Abstract Presentations

5. Norita Hussein, Malaysia

Breathing and feeling well through universal access to right care

Background

In Malaysia, asthma is a common [1] but neglected chronic disease.

Achieving good asthma control and optimal asthma care is a challenge in the primary care settings.
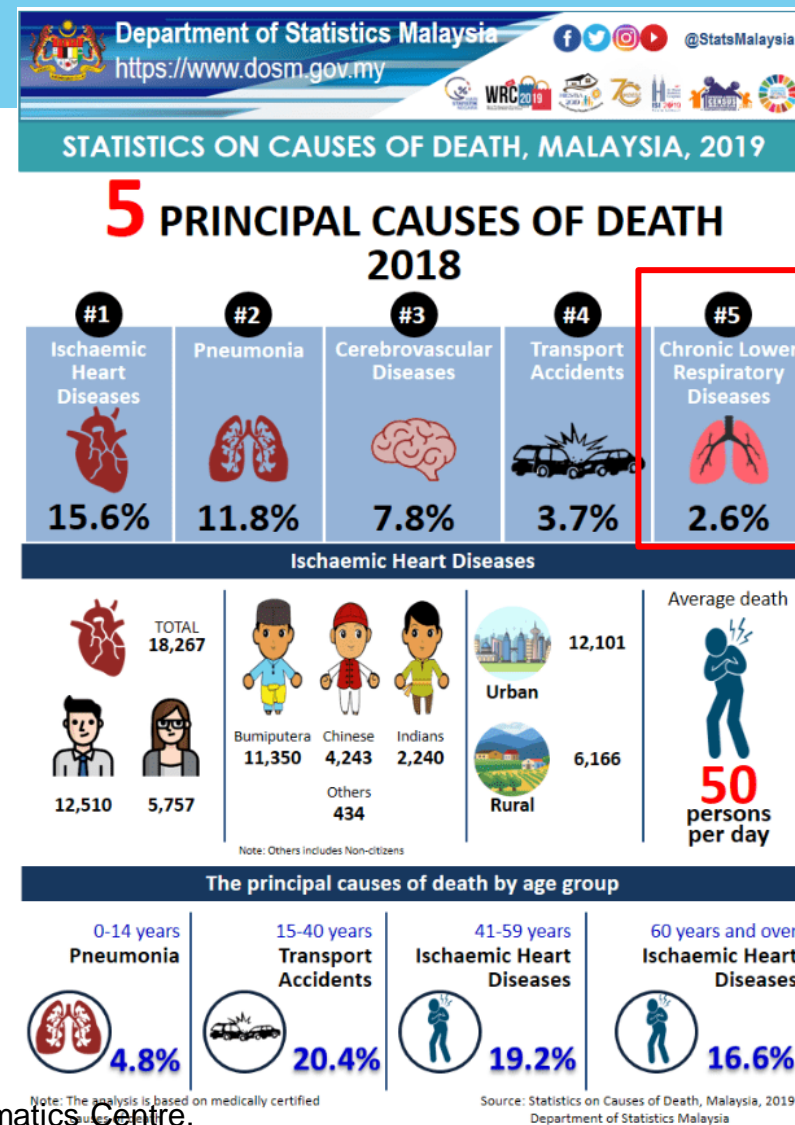
1. Ministry of Health (2016). Health Facts. Planning Division Health Informatics Centre. MOH/S/RAN/17.16(AR).
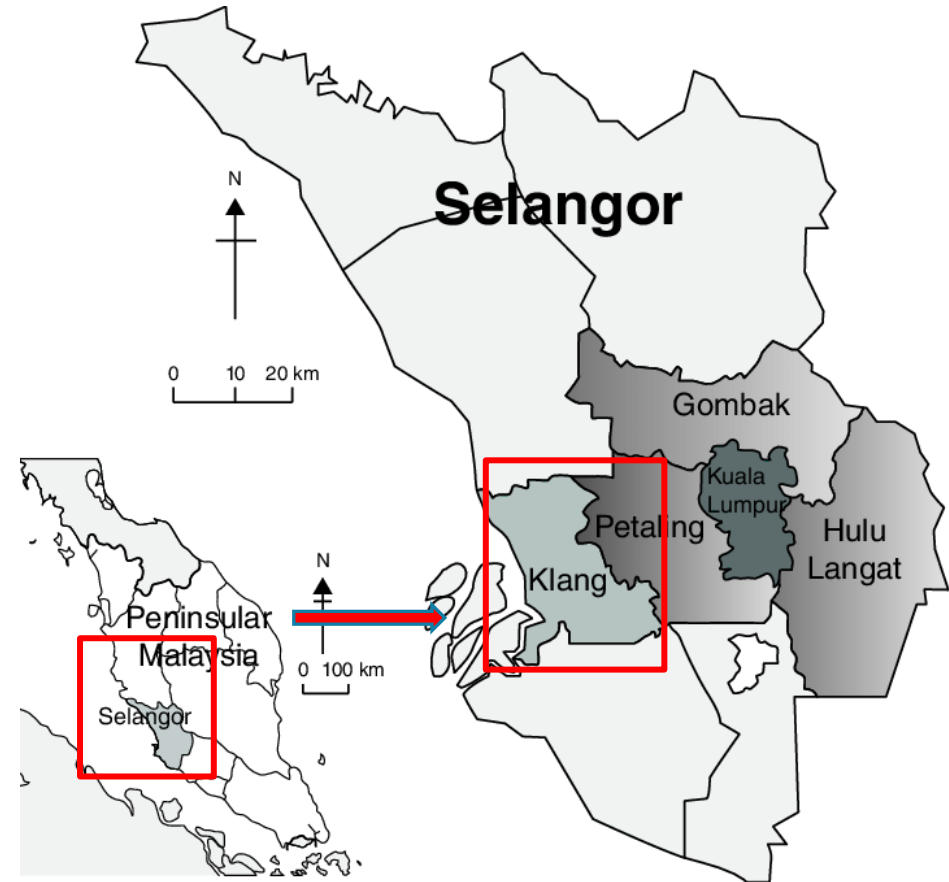
Aim and objectives

