

Supported self-management case history

Teenage asthma

The first in a series of snapshot case vignettes aimed at illustrating self-management opportunities. This case has been brought to you by Dr Vince Mak. Three healthcare professionals have provided their feedback on the case. What do you think?

Asthma - Case 1

14 year old girl – asthma since toddler. Has had eczema but no hay fever. Has occasional bad attacks and days off school with "asthma". Avoids exercise as makes her wheezy, is putting on weight and is in the upper 10%. Wakes once or twice a week with cough. Has 2 younger siblings, one with asthma. Mother smokes but not in the house. She herself claims not to smoke but a lot of her friends do and does not use recreational drugs. Has a cat and a dog and siblings have a hamster at home.

Is currently meant to be taking a combination inhaler containing budesonide 200mcg and formoterol fumarate dehydrate 6mcg, 2 puffs twice a day and has this on automatic repeat and claims to be using it. Uses salbutamol 2-3 times a day as wheezy. Has had two courses of steroids in the last year (one from GP and one from UCC). Does not think that asthma is a major problem.



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Response

Dr Luke Daines, GP, Clinical Commissioner, Researcher

Supporting both 14 year old and parent(s).

This case identifies multiple indicators of poorly controlled asthma; excessive use of SABA, two courses of OCS in past year, regular symptoms. Other considerations: Mother and friends smoking and family environment loaded with potential allergens.

In terms of supported self-management aims would be:

- Education:
 - improve Mum and child's understanding about asthma
 - connecting the symptoms she experiences with poor asthma control
 - discussing aspects that are contributing to poor control
 - smoking cessation advice +/- support/referral
- Regular asthma review – I'd be keen to ensure a period of regular review to consolidate the healthcare-patient relationship, support more intensively and monitor asthma control
- Personalised asthma action plan: completed together after shared agreement of goals.
 - Taking ICS regularly and reducing SABA use
 - Discussing monitoring (ideally PEF as she has poor symptom recognition, but realistically may take time to convince patient of benefit)
 - Discussion of triggers
 - Clear plan for recognising and managing deterioration, discussing medication use and when / who to contact for help



Response

Dr Andrew Whittamore, Clinical Lead, Asthma UK

We firstly need to help them to accept that there is a problem that needs to be addressed. We need to be realistic that all the potential behaviours and triggers cannot be fixed in one appointment. It is also important to help her to take some ownership of her asthma and general health – until now she may have felt that it was her mum's role.

Engaging the daughter about what her health is stopping her doing, whether there are any aspects to her life she would like to change and what she would like to be able to achieve could be a useful opening. She may want to lose weight, feel fitter or not need to use her inhalers in public. She may want to avoid taking steroid tablets or having asthma attacks.

An abnormal spirometry, peak flow or FeNO might highlight to the girl and her family that her asthma is being undertreated. Doing carbon monoxide levels on the girl might reveal that she is either smoking or being exposed to her mother's smoke and trigger a change in behaviour that can be monitored.

Many parents think about their children's health before their own. Mum has already made the effort to smoke away from her children. Have a discussion with mum about the seriousness of asthma and some of the simple measures that she can make and how she can support her daughter to improve her health and reduce her risk.

Information about what asthma is, how the inflammation/symptoms can easily be controlled and about asthma triggers should be shared. The family may respond better to a face to face discussion and/or the Asthma UK website ('asthma and young people') which also has a range of case studies ('your stories').

The Asthma UK risk checker is suitable for adults and children over 12. It produces a tailored report explaining the key behaviours that constitute good asthma self-care.

https://www.asthma.org.uk/advice/manage-your-asthma/risk/?utm_source=print&utm_medium=print&utm_campaign=asthma+attack+risk+checker

We need to understand whether there are any barriers to using her medication as prescribed. Many teenagers have preconceptions about their inhalers and inhaled steroids so being open and exploring this is important.

Allowing the girl to choose an inhaler that she likes and can use effectively may improve adherence.

A written asthma action plan should be completed together. A photo of it can be kept on her phone so that she always has access to it.

She is old enough to engage with social media. Suggest following Asthma UK on Facebook and Twitter this could drip information about asthma and self-care into their lives as well as placing her into a supportive network. The Asthma UK website and helpline nurses can reinforce the messages that we are trying to convey and can be accessed anonymously without the hassle of making an appointment.

We need this family to keep engaging so remaining open and non-judgemental is important. Regular review for a period of time can demonstrate how seriously you are taking the asthma can trigger a change away from complacency. This will also give you an opportunity to repeat and reinforce messages and build up a constructive relationship with the family.



Response

Carol Stonham, primary care nurse practitioner

The first thing we need to do is build a relationship with her so that there is some trust. At 14 she is able to be the active participant in the consultation herself.

We need to gauge what she understands asthma to be as this is often the main problem. Simple explanations – I would draw circles to explain the inflammation and muscle twitch – and include the action

of the inhalers on what is happening in her chest. The effect of triggers on this is really important – smoke, pets, emotion etc.

Explaining what can be achieved (total or near total control of symptoms) shows where it is possible to aim then relating that to a patient set goal (exercise, sleeping well, whatever) so that she has her own aim.

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Measurement to further explain – peak flow, spiro, FeNO which is really helpful, to illustrate the point.

Check inhaler is appropriate (this age group sometimes dislike the shape of a turbohaler!), inhaler technique, side effects etc, agree realistic short term goals and review in a month when, with better understanding, better technique and compliance with meds, she is likely to have achieved goals, FeNO will have dropped (demonstratable measurable improvement) and she will be feeling better.

Talk about triggers (pets), unlikely to get rid but how to manage. Keep on side!



Discussion

Dr Vince Mak, Consultant Physician in Respiratory Integrated Care, Imperial College, London

Each of the responses highlight some of the areas discussed in the article from Taylor and Pinnock in this edition of *PCRU*:

- Engagement and building a relationship with the patient, and in this case her mother, are key. That successful management of her condition will be a collaboration between herself, her family and the healthcare professionals caring for her.
- Patient participation/activation in the process with agreed and realistic goals. Understanding what the patient and her family understand about their condition and the potential for good control (rather than the consequences of poor control).
- Education and providing information are important elements that equip the patient to self manage. The use of objective measurements can help illustrate the problem and give objective goals to aim for as well.

Each response clearly deals with the patient and their family in a holistic and patient-centred approach, and not just knowing what to do when at times of deterioration of their symptoms.