2000;55:177-83.


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Childhood asthma

Over the past 25 years the prevalence of childhood asthma has risen from 4% to 10%. The main symptoms are chronic or recurrent cough and wheeze. You can confirm the diagnosis by checking peak expiratory flow in children old enough to do this. To find out more, take our learning module on the diagnosis and treatment of childhood asthma on bmjlearning.com. After reading the module, you can test your knowledge with our “Best of many questions” quiz.

Kieran Walsh, BMJ Learning (bmjlearning@bmjgroup.com)

Corrections and clarifications

Experts predict big rise in dengue fever in South East Asia

An out of date URL slipped into the last sentence of this news article by Jane Parry (News Extra, bmj.com, 13 December 2003—www.tropnet.europ is the correct URL for TropNetEurop (the European Network on Imported Infectious Disease Surveillance). Indirect comparison meta-analysis of aspirin therapy after coronary surgery

A few errors crept into both versions of this paper by Eric Lim and colleagues (BMJ 2003;327:1309-11). In the full version of the article (on bmj.com) the printed equations in the statistical methods section should be on separate lines as follows:

\[
\log(RR_{ML}) = \log(RR_{MP}) - \log(RR_{LP})
\]

In the abridged version, the table still contains the errors that were corrected at proof stage in the full version (where it is table 2): the numbers of patients with events and the event rates for Lorenz (both regimens) and Sanz (aspirin regimen) and the relative risk (95% confidence interval) for Hockings should therefore read as in the full version (on bmj.com). Finally, an extraneous “2” slipped into Eric Lim’s email address; eric.lim@csonet.org is his correct address.