



Factsheet 42

Delivering Patient Centered Care

Updated on 5 May 2021

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

I don't need my preventer inhaler!" - A misconception

The National Review of Asthma deaths led by the Royal College of Physicians (RCP), reviewed the circumstances surrounding deaths from asthma from 1 February 2012 to 30 January 2013. One of the key findings highlighted that non-adherence to preventer inhaled corticosteroids (ICS) is associated with increased risk of poor asthma control and should be continually monitored.1

So, why do we still continue to hear people with asthma say they "forget to use their preventer inhaler," or comments such as "I don't really need it?"

As healthcare professionals we understand the pivotal role ICS play in the treatment of asthma which is further echoed by GINA (2021) which states, "they no longer recommend treatment in adults and adolescents with Short Acting Beta 2 Agonist alone (SABA)."2

As healthcare professionals, we can be quick to begin to list the benefits of these medications to the person with asthma, hoping this will convince them to use their medication as prescribed.

However, the first thing we must do is to take a step back and seek to identify the reasons for non-adherence. This will then enable us to tailor our conversation to meet the person's or carer needs. To do this, we must consider the person's or carer's values and beliefs, and gain a thorough understanding of what currently matters to them.³

The reasons for non-adherence can range from not being able to use their device correctly, to experiencing side effects. This may be solved by looking at alternative devices or by using a spacer. It can be simple as the person forgetting to use - or the carer forgetting to give - the medication, often due to their busy lifestyle.

Encouraging the person or carer to couple their medication regimen with an everyday activity can overcome this. For example, could the preventer inhaler be placed next to their toothbrush? So, when they go to brush their teeth in the morning and evening, they also use their preventer inhaler.

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Coupling up medication regimens with daily activities in this way enables the person to see using their medication as less of a burden or an additional task, as well potentially helping to reduce side effects such as oral candidiasis (thrush) as seen in the example above.

Other times, it may be the lack of understanding of the role that ICS plays in controlling their asthma. Linking this to the person or carer personally and how it can improve their quality of life is key. For instance, for parents of young family, this may mean taking their children to the park without feeling breathlessness.

In times of a pandemic...

The Picker Institute in a recent publication (2020) states: "It is tempting to argue that the proper response to a crisis should be to pare back services to their most fundamental elements: to focus singularly on clinical care. But every care episode, every treatment, is at its most basic a personal interaction – and even under the greatest stress we should strive to keep patients at the centre of service." ⁴

So, in order to remove misconceptions around asthma treatment, it is imperative that we step into the shoes of the patient or the carer and see their perspective which then enables us to build a unique partnership with them helping us to deliver solutions which will positively impact their lives.²

References:

- Why Asthma Still Kills (2014). Royal College of Physicians Available at https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills
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