

# We are SABA Guardians - Ask, Advise, Act.



## Darush Attar-Zadeh and Katherine Hickman

This session challenged delegates on their prescribing habits and attention to patient behaviours, and provided tangible tools and techniques for immediate adoption into practice to improve asthma outcomes.



Dr Katherine Hickman introduced the concept of social movement, citing the emotive 'Hello My Name Is' campaign (<https://www.hellomynameis.org.uk/>) as a successful example of driving change in the NHS to improve patients' experience of their care. The Asthma Right Care (ARC - <https://www.pcrs-uk.org/resource/arc>) campaign is adopting this approach, engaging followers and inspiring a grassroots movement to drive much needed change in the often outdated, and habitual patterns of care experienced by people with asthma. Why not take action now and become an @AsthmaRightCare #SABAGuardian?

“ An inspiring environment, with inspiring people. Thank you ”

The consequences of entrenched, out of date prescribing behaviours have been felt, with the National Review of Asthma Deaths (NRAD) finding in 2014 that 75% of the asthma deaths reviewed could have been prevented, had a prescribing review taken place.

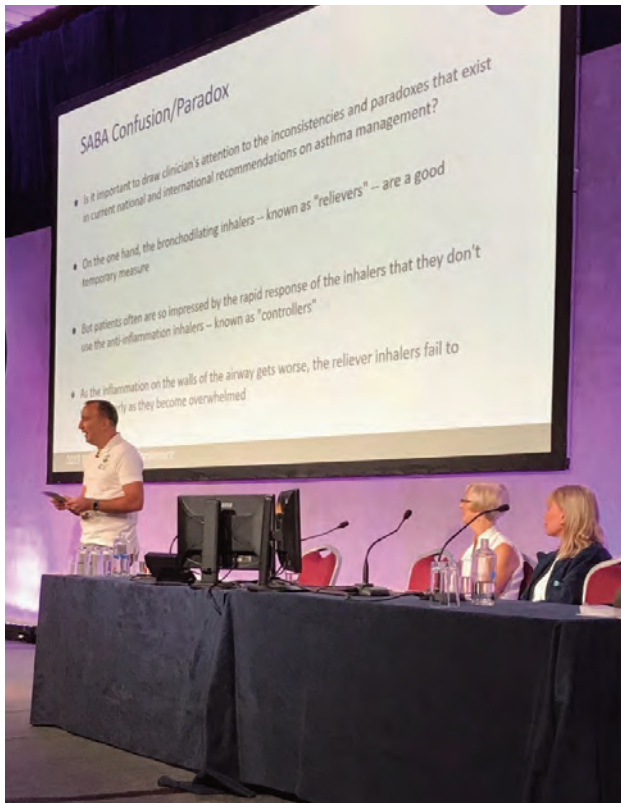
Co-presenter Darush Attar-Zadeh reported on Raj's story, a young boy with asthma who had been experiencing up to 2400 breathless moments a year owing to a primary reliance on his blue inhaler for symptom management; while Katherine recalled the moment her passion for driving change in asthma care was realised, when she learned of a patient who had died clutching her blue inhaler. Darush and Katherine challenged their audience – since NRAD, has anything changed?

### *Ask, advise, act: three pointers in the direction of asthma right care.*

What does asthma control look like? Raj's father was shocked to learn that the 12 blue canisters his son was relying on each year equated to 2400 puffs, and up to 2400 breathless moments. As prescribers, we share a responsibility to have this conversation with the people under our care. GP practices and pharmacies share a unique opportunity to educate patients on symptom control versus treatment, with an emphasis on discussing disease management with people newly diagnosed with asthma. Patients shouldn't expect to be, nor tolerate being, breathless and reliant on their blue inhaler every day. This is a mindset that we, as SABA Guardians, can begin to challenge.

An educational (and entertaining!) demonstration of the Asthma Slide Rule (<https://www.pcrs-uk.org/asthma-right-care>) tool was delivered by the session's co-presenters, who role-played an interaction between a pharmacist and a patient with a prescription for her twelfth blue inhaler in the past year. Using the Asthma Slide Rule to guide their conversation, the health risks associated with SABA overreliance could be clearly visualised to the patient, using a red, amber and green – 'RAG' – rating that explained what good asthma control looks like in terms of puffs. Delegates were given the opportunity to practice using the Asthma Slide Rule. As well as being able to use the Asthma Slide Rule online (<https://www.pcrs-uk.org/resource/asthma-slide-rule>) with your patients, you can also speak to your AstraZeneca representative about ordering the physical tool.

The role-play also demonstrated how physical airway models can be used with patients to explain how their maintenance therapy treats inflammation; advising them that, although their brown inhaler may take a longer time to ease their symptoms, it



is addressing inflammation from the inside to achieve – and sustain – open airways.

Useful analogies were shared, such as comparing asthma inflammation with eczema, and asking patients to consider whether they would leave eczema untreated, were it very visible on their body. Other analogies were discussed, such as dealing with a leak in your house – would you use a bucket (representing the blue inhaler), or call a plumber (representing the brown)? An audience member took the plumber analogy further, suggesting a patient should become the expert plumber, so as not have to call someone for help to manage their asthma.

The ARC Question & Challenge Cards (<https://www.pcrs-uk.org/resource/question-and-challenge-practice>) were introduced here as a valuable tool to use amongst both colleagues and patients. The cards pose questions and provide metaphors that aim to challenge both patient and HCP understanding and behaviours around what good asthma control looks like. The cards have also proven useful in supporting good HCP/patient relationships, as it's perceived that the challenge to behaviours is coming from a third party.

Other successful behavioural change methods included group consultations, which facilitated a parent and child demonstration of how ICS had enabled the child to become symptom free,

which in-turn encouraged a reluctant father to have his son use ICS as prescribed, resulting in improved health at follow-up.

An MDT approach to completing the Asthma Action Plan was encouraged, employing a medicines specialist at the outset, with an appropriate clinician completing the remainder with the patient.

“ Brilliant conference, I was attending for the first time and felt I learned something new. ”

It is the SABA Guardians' mission to do things in the right way, for the right patient, at the right time, and in the right place.

We have data and reports proving SABA overuse as an indicator of poorly controlled asthma, yet we don't change. We don't change our systems, or our prescribing behaviours. If we don't change, we'll get the same outcomes – and this simply isn't good enough.

The Asthma Right Care (<https://www.pcrs-uk.org/resource/arc>) movement asks colleagues to become SABA Guardians, in the same way the antimicrobial resistance movement has inspired us to become Antibiotic Guardians.

This session inspired delegates to believe in the power of a grass-roots approach to achieving change, with a closing reflection on the stand taken by Greta Thunberg – one person inspiring a global movement followed by millions. That's what we'd like to see for Asthma Right Care.

## Identifying some Asthma RISKS(S)

Ratio of ICS/SABA

ICS appropriate use – non-adherence and over prescribing

SABA – over-reliance/dependency in asthma

Knowledge – Asthma Reviews, PAAP, inhaler technique

Smoking cessation offered and 2nd hand smoke, environmental exposure

Spacer use