



Development and validation of the Patient Asthma Concerns Tool (PACT) to identify the needs of older people with asthma

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Summary

Background: Tools which assist practitioners to identify patient concerns and increase understanding of their needs can improve both the delivery of care and adherence to treatment. The aim of this study was to test the validity and reliability of a 14-item tool, to identify the unmet needs and concerns of older people with asthma.

Methods: The Patient Asthma Concerns Tool (PACT) was developed from a pool of 55 items derived from a comprehensive literature review. After pilot and field testing, the initial 55 item questionnaire was administered to a community sample ($n = 193$), psychometrically tested, and refined to a 14 item PACT tool which was evaluated by a group of clinicians.

Results: The PACT was shown to have good content and construct validity and was well received by clinicians. The PACT also correlated well with the Juniper ACQ and Brooks' adherence score on related variables and showed good reliability with good–excellent Kappa and ICC scores. Internal consistency of factors was high, and the overall Cronbach's α was 0.70.

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Conclusion: The PACT questionnaire was shown to be a valid and reliable tool clinically and psychometrically. We intend to test it in primary care settings and anticipate that its use will assist health professionals to identify the needs and concerns of older patients with asthma and direct tailored asthma management accordingly.

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Introduction

Improving asthma outcomes in older people is a major challenge. The ability of primary care physicians to discuss underlying patient concerns is associated with better patient adherence to recommendations, patient and physician satisfaction and increased patient involvement in their treatment.^{1,2} In medical consultations however, the older patients' concerns often remain unvoiced and unrecognised. In the management of diabetes, concerns about medication costs, side effects and a desire to reduce medication burden, have been shown to lead to non-adherence.³ Similar issues have been observed in the management of asthma.⁴ Asthma in older people is poorly understood in the community and many older people live with unmet concerns about their asthma and asthma treatment.^{5–8} The evidence also suggests that older people play down their symptoms, while an increasing proportion of older people are dying from asthma.⁷

Under-recognition and reporting of symptoms affects management in primary care settings. This is a concern particularly given the ageing population in most Westernised countries and the increasing numbers of potentially affected people. The older patient's and the physicians view of unmet needs can differ considerably,⁹ and communication is impeded when clinicians are not specific and patients do not volunteer information regarding their concerns or asthma related problems.⁸ A lack of validation of patients' concerns remains a major cause of discontent with their medical practitioner.¹⁰ As such, practitioners may be assisted by a simple tool such as a questionnaire to address patients' perceived needs. It is likely that better communication between physicians and older patients regarding unmet needs and concerns will improve asthma

outcomes in older people,¹¹ although randomised trials demonstrating this and justifying the inclusion of such principles in asthma guidelines are awaited.^{10–12}

The use of pre-visit questionnaires has been recognised as an effective method for enhancing patients' involvement in their care and for identifying potentially unrecognised concerns.^{1,14} We therefore designed the Patient Asthma Concerns Tool (PACT) to allow older patients to communicate their asthma concerns and needs and to help physicians identify issues which should be addressed. The purpose of this paper is to present the psychometric development and validation of the PACT instrument.

Methods

In the first stage we developed a survey, the Asthma Needs Questionnaire (ANQ), to determine the unmet needs and concerns of older people with asthma, with a specific focus on asthma management behaviour, education, care and treatment. In the second stage we conducted psychometric testing and refinement to produce the 14 item PACT questionnaire.

Study population

Participants were recruited from two sites, in NSW and Victoria [Table 1]. Eligible participants were aged over 55 years and had a doctor diagnosis of asthma. They were ex- or non-smokers had smoked <10 pack years.

The pilot sample ($n = 32$) was randomly selected from a volunteers' database (Woolcock) and outpatient waiting areas (Alfred Hospital). The field-testing stage recruited a new sample ($n = 41$) of participants using the same

Table 1 Summary descriptives of study samples.

	Pilot study	Field study	Community study
Subjects (n)	32	40	193
Age (years, mean \pm SD)	65 \pm 7	70 \pm 9	68 \pm 9
Gender			
Male (%)	10 (31)	19 (46)	70 (36)
Female (%)	22 (69)	22 (54)	123 (64)
Current preventer ownership	^a	100%	83%
Lung function (mean FEV ₁ % predicted)	^a	78% \pm 21	80% \pm 29 ^b
ACQ (mean \pm SD)	^a	1.1 \pm 0.7	1.4 \pm 1.1 ^b
Adherence score (mean \pm SD)	^a	1.7 \pm 1.4	1.9 \pm 1.5 ^b

^a Data unavailable from pilot sample.

^b Results refer to a sub-sample ($n = 44$) of the community study where lung function was measured. Adherence score refers to delineation in adherence out of a possible total of 6. Adherence ($n = 32$) 12/44 participants were not currently taking any preventer medication.

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