



QUESTION & CHALLENGE CARDS

Patients



INTRODUCTION

The charity International Primary Care Respiratory Group (www.ipcrg.org/aboutus) is leading a social movement approach to create a desire for change in the management of asthma*. Our focus, in the first phase, is on the over-reliance on short-acting beta₂ agonists (SABA), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders.

OUR “HUNCHES” DRIVING THIS PROGRAMME ARE THAT

- Whilst there is over-reliance, there is no consensus on what “over-reliance” looks like
- The initial conversations about SABAs that may effect a person’s use in the future occur in many places eg community pharmacies and emergency departments as well as general practices/family physician offices
- We don't really know what people do if they don't come regularly to the practice
- Amongst the non-respiratory interested workforce, asthma is regarded as a low priority for change
- Previous approaches haven't really shifted that despite the evidence suggesting unwarranted variation in outcomes and avoidable mortality, morbidity and healthcare utilisation
- Without an appetite to change, it is difficult for messages about how to improve asthma care to be received and adopted

IPCRG has received funding from AstraZeneca to run the Delivery Team and for designing and printing these cards. The Delivery Team of patients, pharmacists and GPs are responsible for the content.”

March 2019



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PATIENTS

These cards are a way to trigger conversations and for you to share your thinking with others. We invite you to use them to start a discussion!

INSTRUCTIONS

1. Split into pairs or small groups
2. Choose a card from the pack
3. Read the question or comment
4. Take a few minutes to discuss the question or comment on the card and note down your key discussion points
5. Choose another card and follow steps 3 and 4 above
6. Feed back your discussion points to the full team/meeting

**How would you define
asthma control?**

**Do you think that asthma
can/could/might/must be
under control?**

Challenging Statement:

**Social stigma can worsen
asthma control
(eg fear of using an inhaler
in public).**

Do you agree?

Challenging Statement:

Avoidance of taking inhaled corticosteroids due to fear of their side-effects may worsen asthma control.

Do you agree?

Challenging statement:

“I was told to always take my reliever to open my airway before taking inhaled corticosteroid (ICS)”

Do you still hear people saying that, despite evidence to the contrary?

Metaphor:

Does this work?

**“The controller keeps the
(asthma) troll asleep.
The rescue/reliever only
stuns him.”**

What metaphors do you use?

Metaphor:

**Does this work for explaining
when to use relievers and
controllers for asthma?**

**“You have a leak in your house.
You can do one of two things:
use a bucket or call a plumber.”**

What metaphors do you use?

**What kind of conversation
do patients want about
asthma or SABA use?**

**Who do you think is the most
appropriate clinician to have
this conversation, e.g GP, nurse,
pharmacist?**

**Do you find it difficult to use
your prescribed treatment
properly?**

**Do you know that the
number of SABA inhalers
used in a year is an indicator of
poor asthma control?**

**Do you think it's a good
indicator?**

Challenging statement:

**“If SABA is used regularly
e.g. daily, studies show
it can have a rebound effect
causing more side effects
(or breathing difficulties)”**

What is your reaction?

What is your experience?

Positive message:

Does this work?

“This (SABA inhaler) should last you 6 months; come back if you still have symptoms or if you run out before the six months because that indicates that something is wrong and your asthma may not be fully controlled”