Main Aim:

To establish an asthma cohort of adult and children aged 5 years old and above in six public primary care clinics in the Klang District, Selangor State, Malaysia - Klang Asthma Cohort (KAC) study

Specific:

To assess patients' asthma status and asthma care
To assess current healthcare provision for asthma

Total population - 842,146

Methods

Fig 2 :
Flow chart of patient recruitment and data collection
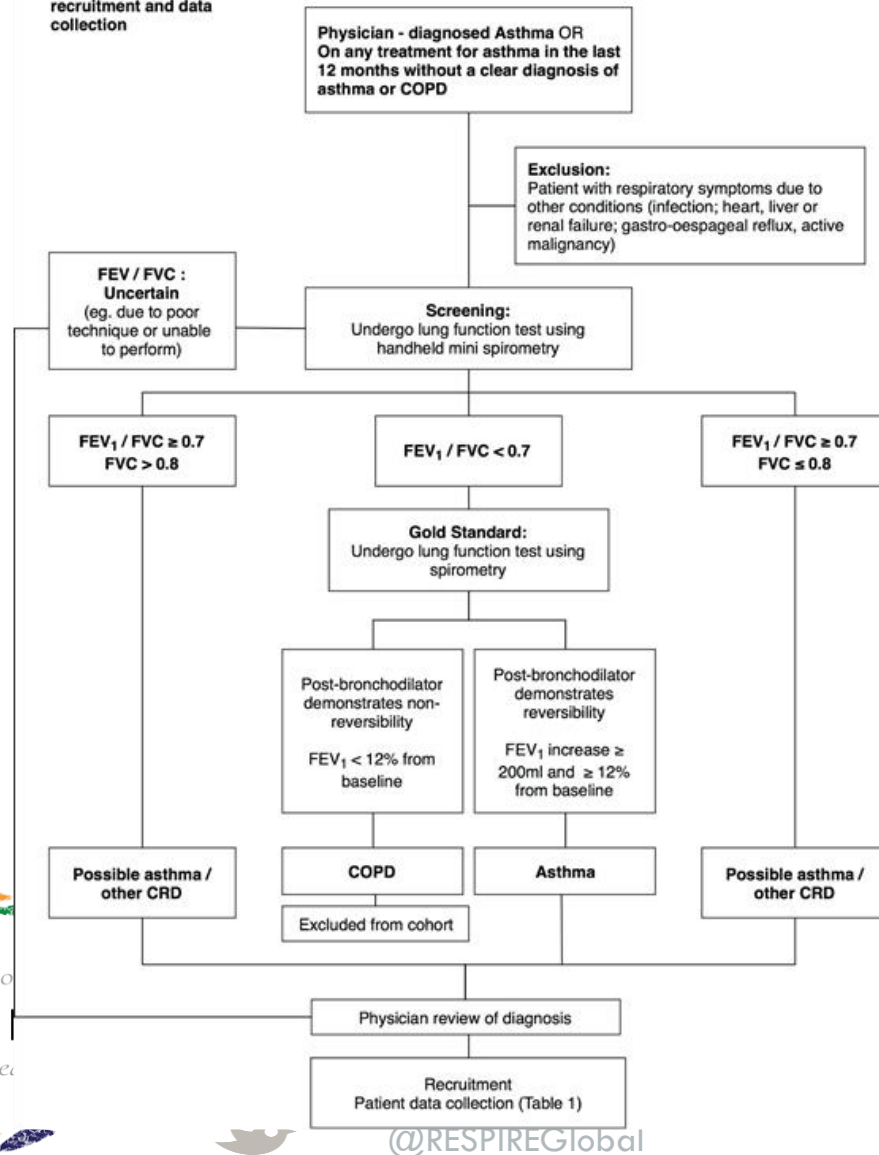
All children aged 5 years and above, and adults with physician-diagnosed asthma or who had been given asthma treatment in the previous year.

