

SIGN guideline on Asthma: diagnosis, monitoring and chronic asthma management

Consultation report on: Plain language versions

The consultation

Open consultation took place from 5 May to 27 May. Interested stakeholders were invited to complete a survey to provide feedback on the draft information. A total of 9 individuals participated in the consultation process. Feedback was distributed as follows:

- 5 participants provided comments on the booklet for adults.
- 2 participants commented on the booklet for children.
- 2 participants reviewed and commented on all three booklets, including the third booklet titled Asthma in pregnancy

Please note that not every participant commented on all three booklets. All participants declared their interests as part of the consultation process.

All participants declared their interests.

How do you usually access health information?

Responses

Websites	3
Leaflets	2
Websites and leaflets	3
Leaflet from healthcare team and websites	1

Asthma in adults

1. Please tell us about the way the booklet is written. Is the language and tone appropriate?

Responses: 7

Yes – 6

No – 1

Feedback	Group Response
Written in clear and simple terms. Very easy to follow. Quite big	Thank you.

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	document but good to have all the information		
	Written in way that is clear to patients and families. Explained in simple terms.	Thank you.	
	Well written with pictures and graphics to help the user understand what's important	Thank you.	
	Appears to be well written, although would be mindful of lower UK reading age / literacy in more deprived areas may be around 9 to 11 years old (https://pmc.ncbi.nlm.nih.gov/articles/PMC11480634/). Looking at readability tools this appears to be written at age 15 / 16 approx?	Thank you. Grade 7 (Good) in Hemmingway but we will do further work to lower the reading age of this information. Grade 9 is adult average.	
	Easy to understand and empathy comes through. There's some places that it is quite technical, but I think you've done your best and it's not always possible to dumb things down completely. I would expect the asthma nurse to explain things of people don't understand. The descriptions of medications are useful to have.	Thank you.	
	Written in simple language and comes across as friendly. There are some technical terms but not sure how you get around that. You've explained them well and my asthma nurse and doctor always use these anyway. People should be familiar with them if they are partners in own care as you must know these things. That's how we become experts.	Thank you. We aim to make out information as assessable as possible and will do further work to explain any technical information.	
	There is a mixture of "easy read" parts and parts with more "medical" terminology. It all needs to be as simplified as possible if the intended audience is the patient	Thank you. We will do further work to simplify the information.	

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2. Please tell us what you think of the content. Does the content help people understand what the latest research and good practice supports around assessment, diagnosis, treatment, and management?			
Responses: 7 Yes – 7 No – 0			
	Feedback	Group Response	
	It's a good idea having the information set out in the boxes. Very clear and shows when the information is based on recent evidence	Thank you. This is an evidence-based approach for presenting information.	
	Helps people understand what treatments they should be offered. It's useful to have so people can ask for these rather than asthma nurse suggesting them. Useful to challenge	Thank you.	
	Let's us know about latest evidence and we'll set out so it's clear where the evidence is. The information points Barr really helpful and encourages people to take responsibility for their health by asking questions. The links to videos are helpful	Thank you.	
	Well written, perhaps updated research could be added	Thank you. Plain language version is based on the clinical guidelines so cannot insert other evidence. Managing chronic asthma updated Nov 2024.	
3. Please share any ideas for graphics for inclusion in our booklet. What type of image for the front cover would be meaningful?			
	Feedback	Group Response	
	Inhalers or someone taking it	Thank you.	
	The graphic of the lungs I think is crucial	Agree.	
	Inhalers seems the most obvious graphic	Thank you.	
	Someone taking a MART, dry powder inhaler	Thank you.	
	I suppose it would depend on what an 'average' patient may	Thank you. We had hoped that more people living with asthma would have	

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	associate with asthma - from my perspective, inhalers are often used as visual representation - however it may be worth pooling patient / public thoughts on this.	taken part in our consultation exercise.	
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4. Please share any other comments on the booklet			
	Feedback	Group Response	
	Helpful to have this. Will asthma nurses be made aware of this?	Thank you. We will raise awareness of these with out stakeholders when they are published.	
	Very useful to have, thank you	Thank you.	
	Great booklet, but then I am biased	Thank you.	
	<p>The document frequently refers to "your doctor", however Asthma is often diagnosed / managed by non-medical advanced clinicians (Advanced Practitioner (Nursing and Non-nursing etc), so this may be worth reviewing.</p> <p>On the medications sections, would it be worth giving some examples of these - eg Leukotriene receptor antagonists - would an average patient know this meant tablets such as Montelukast etc?</p> <p>You mention exercise as part of weight control, but should there be a section on exercise in general from a lifestyle perspective etc (With risk management for exercise induced asthma etc) - https://www.resmedjournal.com/article/S0954-6111(23)00135-X/fulltext</p>	<p>Agree, changed to healthcare professional</p> <p>Added Montelukast as example of Leukotriene receptor antagonists and Tiotropium as example of Long-acting anti-muscarinic.</p> <p>We don't know how much exercise to recommend, or what the outcome measure would be. We clearly recommend an active lifestyle, but we can't say anything more than what is recommended for everyone.</p>	
	Useful to have.		
	Do people talk about fixed dose regimen inhaler? Never have this mentioned to me or son. Is it better to just say combination	Changed to 'fixed dose combination inhaler (preventer)' for clarification.	

