

# **ASTHMA CAREPATH**

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# Asthma

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- Condition in which airways narrow and swell, produce extra mucus and breathing becomes difficult
- Inflammation underlying asthma is continuous; breathing problems usually happen in "episodes" or "attacks"
- Can be life-threatening if not properly managed.
- Can not be cured, but symptoms can be controlled

# Symptoms

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- Shortness of breath
- Chest tightness or pain
- Trouble sleeping caused by shortness of breath, coughing or wheezing
- An audible whistling or wheezing sound when exhaling (wheezing is a common sign of asthma in children)
- Bouts of coughing or wheezing that are worsened by a respiratory virus such as a cold or the flu

# Common Triggers

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- Medical Conditions – e.g respiratory infections, acid reflux
- Food & Medicines – e.g. common food allergies, aspirin, NSAIDs
- Weather, Pollen, & Air Pollution - cold, damp, windy, stormy weather, sudden temperature changes, weeds, trees, grass, air pollution, smog, and fumes
- Mold

# Common Triggers (contd.)

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- Animals – birds, animals with fur
- Smoke - Cigarette, cigar or pipe smoke, fireplace or wood smoke, exhaust
- Pests – e.g dust mites, cockroaches
- Exercise
- Stress
- Strong odors – e.g cleaning supplies, gas stoves, scented candles, hairspray

# Management

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- Monitor symptoms
- Understand and manage triggers
- Adherence to prescribed medications
  - Long-term control medicines (also called controller, maintenance, or anti-inflammatory medicines)
  - Quick-relief medicines (also called rescue medicines)

# Target Population

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All patients with diagnosis of asthma.

# Goals & Objectives

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**Goal:** Enable patients to control asthma so they can live full, active lives while minimizing the risk of exacerbations.

## **Objectives:**

- Ensure accurate measurement and assessment of symptoms
- Educate patient about diagnosis and management
- Improve adherence to medication
- Manage environmental triggers & other conditions that can worsen asthma



# Roles

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## ● PCP

- Conducts exam to diagnose and assess characteristics and severity of asthma
- Defines asthma action plan for patient
- Educates patient about importance of tracking triggers and medication adherence

# Roles (contd.)

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## ● BHC

- Helps in implementation of asthma action plan
- Schedules regular follow-up in person or via phone
- Helps manage barriers to adherence

# Roles (contd.)

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- **Nurse Care Manager**

- Educates patient about proper technique and use of inhalers
- Demonstrates proper use of peak flow meter

# Flow

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- PCP conducts exam, defines asthma action plan and talks to patient about carepath.
- BHC and Nurse Care Manager see patient same day or schedule to meet at earliest available time

# Structure

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- Consult 1
  - Introduce carepath to patient
  - Discuss patient's understanding of diagnosis
  - Review asthma action plan
  - Nurse care manager educates patient about proper technique and use of inhalers, and demonstrates proper use of peak flow meter
  - Plan for patient to track symptoms and triggers
  - Provide handouts related to asthma, tracking sheet for symptoms & triggers

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- **Consult 2** (1-3 months after initial consult & may be scheduled at same date as f/u visit with PCP)
    - Review action plan
    - Discuss barriers and successes (e.g. medication adherence, tracking symptoms, exposure to triggers, MH issues, etc.)
    - Further patient education regarding asthma if needed
    - Discuss progress and changes to patient's goals with PCP

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- Phone consult one month after visit 2
    - Review progress towards goals to address barriers and successes

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## ○ Consult 3 (at next scheduled PCP visit)

- PCP and/or Nurse Care Manager and BHC meet with patient in the exam room to discuss progress/concerns regarding asthma management.
- Discuss episodes of exacerbation of symptoms



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- Phone consult one month after consult 3
    - Review progress with asthma action plan and help patient identify any questions or concerns patient would want to address at next PCP visit.
    - Discuss progress and changes to patient's goals with PCP and discuss need for ongoing follow-up with BHC
  - Ongoing follow-up as needed as determined by PCP and/or patient

# Special Considerations

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- ① Address smoking (patient and/or people in the home)
- ① Issues related to stigma with adolescents