

# LCQ22: Prevention and control of asthma

Following is a question by the Hon Elisabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 23):

Question:

The Global Initiative for Asthma released this year an updated Global Strategy for Asthma Management and Prevention, in which it stated that it no longer recommended the use of Short-Acting  $\beta$ 2-adrenergic Agonist (SABA) alone by asthma patients aged 12 or above to relieve the symptoms of asthma, and recommended the use of inhaled corticosteroid and formoterol (ICS-formoterol) at the same time. Regarding the prevention and control of asthma, will the Government inform this Council:

(1) whether it knows the following information on asthma patients receiving diagnosis and treatment in the public healthcare system in each of the past five years:

(i) the number of new asthma patients in general out-patient clinics (GOPCs);

(ii) the respective numbers and attendances of asthma patients diagnosed and treated in GOPCs and specialist out-patient clinics (SOPCs), together with a tabulated breakdown by medical conditions of the patients;

(iii) the number of persons sent to accident and emergency departments due to asthma attacks and subsequently died;

(iv) the respective dosages of the various types of medications prescribed by GOPCs and SOPCs for the patients; and

(v) the number of patients prescribed with SABA, with a breakdown by GOPCs and SOPCs;

(2) whether it knows if GOPCs and SOPCs currently:

(i) prescribe medications for asthma patients in accordance with the aforesaid prescription guidelines; and

(ii) prescribe SABA and ICS-formoterol for asthma patients at the same time; if they do not, of the reasons for that; if they do, the details and, as some overseas studies have found that asthma patients generally use only the former, whether similar situation happens to asthma patients in Hong Kong;

(3) given that SABA contains salbutamol, a Part 1 poison on the Poisons List under the Pharmacy and Poisons Regulations (Cap. 138A) and hence may be sold only at a pharmacy under the supervision of a registered pharmacist, but it

is learnt that at present, members of the public can easily buy SABA at a pharmacy without the supervision of a registered pharmacist, whether the Government will step up law enforcement; if so, of the details; if not, the reasons for that;

(4) as some studies have pointed out that about 5 per cent of the global adult population are suffering from asthma, whether the relevant percentage in Hong Kong is far lower than that level; if so, whether the Government has surveyed the number of asymptomatic patients who have not been discovered;

(5) whether it will, by adopting the same practices for coping with cancers and diabetes mellitus, formulate prevention and control strategies as well as action plans for asthma; if so, of the details; if not, the reasons for that; and

(6) whether it knows if asthma patients receiving diagnosis and treatment in SOPCs will be referred to GOPCs for diagnosis and treatment after their medical conditions have become stable; if they will be, whether the Government will allocate additional resources to the Hospital Authority for enhancing the support provided by GOPCs to asthma patients?

Reply:

President,

My reply to the various parts of the question raised by the Hon Elizabeth Quat is as follows:

(1), (2), (4) and (6) The Government and the Hospital Authority (HA) place high importance on providing appropriate care for all patients. According to the Report of Population Health Survey 2014/15, 1.8 per cent of persons aged 15 or above self-reported that they had been diagnosed by doctors to have suffered from asthma. In the HA, asthma patients with mild symptoms and in stable condition are followed up by general out-patient clinics (GOPCs), whereas those who require frequent or special treatment and/or have history of hospitalisation are followed up by specialist out-patient clinics (SOPCs). Doctors will provide suitable treatment regimen according to the clinical conditions of individual patients.

The numbers and attendances of asthma patients followed up by GOPCs in the past five years are set out in the table below.

	2016-17	2017-18	2018-19	2019-20	2020-21 (provisional)
Number of asthma patients in GOPCs	19 849	19 334	19 051	20 085	17 820
Attendance of asthma patients in GOPCs	49 074	47 157	45 907	48 520	46 084

As the HA does not assign codes to SOPC patients by disease type, statistics on asthma patients receiving treatment at SOPCs are not available. In addition, the Accident and Emergency (A&E) departments of the HA mainly provides acute medical care to critically ill or injured persons, and there are no statistics on the number of A&E attendances specified by disease type.

On drugs, the HA has implemented the HA Drug Formulary (HADF) since July 2005 with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy through standardisation of drug policy and drug utilisation in all public hospitals and clinics. The HA has established mechanisms to regularly appraise new drugs and review the existing drug list in the HADF in order to meet contemporary and evolving service needs.

