



REVIEW

Asthma self management in adults: A review of current literature

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Abstract Self management programs for chronic conditions, such as asthma, have an important place in healthcare delivery. When properly implemented, they can curb the impact of disease and reduce both the high personal costs for individuals and significant financial costs for health care systems. The purpose of this review was to establish an understanding of current published literature on asthma self management programs in adults and to identify any reported attributes or components which serve to either assist or obstruct the uptake of self management strategies. Electronic data sources including Scopus, Proquest 5000, CINAHL, PubMed and Web of Science were accessed and literature searches were conducted using the key terms: asthma, chronic disease, self management, morbidity, quality of life, health outcomes, patient education and best practice. Inclusion criteria for the search included journal articles relating to adults with asthma published in English in peer reviewed journals from 1995 to 2011. Exclusion criteria included research targeting children, parents of children or families; and articles examining Asthma and COPD (or any other co-morbidity). Sixty four articles were included in this review due to their relevance to the major components of asthma self management, as defined by the Australian Asthma Management Handbook. A major conclusion from this review was that the uptake of asthma self management strategies is poor despite global recommendations for over twenty years; and that a likely reason for this is that generic asthma self management advice does not engage the individual with asthma.

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Introduction

The problem with asthma

Asthma affects more than 300 million people globally (Masoli, Fabian, Holt, & Beasley, 2004). Over two million of these are Australian – Australia’s prevalence rate of 9.9% is high by international standards (ACAM, 2011). In addition to poor respiratory health, asthma is associated with poor psychological health and poor quality of life (ACAM, 2011).

There is also a sizeable financial cost attributable to asthma in Australia, with overall expenditure on the disease estimated at \$606 million in 2004–2005 (AIHW, 2008). This is comparable to other more ‘high profile’ diseases, such as stroke for which total health expenditure was \$546 million during the same period (AIHW, 2008). Poorly controlled asthma is therefore a major contributor, not only to mortality but to the economic burden of disease (Accordini et al., 2006).

Although there is no cure for asthma, there are established and effective self management strategies to help patients and their health professionals control the disease and prevent the worsening of symptoms. As per the Asthma Management Handbook (NACA, 2006), asthma self management in Australia refers to (1) the provision of a written asthma action plan, (2) actively monitoring asthma symptoms and (3) patient education and regular medical review. These three components are also evident in health policy and clinical guidelines in other countries, such as the National Asthma Education and Prevention Program in the US (Urbano, 2008) and the British Guideline on the Management of Asthma in the UK (British Thoracic Society, 2011).

There is a significant body of evidence to suggest that 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, 2002). Yet, despite over twenty years of national recommendations for the use of written asthma action plans (WAAPs) to help facilitate self management, only 14.4% of Australians (aged over 15 years) with asthma reported having one in the 2007/2008 National Health Survey (ACAM, 2011).

The concept of self management

Self management, originally based on the self efficacy theory of Albert Bandura (Creer & Christian, 1976), can be simply referred to as the day-to-day management of a chronic disease (Lorig & Holman, 2003). The question of *how*, not *if*, one self manages becomes the central issue for patients with a chronic disease which is typically a lifelong and ever-changing condition (Lorig & Holman, 2003). Definitions, understandings and applications of the concept of self management in the literature however, are not straightforward.

Asthma is distinguished by recurrent attacks of breathlessness and wheezing due to inflammation of the air passages in the lungs (WHO, 2012). Symptoms are typically triggered by viral infections, exercise, air pollutants, tobacco smoke or specific allergens (AIHW, 2008). Despite the impact of asthma on an individual’s physical health, their social relationships and work life, asthma control (the aim of self management) is poor in Australia, with over 88% of South Australian adults with asthma reported to have experienced asthma symptoms in the 12 month period of 2009 (ACAM, 2011).

Corban and Straus (1988) categorize the components of self management into three areas: (1) medical management, such as medication adherence; (2) lifestyle management such as identifying and managing environmental triggers; and (3) psychological management, such as learning to

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