

# Discussions between medical providers and children/caregivers about the benefits of asthma-control medications

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## Abstract

**Objectives:** To describe the content of discussions between general pediatric providers and children and their caregivers about the benefits of asthma-control medication; describe the extent to which these discussions occur; and examine factors that are associated with medication benefit discussions.

**Design:** Cross-sectional secondary analysis of audiotaped medical visits.

**Setting:** Five primary care pediatric clinics in North Carolina.

**Participants:** 35 pediatric providers and 248 children with persistent asthma and their caregivers.

**Main outcome measures:** Presence of discussion about benefits associated with asthma-control medications.

**Results:** Providers discussed benefits associated with asthma-control medications during 56% of medical visits. Benefits were more likely to be discussed when the child was younger and when medication adherence was discussed during the visit. When providers discussed benefits of asthma-control medications, they were most likely to ask questions and make statements regarding symptom control/prevention.

**Conclusion:** General pediatric medical providers often do not discuss the benefits of asthma-control medications. Pharmacists could fill this information gap by counseling both children and their caregivers about benefits that a child with asthma can expect as a result of treatment.

**Keywords:** Asthma, communication, medication, patients.

*J Am Pharm Assoc.* 2014;54:251–257.

doi: 10.1331/JAPhA.2014.13097

Received May 17, 2013, and in revised form November 1, 2013. Accepted for publication January 10, 2014.

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**Disclosure:** The authors declare no conflicts of interest or financial interests in any product or service mentioned in this article, including grants, employment, gifts, stock holdings, or honoraria.

**Funding:** Agency for Healthcare Research and Quality.

Asthma is an important health problem, affecting approximately 9 million children in the United States alone.<sup>1</sup> Asthma is characterized by inflammation and constriction of the airways, leading to breathing difficulties. Children diagnosed with asthma are likely to experience symptoms that negatively affect everyday living. The onset of symptoms can lead to limited daily functioning, decreased quality of life, and avoidance of physical activities.

The current treatment for persistent asthma consists of rescue medications and control medications. Rescue medications are taken to immediately relieve symptoms, while control medications are taken on a regular basis to reduce the likelihood of an exacerbation. Numerous studies have shown that adherence to asthma-control medications is poor, leading to overdependence on rescue medications and the increased likelihood of experiencing daily symptoms, as well as higher medical costs.<sup>2,3</sup> Major causes of poor adherence include concern about medication-related risks and limited knowledge about the reasons for using asthma-control medications.<sup>2-6</sup>

Prior research has shown that effective communication between providers and patients may significantly improve medication adherence in asthma.<sup>7</sup> National asthma practice guidelines recommend that medical providers educate patients at every opportunity about the condition, the patient's self-management skills (e.g., adjustment of medications based on peak flow or symptoms, avoidance of triggers), and asthma medications.

An important component of teaching patients about their medication is discussing the benefits that the medi-

ation will provide if taken correctly. Prior research has shown improvements in adherence when patients are educated about their medications at initial diagnosis and at every step in their asthma care.<sup>2</sup> A key component of asthma education needs to focus on what to expect from treatment. This discussion necessitates educating children and their parents about the benefits of asthma-control medications.

No prior study has examined discussions about medication benefits at pediatric medical visits or how often children are involved in such discussions.

## Objectives

The objectives of this study were to describe the content of discussions between general pediatric providers and children and their caregivers about the benefits of asthma-control medication; describe the extent to which these discussions occur; and examine factors that are associated with medication benefit discussions.

## Methods

### Overview

The University of North Carolina-Chapel Hill Institutional Review Board approved this study. We conducted a cross-sectional secondary analysis of data collected from a previous study funded by the National Heart, Lung, and Blood Institute (NHLBI) that examined provider-caregiver-child communication about asthma at primary care visits. The data were collected from June 2006 through October 2009. The study sample included 296 children with persistent asthma and 35 medical providers (physicians, physician assistants, and nurse practitioners) from North Carolina. Providers, children, and the children's primary caregivers were recruited from five primary care pediatric clinics in the state. Study data included de-identified clinic visit audiotapes, child interviews, and caregiver surveys.

### Participants

Children were eligible for the original study if they were between the ages of 8 and 16 years; were able to speak English and could read the assent form; had been seen at the clinic at least once before; were present at the visit with an adult caregiver (parent or legal guardian) who could read and speak English and who was at least 18 years of age; and were categorized as having mild or moderate/severe persistent asthma.

Children were classified as having mild persistent asthma if at least one asthma-control medication was being taken on the day of enrollment and/or asthma symptoms were experienced more than two times per week, but not every day, during the year before enrollment. Children were classified as having moderate/severe persistent asthma if at least two asthma-control medications were being taken on the day of enrollment and/or asthma symptoms were experienced on a daily

### At a Glance

**Synopsis:** This study analyzed data related to the communication between 35 medical providers and 248 children with asthma and their caregivers at five pediatric care clinics in North Carolina. The researchers analyzed audio recordings, interviews, and surveys to evaluate the content of these discussions and determined that providers shared information about the benefits of adherence to asthma-control medication at only 56% of office visits.

**Analysis:** *Pediatric asthma remains a significant health problem in the United States. This study indicates that physicians are not discussing the importance of adherence with patients and their caregivers, and they may not be spending sufficient time emphasizing the benefits associated with asthma-control medications. This may be due to office visit time constraints or the belief that such information does not warrant repeated mention. Pharmacists could play a key role in keeping patients informed about medication benefits.*

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