The HA has a variety of drugs for treatment of asthma and such drugs are also available for other therapeutic uses. Hence, the same drug may cover different indications and may be grouped into more than one category in the HADF. The HA is unable to provide the relevant statistics of a drug prescribed with a specific indication. Doctors will prescribe suitable drugs according to the clinical conditions of individual patients.

HA patient headcounts prescribed with Short-acting  $\beta$ 2-adrenergic agonist (SABA) in the past five years are set out in the table below. The patient headcounts include all outpatients prescribed with these drugs for treatment of different diseases and for a variety of therapeutic uses.

Drug name/ class	Patient headcount prescribed with the drug				
	2016-17	2017-18	2018-19	2019-20	2020-21
Short-acting $\beta$ 2-adrenergic agonist (SABA)	141 338	145 090	145 872	144 816	120 195

Various long-acting bronchodilators and combination medications including ICS-formoterol are Special Drugs in the HADF usually prescribed by respiratory specialists. Specialists will arrange detailed investigations as indicated for patients with asthma symptoms and provide appropriate treatment upon confirmation of the diagnosis and according to clinical needs. SOPCs will provide medication instruction for patients prescribed with inhaled drugs and educate them the proper use of the inhaled drug and its side effect so as to ensure medication safety. In addition, these patients are required to attend regular follow-up at SOPCs for monitoring of clinical conditions and adjustment of drug dosage.

The HA reviews annually the type of drugs to be provided in GOPCs based on clinics' operational needs, including the disease types commonly seen (e.g. diabetes mellitus, hypertension, asthma), the patient volume of respective diseases and the clinical conditions of patients (e.g. the severity of diseases), so as to address the medication needs of GOPC

patients. When providing medical services to patients, doctors will advise on and provide appropriate treatment regimen including drug treatment according to patients' clinical conditions. If clinically indicated, doctors may also refer patients to other specialties or services as appropriate.

All in all, the clinical conditions of each patient varies. Apart from referring to various guidelines, doctors will arrange detailed investigations as indicated for patients and provide appropriate treatment upon confirmation of the diagnosis and according to clinical needs.

(3) Currently, salbutamol is a Part 1 poison under the Pharmacy and Poisons Ordinance (Cap. 138) (PPO). For pharmaceutical product containing salbutamol in aerosol dispenser, it must be sold in Authorized Sellers of Poisons (ASPs) (commonly known as licensed pharmacies) under the supervision of registered pharmacists while for other pharmaceutical product containing salbutamol (i.e. except when contained in aerosol dispensers), it is a prescription medicine (Part 1, First and Third Schedule poison) which must be sold on doctor's prescription in ASPs under the supervision of registered pharmacists. Any person who illegally possesses or sells Part 1 poisons commits an offence and shall be liable, upon conviction, to a maximum penalty of a fine of \$100,000 and two years' imprisonment for each offence.

The Department of Health (DH) has put in place an established mechanism to conduct unannounced inspections at ASPs to check whether they are in compliance with the relevant legislation, code of practice and licensing conditions. The DH also conducts test purchases of controlled medicines (including Part 1 poisons) at ASPs. In addition, if the DH receives information regarding any suspected illegal sale of controlled medicines by ASPs, investigation will be carried out immediately and when necessary, joint enforcement action with the Police will be conducted. If contraventions of the relevant legislation are found, the DH will take appropriate action deemed necessary in accordance with the law.

The DH has been carrying out promotional activities to educate the public to consult healthcare professionals for professional advice if they feel unwell or when they have queries whether individual medicines are suitable for their medical conditions before taking any medicines. The public may check the details of registered pharmaceutical products, including its legal classification and sales requirements, from the "Search Drug Database" function of the website of the Drug Office of the DH ([www.drugoffice.gov.hk/eps/do/en/pharmaceutical\\_trade/search\\_drug\\_database.html](http://www.drugoffice.gov.hk/eps/do/en/pharmaceutical_trade/search_drug_database.html)) by entering the English name of the product or its Hong Kong registration number (all registered pharmaceutical products bear a Hong Kong registration number in the form of "HK-XXXXX" on their package.).

(5) Currently, publicity campaigns through various channels (for example, online publications, pamphlets, health information) have been carried out to raise public awareness of asthma and related issues, and the importance of prevention and control of asthma.