

**Brief Report****Multidisciplinary Consensus on the Nonadherence to Clinical Management of Inhaled Therapy in Spanish asthma patients**

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**ABSTRACT**

**Purpose:** Rates of nonadherence to asthma treatment in Spain are between 24% and 76%, which results in poor disease control and increased health care costs. The main objective of this multidisciplinary consensus was to investigate the opinions of health professionals and patients regarding adherence to inhaled therapy in Spain. The results will help to identify the causes of nonadherence and to establish strategies to detect and correct the problem.

**Methods:** This research was conducted by using a modified Delphi method organized into 2 rounds and involving a panel of 64 physicians, 16 nurses, and 10 community pharmacists. In addition, 70 patients with asthma completed a simplified 1-round survey, based on the Delphi questionnaire. The items proposed to reach a consensus included topics such as impact and

causes of nonadherence, as well as strategies to improve adherence to treatment.

**Findings:** Expert panelists reached a consensus on ~80% of the items proposed. They agreed that the lack of control in asthma has an important economic impact. The causes of nonadherence with more agreement were the patients' beliefs about treatment and the complexity of the inhalation devices. Panelists agreed that the most important strategies to improve adherence were modification of patients' beliefs, training of professionals in the management of adherence, and personalization of interventions. Most patients

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only agreed with items that referred to strategies to improve adherence.

**Implications:** Although the problems, impact, causes, and interventions regarding nonadherence to asthma treatment are known, adequate monitoring of adherence to treatment is not performed. A multidisciplinary and personalized approach is necessary to control and improve adherence. (*Clin Ther.* 2017;39:1730–1745) © 2017 Elsevier HS Journals, Inc. All rights reserved.

**Key words:** adherence, asthma, Delphi, inhaler, multidisciplinary, treatment.

## INTRODUCTION

Nonadherence to treatment by patients with asthma is a widespread problem. A recent study in Spain showed that the prevalence of poor asthma control among patients attending physicians' offices due to symptom worsening is 76%.<sup>1</sup> Even in patients who visit the physician to renew their prescription, poor control is ~24%. This lack of adherence results in poor control of the disease, a rise in exacerbations, increased use of health resources, and raised health care costs.<sup>2</sup> International guidelines on asthma management, such as the Global Initiative for Asthma and the Spanish Guidelines for Asthma Management (Guía Española del Manejo del Asma), consider adherence to treatment a problem and emphasize the need to address the problem before considering changes in treatment.<sup>3</sup> Studies evaluating the effectiveness of these recommendations are limited and not well defined.

Nonadherence in asthma has been associated with many factors, such as a patient's beliefs, misunderstanding the instructions, forgetfulness, absence of a daily routine, or difficulties using multiple and different inhaler devices. There have been no recent studies in our environment on the importance of factors associated with nonadherence.

The main objective of the present multidisciplinary consensus was to investigate the opinions of health professionals and patients regarding their adherence to inhaled therapy in Spain. We could then define the most important causes of nonadherence in patients with asthma to reach a consensus on the best strategies to detect nonadherence, to establish the most effective interventions that can correct the

problem, to define the role of individuals involved in the control of asthma, and to determine how they can participate in improving adherence.

## SUBJECTS AND METHODS

### Study Design

The study was designed to explore the perspectives of both medical experts and patients with asthma. On one side, a 2-round modified Delphi method was used to obtain the best possible agreement among a broad panel of medical experts in asthma. On the other side, a simplified 1-round survey based on the Delphi questionnaire was conducted to explore the opinion of patients with asthma to define the impact, causes, and individual diagnosis of nonadherence to therapy.

### Participants

Four types of participants were included in the study. The scientific committee comprised 8 experts in asthma officially representing several Spanish scientific societies involved in specialized or general respiratory medicine. The research assistance team, which directed and oversaw the entire process, was responsible for the distribution and analysis of the questionnaires. The expert panel consisted of a multidisciplinary team selected by the scientific committee and included 64 physicians (primary care and specialists in allergy and pulmonology), 16 specialized nurses, and 10 community pharmacists. (Members of the expert panel are listed in the [Supplemental Appendix](#) given in the online version at <http://dx.doi.org/10.1016/j.clinthera.2017.06.010>.) The sample size was determined by the scientific committee, who provided names of experts in education/adherence in asthma. A greater number of physicians were included because they are the main health professionals who prescribe inhalation devices. Finally, 70 volunteers with asthma of various geographical origin, sex, and age range who were representative of the Spanish population with asthma were adequately informed and agreed to complete the survey. The questionnaire was sent to these volunteers by the National Federation of Respiratory Associations in Spain (Federación Nacional de Asociaciones de Enfermedades Respiratorias), a Spanish organization formed by numerous other patient advocacy groups and associations. These associations obtained consent from the volunteers to use their answers in the study.

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