

# Physician response in surveys: Are the responders the users?

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In the current issue of the Journal, Steurer-Stey et al. [1] report a cross-sectional study among general physicians and pulmonologists. The physician's knowledge of principles and implementation of self-management in asthma care was investigated. Three-hundred-sixty-eight out of 1039 invited physicians (35%) responded to the mailed questionnaire. Three quarters of the responding physicians thought their patients about the disease, effects and side effects of the medication and how to use the inhaler devices. It is an encouraging result that the majority of the responding physicians seem to follow international guidelines for management and education of patients with asthma. However, with a response rate of 35% and no adjustment of estimates for non-response, a selection bias cannot be excluded. Mailed questionnaires are often used, and a low response rate is not uncommon in physician surveys. This can clearly impair the validity and generalisability of such results [2, 3]. There is evidence that response rates can be increased by using incentives [4] or reminding mails [5, 6]. However, response rates in mail surveys are often so low that efforts to improve response rates do not consequently lead to a statistically adequate sample. Different approaches have been suggested for adjusting estimates for non-response [7]. On the other hand, physicians as a group are probably more homogeneous in terms of knowledge, training, and attitudes than the general population. It could be argued that variations among physicians may not reflect willingness to respond to the survey and therefore, non-response bias may not be as crucial [3].

Based on the international guidelines [8], peak flow home monitoring is indicated in the initial assessment of the severity of the asthma and the response to therapy. Regular peak flow home moni-

toring for several months or years may be especially useful to patients over 5 years of age with persistent asthma, but might not be necessary for many patients. Fortunately, a considerable number of patients suffers from a mild to intermittent asthma. In this group of patients, daily peak flow monitoring might not be necessary, especially if one takes into account the recent Cochrane-Review by Toelle and Ram [9], which shows no superiority of written self-management plans compared to no written plans. In the physicians' survey of Steurer-Stey et al. [1], general practitioners taught peak flow self-monitoring in 46% and used written self-management plans in 21%. Unfortunately, there is no information about patients' asthma severity. It would be interesting to know how the physicians selected patients either to use peak flow measurement or written self-management plans. In my opinion, the use of peak flow monitoring and written asthma self-management plans should depend on the asthma severity: for instance, in patients with mild airway hyperresponsiveness, normal lung function and few asthma symptoms, treatment can be guided by symptoms only. However, in patients with more severe disease showing moderate to severe airway hyperresponsiveness or airway obstruction in spirometrie, peak flow monitoring and written self-management plan are very helpful to detect asthma exacerbation and thus, allow early intervention and prevention of more severe exacerbations and emergency room visits.

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