

ALERT

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ED RELAPSE STUDY by Mat Reeves Ph.D.

The emergency department (ED) is a place people with uncontrolled asthma frequently visit. It is also common for people who visit the ED for asthma to require additional urgent medical care visits within about two weeks—a problem known as relapse. Inadequate asthma knowledge, the lack of an asthma management plan, and poor coordination of primary care are thought to contribute to asthma relapse. One solution to the problem of ED asthma visits and relapse is to educate the patient, however the effectiveness of asthma education interventions in the ED setting remain uncertain.

A recent demonstration study in Grand Rapids was designed to test whether a structured comprehensive asthma education program delivered by an asthma nurse-educator would be effective in reducing asthma relapse in people who visited the ED. The target population was consecutive patients coming to the ED for treatment of an acute asthma exacerbation. Eligible patients had to have moderate-to-severe persistent asthma, or have used the ED for asthma care in the last year. Adults (18-74 years) and children (2-17 years) were randomized separately. All patients received usual ED care.

The intervention was provided at two points in time. First, within a few days of the ED visit an office visit was arranged between the patient, the primary care doctor and the nurse-educator to review the current management and treatments, and suggest improvements with a focus on the use of inhaled corticosteroids and a written asthma management plan (AMP). Second, about six weeks after the ED visit, the nurse-educator conducted an in-home environmental assessment to identify possible trigger exposures, and also reviewed the patient's medications, AMP, and self-management techniques.

Follow-up telephone interviews were conducted two and six months after enrollment to obtain information on the need for urgent asthma care. 239 patients from the 1,745 subjects screened were enrolled and randomized into the study. 46% of the study participants were adults, 46% were male, 30% were African American, 56% had moderate-to-severe persistent asthma, and 71% had at least one prior ED visit or hospitalization for asthma in the past year.

Overall in this study the comprehensive asthma education program did not significantly reduce urgent asthma visits. However, there was a strong trend towards an effect in children— relapse was reduced by almost 40%. Interestingly, there was no effect of the intervention among adults. Almost 40% of the intervention group did not complete either of the two visits, while only 9% received only the physician visit, and 15%

received just the home visit. If more of the intervention group could have received the nurse-educator visits it is likely that the results would have been stronger.

The investigators believe that this type of educational intervention should be repeated in a larger study, probably in children alone. A more efficient approach to the delivery of asthma education to children who have had ED visits for asthma should also be explored in the future. Contact Mat Reeves at reevesm@msu.edu or Karen Meyerson at Meyersok@trinity-health.org for more information about this study. ⚙

Mat Reeves is an assistant professor of epidemiology at Michigan State University. MSU partnered with Spectrum Health and the Pediatric & Adult Asthma Network of W. Michigan in this CDC funded study.

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- 🚑 There are about 2 million asthma-related visits to emergency departments (ED) in the United States every year.¹
- 🚑 16.4% of Michigan adults with asthma have visited the ED for urgent asthma treatment at least once in a given year.²
- 🚑 Relapse is a significant problem nationally, with 17% of adults³ and 10% of children⁴ requiring urgent medical care within two weeks of an ED visit.

Sources:

1. Centers for Disease Control and Prevention, Surveillance Summaries, March 29, 2002. MMWR 2002; 51 (SS-1)
2. Wasilevich EA, Lyon-Callo S, et al. Asthma Prevalence, Severity, and Management for Michigan Adults. Lansing, MI: Bureau of Epidemiology, MDCH, 2005
3. Emerman CL, Woodruff PG, et al. Chest 1999; 115:919-27
4. Emerman CL, Cydulka RK, et al. J Pediatr 2001; 138:318-24



ASTHMA COALITION COLUMN



Focus on: Genesee Co. Childhood Asthma Taskforce

The Genesee County Childhood Asthma Taskforce (GCATF) is one of 14 independent local asthma coalitions in Michigan.

In 1997, in response to high rates of asthma in the Flint area, the GCATF decided to focus on three priorities: mobilizing and empowering parents of asthmatic children, improving school education for all staff, and developing and implementing a school asthma assessment tool.

Since those early days, the group has matured and made impressive headway on many of its goals.

"We have a real presence in the community and schools," said Jan Roberts, coordinator of GCATF. "At first it was hard to get in schools, but now they are calling us to do asthma trainings for staff and coaches."

The coalition also works extensively with emergency department patients from local hospitals, and provides home assessments following referrals from schools, hospitals and others. Other community efforts include educating the public through Living With Asthma events, and working with the Genesee County Medical Society on environmental issues.

The group has also delivered hundreds of Michigan Asthma Resource Kits to local providers, and operates a summer asthma day camp for local children.

To find out more about GCATF, or to find a coalition near you, visit www.GetAsthmaHelp.org and click on Coalitions. ⚙

Please direct questions and comments about this newsletter to:

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ASTHMA TIP: Alternative treatments

When you hear about a new health treatment claim, you wonder if it could help you or someone you love feel better. But is it safe, or is it quackery? Quackery is the promotion or selling of health products that sound good, but don't really help, and may even be harmful. These tips can help you avoid being taken in by a quack product:

Just because it sounds scientific, doesn't mean it is. Promoters of quackery will frequently use scientific terms and quote (or misquote) from scientific sources, but that doesn't mean they know what they are talking about! They state their treatment works even though they have no real reproducible proof, which is the only way reputable science is done.

Beware of cure-alls. Don't listen to any promoter who says that asthma is caused only by faulty nutrition, and their supplement will cure you. Don't be taken in by products that say they can treat or cure many unrelated diseases.

Look at their "facts." If the "evidence" is made up of testimonials, self-published pamphlets or books, or items from the popular media, you should steer clear of the product.

It is important that you discuss all alternative treatments with your doctor before you start them. If your asthma is not under control, the doctor can help by changing the dosage or adding other proven medications. For more information on asthma quackery, visit GetAsthmaHelp.com/treatment_quackery.asp ⚙



MI ASTHMA CALENDAR

July

- 19 Breathe Easy Asthma Camp - for kids with asthma aged 7-12
- 20 U of M-Flint Recreation Center, Flint, 9 a.m. to 2:30 p.m., free but must pre-register, for more info: 810-2579591

August

- 24 Asthma Trigger Training for Local Public Health Professionals
Michigan Public Health Institute, Okemos, 9:30 a.m. to 2:30 p.m., free but must pre-register, For more info: 810-257-3190

September

- 8 Summit of Asthma Coalitions
Henry Center for Exec. Development, Lansing, 9 a.m. to 2 p.m., For more info: 517-484-7206 or toll free 866-395-8647
- 16 Michigan Society for Respiratory Care, District 2 Conference
Treetops Resort, Gaylord, For more info: 734-677-6772

SAVE THE DATE!



The American Lung Assoc. of Michigan will be sponsoring a Catch Your Breath: Women and Lung Health Conference at the Troy Marriott on **November 2**. Call 248-784-2017 for more information and sponsorship opportunities.

Visit www.GetAsthmaHelp.org
or call 866-395-8647 for more
information about asthma events &
trainings in your area.