Asthma control was assessed according to Global Initiative for Asthma (GINA) assessment of asthma control (GINA 2017) guideline.

Results

A total of 1280 patients were recruited.

- 85.5% were adults aged 18 years and above
- 14.5% were between 5 to 17 years old.

	Adult (N = 1094) n (%)	Children (N = 186) n (%)
Gender (female)	718 (65.6)	84 (44.7)
Age (mean)	48.0	10.7
Active smoker	10 (9.6)	3 (1.6)
Passive smoker	441 (40.3)	76 (40.9) *Father

improving global
RESPIRE
respiratory health

THE UNIVERSITY *of* EDINBURGH

Funded by
NHS
National Institute for
Health Research

Results

Asthma control		
	Adult (N = 1094) n (%)	Children (N = 186) n (%)
Well Controlled	377 (34.4)	97 (52.1)
Partly Controlled	400 (36.6)	61 (32.8)
Uncontrolled	317 (29.0)	28 (15.1)

Among the poorly controlled asthma, only **83%** were on an inhaled controller in the last 12 months and **68%** have a scheduled follow-up.

Asthma monitoring

	Adult (N = 1094) n (%)	Child (N = 186) n (%)
Had spirometry at diagnosis	71 (6.5)	8 (4.3)
Documented PEFR performed during at least one of the last three visits	596 (54.5)	100 (53.8)
Have scheduled follow-up visit	774 (70.7)	128 (68.8)
Have asthma diary	425 (38.9)	92 (49.5)
Have been prescribed written asthma action plan	149 (13.6)	50 (26.9)

Asthma education

	Adult (N = 1094) n (%)	Child (N = 186) n (%)
Had received asthma education from HCP	1007 (92.0)	170 (91.4)
• Asthma definition	52.3%	63.2%
• Trigger factors	69.3%	77.9%
• Importance of peak flow in monitoring	40.7%	40.5%
• Inhaler technique	89.7%	87.9%
• Asthma medication	82.9%	83.7%
• Asthma diary	38.6%	47.9%

improving global
RESPIRE
respiratory health

www.ed.ac.uk/usher/respire
@RESPIREGlobal

THE UNIVERSITY of EDINBURGH

Funded by
NHS
National Institute for
Health Research

Conclusion

Asthma care remains suboptimal in this cohort. Quality improvement in asthma care is much needed. We will determine further factors and barriers to achieving improved asthma management.

improving global
RESPIRE
respiratory health

www.ed.ac.uk/usher/respire
@RESPIREGlobal

THE UNIVERSITY of EDINBURGH

Funded by
NHS
National Institute for
Health Research