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	inhaler??		
	<p>General comments – it is not only doctors who help diagnose asthma, a lot of nurses or other AHP can too. I would change to “healthcare professional” to be more inclusive.</p> <p>The document is very lengthy to read and there is repetition throughout.</p> <p>It may be better to have a separate asthma in adolescents’ document.</p> <p>Page 4 - You can get asthma at any age and it is hard to say what causes it. May be better to say “there are many possible causes”</p> <p>Page 5 – Add “bringing up mucus”</p> <p>Page 7 “record breathing in a diary at home” - change to “record peak flow in a diary at home”</p>	<p>Agree, changed.</p> <p>Repetition is reinforcement. We don’t want people to have to keep going back to particular sections for the information so repetition is valid.</p> <p>Now that adolescent section has been removed from SIGN 158 and updated in SIGN 245 there is not enough information to do this.</p> <p>Agree, changed.</p> <p>Agree, added.</p> <p>Agree, changed.</p>	

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	<p>Page 9 - Bronchodilator reversibility (BDR) with spirometry: If your lung function improves significantly after using a bronchodilator, it suggests asthma. – change to it "could" suggest asthma</p> <p>Page 10 - Once you have been diagnosed with asthma, you should expect to have an asthma review with your doctor or nurse at least once a year. Add – this may be done remotely (online, telephone or video) or face to face</p> <p>Page 11 - If you feel your asthma is not well controlled or you have had a "flare up", you can ask for an asthma review at any time. You don't have to wait for your regular review.</p> <p>Flare up is an easier term to understand than "exacerbation" for patients.</p> <p>Page 12 – “have very few or no asthma symptoms during the day” “not need to use your reliever inhaler more than twice a week, and”</p> <p>Page 13 – “Fixed dose regimen inhaler” change to “Separate preventer and reliever inhalers”</p>	<p>Agree, changed.</p> <p>Agree, changed.</p> <p>Agree, changed.</p> <p>Agree, changed.</p> <p>Amended to make clear that we are talking about a combined preventer inhaler and a separate reliever inhaler.</p>	
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	<p>“Reliever inhaler (usually blue)” – new guidelines do not advocate a standalone reliever inhaler so should consider removing this.</p>	<p>We still need to consider legacy patients who have been on this for years. If that is working for people, it will not be changed just for the sake of it. Changed this to separate preventer and reliever inhaler in table of medications. Added ‘separate preventer and reliever inhalers’ to the table in place of reliever inhaler.</p>	
	<p>Page 14 – It is important to make it clear that these are add on treatments, not first line</p>	<p>Agree, added.</p>	
	<p>Page 15 – “Alternative diagnoses” – change to “Other diagnoses”.</p>	<p>Agree, changed.</p>	
	<p>Combine x2 statements at bottom to: “If you are taking a moderate dose of MART, your doctor may suggest a FeNO test) to measure the level of nitric oxide in your breath, or an eosinophil blood count (a type of white blood cell)</p>	<p>Agree, changed.</p>	
	<p>Page 16 - Anti-inflammatory reliever (AIR) - If you have no symptoms you will not need to take any inhaler on a regular basis. You only take this inhaler when you have symptoms.</p>	<p>Agree, changed.</p>	
	<p>Maintenance and reliever therapy (MART) - If you have not used your inhaler as a reliever (not reliver), have very few or no symptoms and have not had any asthma attacks, you should</p>	<p>Agree, changed.</p>	

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	<p>Speak to your doctor about reducing the regular inhaler dosage, or stepping down to AIR.</p> <p>A fixed dose regimen inhaler – (as before, suggest to change to “separate preventer and reliever inhalers” If you have not used your reliever inhaler, have very few or no symptoms and have not had any asthma attacks, you should speak to your doctor about reducing the regular inhaler dosage, or changing to MART.</p> <p>Page 19 – I don’t think metal spacers are common place</p> <p>Page 24 – four times the usual “dose” not “doses” in fixed dose regimen section</p> <p>Page 29 – “reliever” not reliver</p> <p>Page 30 – “reliever” not reliver</p> <p>Page 33 – capitalise “What”</p>	<p>Agree, changed.</p> <p>‘Metal’ removed.</p> <p>Agree, changed to dose.</p> <p>Typo, thank you.</p> <p>Typo, thank you.</p> <p>Agree, changed this bullet.</p>	
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Asthma in children			
Please tell us about the way the booklet is written. Is the language and tone appropriate?			
Responses: 2 Yes – 3 No – 0			
	Feedback	Group Response	
	Clear and easy to understand	Thank you.	
	Well written with pictures and graphics to help the user understand what's important	Thank you.	
	Diagnosis section takes people through process. Tables and boxes are helpful and easy to read	Thank you.	
2. Please tell us what you think of the content. Does the content help people understand what the latest research and good practice supports around assessment, diagnosis, treatment, and management?			
Responses: 3 Yes – 3 No – 0			
	Feedback	Group Response	
	Like the symbols for evidence based	Thank you.	
	This is well set out into appropriate chunks of information. The section on how you can help control asthma is excellent. Medication section is really useful and just enough information. Spacers and inhalers information is helpful and again the right amount and easy to read. Good that information about tests is	Thank you.	

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	given and using the medical terms with explanation which is great. Need that as people need to know medical terms if they want to discuss this with professional. Useful to have information in the boxes for ease of reading		
3. Please share any ideas for graphics for inclusion in our booklet.			
What type of image for the front cover would be meaningful?			
	Feedback	Group Response	
	One drawn by a child with asthma	This may be difficult.	
	The graphic of the lungs I think is crucial	Thank you.	
4. Please share any other comments on the booklet			
Please share any other views on the booklet.			
	Feedback	Group Response	
	A lot of content	There is a lot of content but we want to give people as much information as possible so they can be partners in their care.	
	Great booklets, but then I am biased	Thank you.	
	Really useful document. Thanks	Thank you.	

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Asthma in pregnancy			
Please tell us about the way the booklet is written. Is the language and tone appropriate?			
Responses: 1			
Yes – 1			
No – 0			
	Feedback	Group Response	
	The pregnancy one is really straightforward and short. Accessible information in all 3 booklets. Written in accessible language and flows really well.	Thank you.	