

QUESTION & CHALLENGE CARDS

All Practitioners and 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 affect 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 GPs, pharmacists and patientsare responsible for the content.

Updated Nov 2023





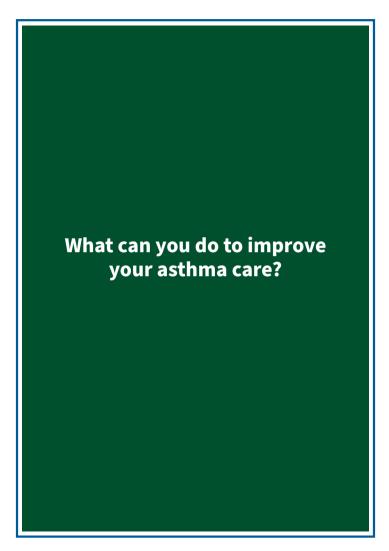
QUESTION & CHALLENGE CARDS

ALL PRACTITIONERS AND 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



Is there a general level of knowledge of what a SABA (reliever inhaler) for asthma actually does?

Does it help to explain that these work on the bronchoconstriction on the "outside" of the airway but not the inflammation and mucous on the "inside"?

(It helps to have 3D models for this).

Metaphor: Does this work?

Using SABA inhalers as asthma relievers is like damping down a fire, but to put out the embers and to stop it flaring up, you need the inhaled corticosteroid (ICS) controller

What are your positive messages for someone living with asthma?

Challenging statement:

"Health professionals do not invest enough time in educating patients about asthma they don't have the time."

Do you agree?

Why do we talk about 3 or more SABAs in a year as the signal for poor asthma care and quality of life? Who has asthma in this group?

How do you use the inhalers you are prescribed?

How many canisters/inhalers of SABA would you say you have at home/car office/sports bag and so on?

How do you know when your SABA inhaler is empty?

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?

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

Challenging statement:

"If SABA is used regularly e.g. daily, studies show it can have a rebound effect causing breathing difficulties"

Do you agree?

Why?

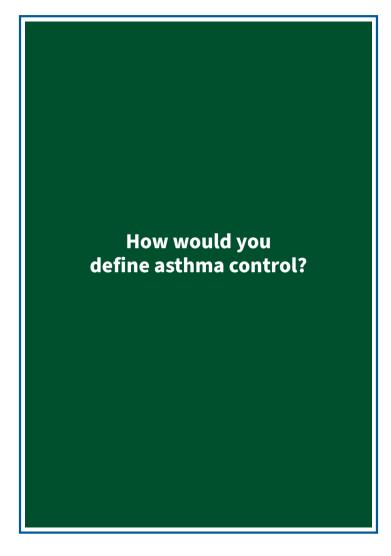
Do you know that the number of SABA inhalers used in a year is an indicator of poor asthma control?

Do you think it's a good indicator?

Challenging Statement:

People with asthma avoid taking inhalesd corticosteroids due to fear that their side-effects may worsen asthma control.

Do you agree?



Metaphor: Does this work?

"The controller keeps the (asthma) troll asleep.
The reliever only stuns him."

What metaphors do you use?