

# Misunderstanding the uncontrolled asthma patient

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## 1 INTRODUCTION

COVID restrictions forced many people to work from home in 2020. This afforded an opportunity to complete asthma reviews by telephone for patients who had previously not attended for their scheduled reviews.

Our objectives were to:

- Understand why patients had not taken up a review of any kind, even a short telephone call.
- Understand the patient's perspective of their condition.
- To categorise whether their asthma could be considered to be controlled or not.

## 2 OUR APPROACH

We undertook a search of our practice database using the Asthma Dashboard (AstraZeneca) to identify adults prescribed short-acting bronchodilators (SABA) and inhaled corticosteroids (ICS) with:

- No review of any type in the previous 12 months,
- Evidence suggestive of overuse of SABA and underuse of their ICS based on prescribing frequency.

A cohort of 25 patients were identified who had been prescribed 6 or more SABA inhalers over the previous 12 months. All 25 patients had been issued with 4 and 6 ICS inhalers over this time period.

## 3 ISSUES IDENTIFIED IN INITIAL CALL

An initial telephone call was made to each patient to establish reasons for non-attendance and current situation.

	NUMBER OF PATIENTS, N (%)
Reasons for non-attendance	
Did not want a review	25 (100)
Did not feel a review was necessary	25 (100)
Poor understanding of asthma	20 (80)
Did not understand why they were prescribed inhalers <sup>a</sup>	3 (12)
No peak flow meter at home	25 (100)

<sup>a</sup>The three patients who did not understand why they had been prescribed inhalers did not have a diagnosis of asthma on their medical record. It was later found that the diagnostic code had been recorded incorrectly and all 3 patients had their diagnosis of asthma confirmed.

## 4 IN DEPTH REVIEW

A 40-minute telephone review was conducted with each patient at which:

- Their diagnosis of asthma was confirmed,
- Their condition was discussed in depth,
- Each patient agreed to use a peak flow meter and diary to record readings for the next 14 days.

All patients were asked to consider why they were taking the SABA inhalers, including the symptoms that prompted them to take SABA and the level of relief they achieved. A follow-up call was scheduled with each patient.

## 5 INTRODUCING A MART REGIMEN

At the 14-day review, all 25 patients provided peak flow results that varied by at least 20%. All patients reported requiring their SABA daily for shortness of breath, cough and/or wheeze. Nocturnal symptoms were reported by 20 patients.

All 25 patients felt that a separate maintenance-plus SABA approach was not working well for them. A Maintenance-and-Reliever-Therapy (MART) regimen was discussed in depth and all 25 patients agreed to switch. The MART plan for each patient was designed around their prescribed ICS dose in discussion with the patient to ensure the device selected was acceptable to them. Each patient was followed up after 1 week to check for any issues and reviews were scheduled at 6 and 12 weeks. Patients were reassured that they could contact the team at any time if they felt that the plan was not working for them.

## 6 RESULTS

### 6-week review

For 22 patients their asthma was well controlled:

- Peak flow was stable and within expected range.
- No additional SABA had been required.

Inhaler technique was reviewed and all patients were using their inhalers well. For 3 patients, their asthma remained poorly controlled and they were invited to attend for FeNO assessment. All 3 patients had high FeNO and additional ICS was included in their MART plan as per the local secondary-care consultant recommendation.

### 12-week review

Asthma was well controlled for 2 of the 3 poorly controlled patients at the 6-week review and the additional ICS was not required. They both had stable peak flow with normal FeNO and no additional SABA required. The remaining patient with poorly controlled asthma at 6 weeks remained on the additional ICS. All other patients had stable peak flow and remained on MART without additional SABA.

### 12-month follow-up

All 25 patients remained on their MART plan with good asthma control.

## 7 DISCUSSION

- Our work highlights the need to individualise patient care to ensure the regimen patients are asked to follow is understood and is one that they can integrate into their lifestyle.
- Peak flow monitoring can be successfully used to help patients to understand the level of control they are achieving and the importance of their ICS for asthma control rather than relying on the short-term relief from their SABA.
- By using the Asthma Dashboard to identify patients with SABA overuse and ICS underuse who did not attend for their regular reviews we were able to identify issues and optimise their care.
- We have now implemented this approach into the EMIS web Asthma QoF template as part of our routine care.