



# QUESTION & CHALLENGE CARDS

## All Practitioners and Patients

International Primary Care

**IPCRG**

Est. 2001

Respiratory Group

work locally  
collaborate globally



# INTRODUCTION

The charity International Primary Care Respiratory Group ([www.ipcrg.org/aboutus](http://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 beta<sub>2</sub> 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 patients are responsible for the content.*

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# 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

**What can you do to improve  
your asthma care?**

**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 inhaled corticosteroids due to fear that their side-effects may worsen asthma control.**

**Do you agree?**

**How would you  
define asthma control?**



**Metaphor:  
Does this work?**

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

**What metaphors do you use?**