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### Patient self management of asthma

Sir,  
Asthmatic patients need to know when to adjust their medication and how to recognize when their asthma is going out of control. The difficulty is how to convey this information clearly. Beasley and colleagues<sup>1</sup> developed a simple self management plan, using daily peak flow readings, for asthmatics and found that patients 'improved significantly in all objective and subjective measures of asthma severity'.

They introduced the concept of potential normal peak flow values. These values are derived from the highest consistent peak flow values achieved or the highest predicted value, whichever is the greater. Patients are given clear action guidelines, based upon a drop in peak flow from the potential normal value — 70% and 50% of the potential normal value are the two action levels for patients.

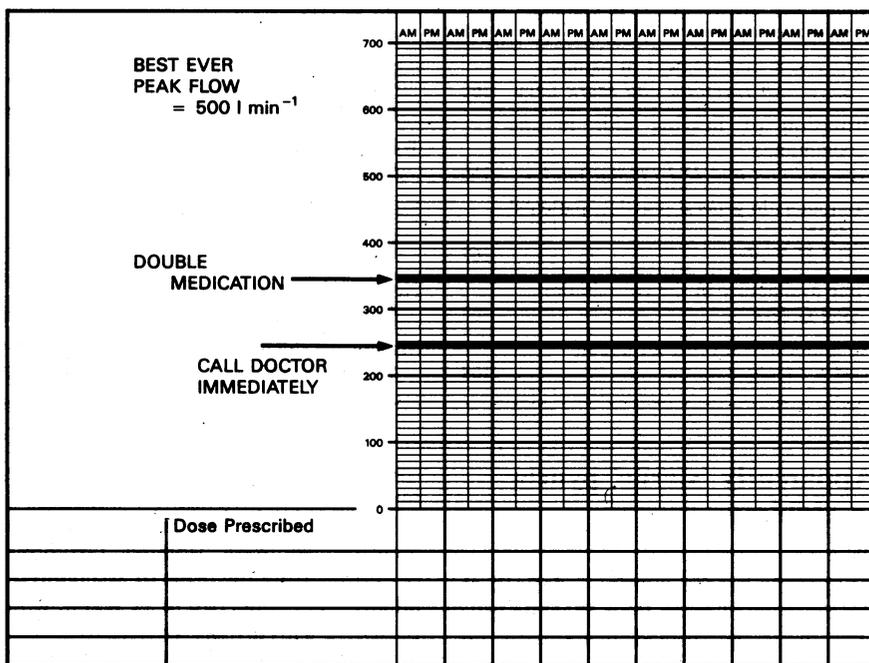
We have devised a method for doctors which simplifies the advice that they may give to patients.

1. Calculate the potential normal peak flow value from the highest consistent earlier documented peak flow rates, or the highest predicted value as described by Beasley and colleagues.<sup>1</sup>
2. Look at the chart (Table 1), to ascertain the corresponding 70% and 50% levels for this potential normal value.
3. Mark the patient's peak flow chart with a line at each of these levels (Figure 1).

**Table 1. Peak flow action level calculator.** Determine the patients potential normal peak flow level and then read off the action levels from left to right.

Predicted (or best)	Peak flow values (l min <sup>-1</sup> )	
	70%	50%
650	455	325
·	·	·
510	357	255
500	350	250
490	343	245
·	·	·
50	35	25

The patient can then see clearly, by keeping a daily record, when their asthma



**Figure 1.** A patient's peak flow chart marked with 70% and 50% levels.

is going out of control. If the peak flow rates drop below the 70% line then patients are advised to double their medication and continue at this dose until the previous potential normal values are reached. They should count the number of days it took to reach these values and then continue at the double dose for the same number of days. If the peak flow rates drop below the 50% line patients are advised to take a dose of oral steroids, double their medication and contact the doctor urgently if they are no better. If they improve on double medication they should continue as above. The steroids should be continued until the potential normal value is reached and then half the daily dose taken for the same number of days.

This advice can be provided in a written form or adapted by the general practitioner or practice nurse to suit the understanding of individual patients. Thus, the excellent research by Beasley and colleagues<sup>1</sup> can be practically applied for the benefit of patients.

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**Reference**

1. Beasley R, Cushley M, Holgate ST. A self management plan in the treatment of adult asthma. *Thorax* 1989; 44: 200-204.

### Provision of hearing aids in the community

Sir,  
Decentralization of the dispensing of hearing aids from hospital based specialist units to general practice based community sites is suggested by the Royal National Institution for the Deaf, because some hospital based services can mean lengthy delays.<sup>1</sup> A survey in 1984 showed that the average waiting time for an ear, nose and throat (ENT) outpatient appointment in the UK was 16 weeks, with regional variation ranging from one to 132 weeks.<sup>2</sup> With an estimated 3.9 million adults with hearing impairment which might be helped by an aid, and an ageing population, this demand will inevitably increase.

General practitioners' views on the proposals of the Royal National Institution for the Deaf need to be established before a community based service for the provision of hearing aids is set up. We therefore conducted a survey among general practitioners in north Kent. Questionnaires were sent to 210 general practitioners asking for their views on hearing aid dispensing by general practitioners in the community, for details of their previous ENT training and whether they would be willing to undertake further ENT training with a view to dispensing hearing aids in the community. One hundred and sixty replies were received (76% response rate).