

**Factsheet 22**

Updated on 12 November 2020

Adherence to Asthma medication

This factsheet has been designed for use by healthcare professionals only.

Introduction

One of the key challenges in asthma control is the adherence to pharmaceutical treatment where almost 50% of adults and children do not take their preventer as prescribed.¹ This results in social, clinical, and economic impact on those with the condition, their caregivers and society.² The following factsheet aims to explore some of the reasons for non-adherence as well as the strategies that can be used to overcome this.

Non-adherence can be due to intentional or non-intentional factors. Let's have a look at these factors in greater detail:

Intentional factors contributing to non-adherence include:²

- Different perception around their asthma severity
- Fear of the side effects associated with their medications
- Increased affinity to self-management and natural remedies
- Have accepted the night-time awakening and breathiness as a way of life
- A view that treatment is seen as ineffective and unnecessary

Non-intentional factors contributing to non-adherence:²

- Person with asthma may be forgetful
- The cost of prescriptions may have a financial impact on the individual which is key in the current pandemic
- They may have a misunderstanding and/or lack of counselling around their condition and the role of their asthma treatment in controlling symptoms
- They have a lack of understanding of trigger factors and the role these play in worsening of asthma
- Unavailability of medications
- The person with asthma may have lack of family support

**Factsheet 22**

Updated on 12 November 2020

Adherence to Asthma medication**Increasing adherence to asthma medication**

So, what are some of the key strategies that we can use to increase adherence amongst this population? Understanding the key factors for non-adherence is key, which then enables the provision of potential strategies to overcome these barriers. This can only occur if there is a partnership approach between the patient and the healthcare professional as indicated by Global Initiative for Asthma (GINA). This partnership approach hinges on developing effective communication between the healthcare professional and the person with asthma therefore using the following techniques may be helpful:¹

- 1) Use of open and close questions including the use of empathetic questions can be helpful to do this such as:
 - “Do you find it easier to remember to use your inhaler in the morning or night?”
 - “How many days a week have you been using your inhaler?”

- 2) Undertaking active listening and getting to understand the person’s daily routine and lifestyle is key. This then enables treatment regimens to be coupled with daily routine without it being viewed as an additional task. For example, inhaled corticosteroids inhalers can be kept with the person’s toothbrush. This acts as a prompt for individual so that when they brush their teeth, they know they have to use their inhaler.¹

Whilst communicating with the person with asthma, it is important to ask them about their attitudes and beliefs about their asthma and medications. Getting an understanding of this will then help to create a treatment plan that is truly person-centred increasing the likelihood of the person adhering to their treatment.¹

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Adherence to Asthma medication

Furthermore, it is important to understand if there are any conditions that affect the use of inhalers such as hand dexterity issues. This then may require inhalers to be changed, as one device/medication may be better suited. This will then help to increase the likelihood of the person adhering to their treatment.

For further information on exploring how we can increase adherence please listen to our podcast on www.educationforhealth.org.

References:

1. Global Initiative for Asthma (2019). Available on: <https://ginasthma.org/wp-content/uploads/2019/04/GINA-2019-main-Pocket-Guide-wms.pdf>
2. Determinants of non-adherence to inhaled steroids in adult asthmatic patients on follow up in referral hospital. Available on: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937669/>