2010

Challenging the views of self management for asthma

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Publication Details

Challenging the views of self management for asthma

Abstract
• Individual nature of asthma and the asthmatic are not well understood or prioritised as a starting point to improve the uptake of self management strategies • Fuller understanding of 4 P’s from a consumer perspective required • Preliminary audience segmentation herein provide a sound platform for future investigations • Consumer focused evaluations are necessary to understand the present barriers and future facilitators of health behaviour change.

Keywords
challenging, views, self, management, asthma

Disciplines
Medicine and Health Sciences

Publication Details

This conference paper is available at Research Online: http://ro.uow.edu.au/medpapers/47
Asthma in Australia

“Asthma is a common chronic inflammatory condition of the airways which presents as episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways…symptoms can be triggered by viral infections, exercise, air pollutants, tobacco smoke or specific allergens”.

(AIHW, 2008)
• Over 2 million Australians have asthma (10.2%) (AIHW, 2008)
• Significant financial cost - $606 million total health expenditure in 2004-05 (AIWH, 2008)
• People with asthma have worse psychological health and poorer social functioning (Adams et al 2004)
• There is no cure – self management (the product) is a critical issue

Asthma Self Management Guidelines in Australia

• Australian Asthma Management Plan (NACA 2006)
  (1) Patient education and seeking regular review
  (2) Have a written asthma action plan
  (3) Monitoring asthma symptoms

• Asthma self-management strategies improve outcomes for individuals (fewer acute exacerbations), reduce the impact on health service delivery (fewer encounters), and are beneficial for the broader community (improved productivity).

(Sawyer S 2002)
Despite this…

- The uptake of self management strategies is very low (AIHW 2008).
- Asthma patients are typically complacent about their disease and have negative attitudes regarding medication.

Research Question

What do adults want and need in order to better self manage their asthma?
An opportunity for social marketing

- Social marketing has proven effects in population health behaviour change (eg: mammography screening, see AIHW 2000)
  - Consumer orientation
  - Patient perspective
  - Exchange theory

- Consumer orientated research has not been a focus in the research nor development of asthma self management strategies (Jones A et al. 2000; Douglass J et al. 2002).

- A self management approach to addressing asthma management has not necessarily brought about the same improvements seen in other chronic diseases such as diabetes (Gibson et al. 1995).

Methodology

The research will be undertaken in three parts:

1. Literature Review
2. Study 1: Focus Groups
3. Study 2: Surveys
Recruitment and Sampling

- Adults (aged 18+) who have asthma OR who care for an adult with asthma
- Convenience sampling method via the Asthma Foundation’s “Asthma Assist”
- Initial recruitment via email
- Responding participants then contacted by telephone for confirmation
- Five focus groups conducted in Sydney and Wollongong in 2009
- Total of 23 participants (10 males and 13 females)

Acknowledged Bias: Nature of “Asthma Assist” registrants

Results

Findings regarding the audience (the adult with asthma)

- Collectively, respondents were ambiguous in their response
- Individually, participants’ knowledge, skills and health beliefs depended on their own brand of asthma
- Emergence of two main groups/segments:
  - “Compliant”
  - “Complacent”
Results

Findings regarding “Product”

- Self Management was understood by most but not all participants
  “Knowing what your triggers are and knowing the range of medications that are available and what is appropriate in the circumstances. It’s…always kind of having a plan of action to know what your steps should be” Sydney #2

  “I just go to him to get a prescription for symbicort as I said I only take it when I feel as if I need it” Sydney #3

- A generic approach to self management did not sit well

- Medication Adherence, Denial

Findings regarding “Price”

Financial Costs
  “I think the financial burden it places upon you, even just with bedding, mattress covers, pillow covers, the type of doona you have. That’s a big burden, medications, equipment… ventolin …antibiotics…nebulisers…” Wollongong #2

Time & Hassle
  “I’m shocking, I just get out there and do it. Dust storm the other day, decided to go to work…getting out there and exercising, getting off certain foods, personally I haven’t bothered, I suppose you wait until you are in a hospital bed… Until a severe sort of thing happens, I’ve just sort of cruised along” Wollongong #1
Social Costs

- Social stigma was an interesting theme that negatively contributed to feelings of cynicism and despair

  “Some people even as an adult are embarrassed to admit that they have asthma and take their medication when they need to. Like they won’t take it or try and find somewhere to hide” Sydney #1

  “You’ve got to realise it’s not going to be like some sickly little, weedy little person like it used to be. I think some people think asthmatics get sick at the drop of a hat every five seconds” Sydney #1

Results

Findings regarding “Promotion”

- Increasing the uptake of self management strategies through voluntary behaviour change requires:
  1. Self Management messages to be sympathetic to consumers’ own medical and social experiences
  2. Better understanding of consumers’ knowledge and attitudes
  3. Consumers involved and empowered rather than conscripted

  “Sometimes it is very hard to get your health professionals working as a team because I have two GP’s and an asthma specialist. Sometimes they don’t convey to each other what their plan is, or they have a different plan” Wollongong #2
Results

Findings regarding “Place”

“There’s not a great deal of social support” Wollongong #1

“Maybe a public campaign to make people more aware” Sydney #3

“Ready access to somebody like an asthma educator, like an expert that really knows a lot about current trends, current medications, like delivery of it with the spacers, all that common stuff that can, you can go and see and show you what is happening with these, a face to face interaction….have like a youtube video, this is how you should be taking your medication. Some thing you can click onto their website and go, see how you should do it. Watch the video…..” Sydney #1

“Go and find an asthma friendly doctor” Wollongong #2

“The chemists are always good” Sydney #1

Conclusions and Public Policy

Implications

- Individual nature of asthma and the asthmatic are not well understood or prioritised as a starting point to improve the uptake of self management strategies
- Fuller understanding of 4 P’s from a consumer perspective required
- Preliminary audience segmentation herein provide a sound platform for future investigations
- Consumer focused evaluations are necessary to understand the present barriers and future facilitators of health behaviour change.
Thank you

Question Time

References


