

Intervention: Options for self-management education for adults with asthma

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the Intervention:

Asthma education and self-management are key recommendations of asthma management guidelines because they improve health outcomes. There are several different modalities for the delivery of asthma self-management education. This review looked at 15 different programs divided into three types. One optimized asthma control through inhaled corticosteroid use by regular medical review or by individualized written action plans; another used written self-management plans based on peak expiratory flow self-monitoring compared with symptom self-monitoring; the last compared different options for the delivery of optimal self-management programs. All were for people 16 and older.

Findings from the systematic reviews:

Six of the studies compared optimal self-management (self-adjustment of medications according to written action plan) to adjustments of medications by a doctor. These two types of asthma management yielded equal results for hospitalization, emergency department visits, unscheduled doctor visits, and nocturnal asthma.

Six studies compared self-management with a written action plan based on peak flow to self-management using a symptom-based written action plan. Results were equivalent between the two methods.

Three studies compared self-management options. In one that provided optimal therapy but eliminated regular medical review, there were more doctor visits and sick days. Another compared high-intensity with low-intensity patient education, and the low-intensity education was associated with more unscheduled doctor visits. A third compared written action plans with oral instruction, and found no differences in health care utilization or lung function.

Conclusions: Written action plans based on peak flow are equal to symptom-based action plans. Reducing the intensity of patient self-management education or level of clinical review may reduce its effectiveness. Optimal self-management that allows for optimal asthma control by adjusting medications may be accomplished either by self-adjustment (with the aid of a written action plan), or by regular medical review.

Limitations/Comments:

This intervention page includes references written in 2000 or later. There are many options for action plans and for patient educational materials, so those considering an intervention of this type should look for new materials that are tailored to the population and that reflect the most current knowledge about asthma.

Reference:

Powell H, Gibson PG. Options for self-management education for adults with asthma. *The Cochrane Database of Systematic Reviews* 2002, Issue 3. Art. No.: CD004107. DOI: 10.1002/14651858.CD004107.