

Abstract Presentations

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Breathing and feeling well through universal access to right care

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Culturally Tailored school-based intervention for Asthma in Malaysia (CuT-AsthMa): A feasibility study

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Rationale of CuT-AsthMa programme

 School-based intervention for selfmanagement of asthma improves asthma outcome¹

Childhood asthma in Malaysia

- Prevalence is one in every 11 children
- Poorly controlled asthma reported up to 90% ^{2,3}
- Universal Health Coverage and free treatment school children
- 2/3 of children with asthma had no regular follow-up²
- 12% had controller medication and 35% had rescue medication²
- Misperception of asthma and asthma medication⁴



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- 1. Harris et al, 2019.
- 2. Ahad, A. & Khoo, E.M., 2017.
- 3. Wong, G.W.K. et al., 2013.
- 4. Ramdzan et al., 2019



Funded by NHS National Institute for Health Research



CuT-AsthMa: a feasibility study

AIM:

To assess the feasibility of implementing the CuT-AsthMa programme and estimate the effectiveness of the intervention to inform a future trial.

METHODS:

• This feasibility study will be conducted in a primary school in Port Dickson, Malaysia.



Development of CuT-AsthMa



Figure 2: Logic model of the CuT-AsthMa intervention using socio-ecological theory

CuT-AsthMa programme

School Asthma Action Plan 👘 💦 Rescue						
	SAFE ZONE	inhaler				
No asthma symptoms - Easy to breathe, no cough or wheeze	 Children to bring rescue inhaler t Encourage children to do physica Some may need to use rescue inh spacer) before physical activities Avoid trigger factors e.g. haze, sm 	l activities aler (via				

WARNING ZONE							
Has asthma symptoms - cough, difficulty breathing, wheeze or chest tightness	 Sit the child up Give rescue inhaler via spacer (2 puffs) Inform parents Stay with the child and watch for worsening symptoms If back to normal, allow child to resume activities after 30 minutes Call parent if no improvement Repeat use of rescue inhaler while waiting for parent to arrive after 30 minutes 						

DANGER ZONE					
Danger signs - difficulty talking, breathless, blue or pale	 Give rescue inhaler via spacer (6 puffs over 15 minutes) Call the ambulance (999) or send the child to nearest clinic/hospital immediately Inform parents and repeat use of inhaler until child gets medical attention 				

Key elements of the intervention are:

- A school asthma action plan disseminated using posters/pamphlets, social media and interactive training sessions.
- Frequent brief sound bites, tips and reminders to increase participation of the intervention and create awareness of asthma.
- Educational videos of selfmanagement to aid delivery and dissemination of the intervention

Feasibility study - Outcomes

Feasibility of CuT-AsthMa

- Quantitatively participation and dropout rates, reported adherence to school management plan
- Qualitatively interviews exploring the perspective of the school community and healthcare professionals regarding CuT-AsthMa

To estimate potential outcomes for a future trial

- Asthma control 3-months post-intervention using symptom scores and other asthma-related health outcomes e.g. school absenteeism, unscheduled medical visits, hospitalisation and reported involvement in physical activities.
- The documentation of the number of asthma attacks and adherence to the school action plan will also be assessed from school records.

Questions to discuss

- What is the most important outcome?
- How to attract parents to be involved in the intervention?
- How to link with primary healthcare services?
- How do you deliver school-based intervention remotely?

- Please email for suggestions/questions?
- Email: <u>sitinurkamilla@um.edu.my</u>

Can you please help me by answering this question..

Polls		_	×	
	Test polls			
1. Is this a poll				
O Yes				
⊖ No				
○ I'm not sure				
○ Where am I?				
2. Question number 2			•	Select your response
Option 1				
Option 2				
O Option 3				
Option 4				
	Submit			Press the submit butt complete the survey

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