First word

Numerous studies worldwide have shown that exacerbation of asthma and chronic obstructive pulmonary disease (COPD) portend morbidity and mortality for patients. Recognising patients at risk of acute severe asthma and acute exacerbation of COPD is one great way of reducing morbidity from these diseases. Use of modern strategies for dealing with these conditions still remain the cornerstone in combating the diseases. However, one overlooked aspect in most centres is the importance of education.

Asthma education is essential, not only for patients but also for physicians, especially in low-income countries. The word ‘doctor’ was derived from ‘doctore’ which means teacher. The doctor should not just emphasise patient care, but also be involved in education of patients and care givers. The goal of asthma education is to empower doctors and health professionals to be educators and teach their patients on how to recognise acute episodes, use peak flow meter, record asthma diary charts and simple measures in the event of an acute severe episode. It also involves educating physicians on how to diagnose asthma, monitor progress of disease through the use of lung function tests, and how to recognise acute severe asthma thereby helping to minimise hospital and emergency visits, and mortality from asthma.

It has been shown that many health practitioners have inadequate knowledge about asthma. Dr. Adeyeye’s article corroborates the fact that many nurses have sub-optimal knowledge about the use of peak flow meter in the management of asthma. In some instances, some were found not to recognise a peak flow meter.

This edition of the African Journal of Respiratory Medicine highlights some of these challenges and emphasises the need for efforts to be intensified at mitigating this gap in knowledge and practice.

Deliberate efforts must be geared towards educating the care givers. Regular continuing medical education should be organised for doctors and other health workers, particularly those directly involved in managing asthma patients. Adequate attention should also be dedicated to communicating with the patients about their asthma in the clinic.

All these will go a long way in helping to minimise the burden associated with the disease. Prof Gregory Erhabor, Co-Editor, AJRM

Contents

2 News/Notes

4 Original Article
Comparison of forced expiratory volume (FEV1) and BODE index in the assessment of health-related quality of life in patients with chronic pulmonary disorder
W Ketata, T Abid, W Feki, S Msaad, N Bahloul, and A Ayoub

8 Original Article
A descriptive study of patients admitted with acute exacerbation of chronic obstructive pulmonary disease in three hospitals in Cape Town, South Africa
L Pienaar, M Unger, and S Hanekom

13 Original Article
A preliminary assessment of nurses’ asthma education needs and the effect of a training programme in an urban tertiary healthcare facility
W Ketata, T Abid, W Feki, S Msaad, N Bahloul, and A Ayoub

18 Original Article
Allergic sensitisation to common antigens among Ethiopian asthmatic patients
K Gidey, A Adem, M Guizaw, K-H Franz, and A Potthoff

22 Case Report
Splenopulmonary fistula complicating hydatid disease
Y Ouadnouni, J Ghalimi, R Sani, M Lakranbi, and M Smahi

24 Case Report
Catamenial right haemothorax due to endometriosis: two case reports
A Ahmed, I Garba, B A Denue, M B Alkali, B Bakki, and H Rawizza

The Pan African Thoracic Society exists to promote respiratory health in Africa. It is supported by the Nuffield Foundation (UK) and the American Thoracic Society.

www.africanthoracic.org