Asthma Survey Reveals Gaps in Communication

BY PATRICE WENDLING
Chicago Bureau

MONTREAL — There is a disconnect in communications between physicians and parents of children with asthma, according to an analysis of data from a new global asthma survey.

Parents and physicians disagree on the amount of time dedicated to asthma education in the office; who initiates discussion about medication side effects; and the level of treatment compliance with asthma medication.

The North American pediatric findings of the Global Asthma Physician and Patient (GAPP) study also confirm what most physicians already know: Asthma medication compliance is low; patients with poor compliance experience more symptoms; and side effects lead patients to switch or drop medications.

The authors conclude that patient compliance and outcomes could be enhanced through better physician-patient communications and asthma education, and the availability of new treatment options with lower side-effect profiles, Dr. Ronald Dahl of Aarhus (Denmark) University Hospital, and his associates on the GAPP Survey Working Group reported in a poster at the Seventh International Congress on Pediatric Pulmonology.

The survey was conducted between May and August 2005 in 16 countries and included a total of 5,482 online and telephone interviews with 1,017 parents of children diagnosed with asthma, 1,006 physicians who treat children with asthma, 1,726 adults over 18 years of age with asthma, and 1,733 physicians who treat adults. It was supported by an educational grant from Altana Pharma and conducted in cooperation with the World Allergy Organization and American College of Allergy, Asthma, and Immunology. It was sufficiently powered to ensure statistical significance globally and in each country.

The analysis presented here was based on 618 interviews conducted in North America among 314 parents and 304 physicians.

Among parents interviewed, 62% reported their children's asthma as mild; 33% as moderate; and 5% as severe. In the 12 months before the interview, parents reported a number of events demonstrating poor asthma control such as making an unscheduled visit to their doctor (34%), going to the emergency department (11%), and admission to the hospital (5%).

According to parents, physicians don't discuss specific asthma management issues such as development of an individual management plan (66%); correct inhaler technique (69%); and keeping daily symptom or medication diaries (25%). Physicians' perceptions of the incidence of these exchanges were 90%, 97%, 53%, respectively.

Parents also perceive that less time is spent on asthma education than physicians perceive. Whereas 18% of parents reported that during a typical office visit, no time is spent on asthma education, about 84% of physicians report spending at least half of their office time on education.

Overall, 27% of parents answered "false" or "not sure" when asked whether mild asthma attacks could be fatal, which demonstrates a general lack of understanding about the disease, the authors reported. Global findings from the survey indicate that treatment compliance increased with the level of asthma education, a trend that also was seen in local results.

Of those patients with asthma who take or had taken asthma medication, 37% of parents reported never discussing short-term side effects such as fungal infection, sore throat, or hoarseness with their physicians; and 55% reported never discussing long-term effects including weight gain, weakening of the bones or changing bone density. This compares with physician reports of 1% and 6%, respectively. When asked who typically brings up the topic of asthma medication side effects, 62% of parents said they or their child did; 76% of physicians said they did.

For more information on the study findings, go to www.gappsurvey.org. ■

Depression Worsens Teen Asthma

BY JANE SALODOF MACNEIL
Southwest Bureau

SAN FRANCISCO — Preteenagers and adolescents with asthma who were also depressed or anxious suffered from asthma symptoms on significantly more days and were more prone to individual symptoms, according to a study presented at the annual meeting of the Pediatric Academic Societies.

Investigators urged physicians to screen for anxiety and depressive disorders when young people have asthma symptoms that do not respond to medication.

"We conclude that youth with asthma and depressive disorders do have a higher symptom burden, and providers should consider screening for depression in youth with high symptom burden if they are not responding to medication or treatment as expected," Dr. Laura Richardson said in a poster presentation.

The researchers surveyed by telephone 767 young people, 11-17 years of age, who had asthma and were enrolled in a staff-model health maintenance organization. They used the Children's Health Survey for Asthma–Teen Version (CHSA-T) questionnaire to assess the number of days of asthma symptoms each participant had experienced in the 2 weeks prior to a call and the incidence of individual symptoms.

Determination of anxiety and depressive disorders was based on the Diagnostic Interview Schedule for Children. In addition, the investigators mined automated medical record data for information on asthma treatment intensity, severity, number of emergency department visits, and hospital admissions.

A total of 125 respondents (16%) were found to have anxiety or depressive disorders, while 642 did not (84%). Nearly two-thirds of the depressed youth but fewer than half of the other respondents were female. Both groups were 14 years old on average, reported Dr. Richardson, a pediatrician specializing in adolescent medicine at the University of Washington in Seattle.

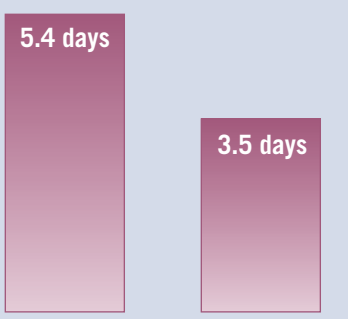
Similar proportions of both groups met Health Plan Employer Data Information Set (HEDIS) asthma severity criteria: 69% of the depressed group and 70% of those who were not depressed. The depressed patients had higher Chronic Disease Scores, however (794.8 vs. 580.5).

"After controlling for asthma severity and other covariates, [we found that] youth with anxiety or depressive disorders had an average of 5.4 symptom days in the prior 2 weeks, compared to 3.5 days in those without anxiety or depressive disorders," Dr. Richardson said.

Respondents with anxiety or depressive disorders also were significantly more likely than the other to report each of six asthma-specific symptoms (wheezing with a cold, cold that would not go away, cough, wheezing without a cold, tightness in chest, and shortness of breath) and five less-specific symptoms (difficulty sleeping, stuffy nose/congestion, itchy eyes, skin rash, and headache).

In addition, the investigators charted a linear relationship between the number of symptoms of anxiety and depression and the number of asthma symptoms that the patients reported. "The more anxiety and depression you have, the more asthma you have," Dr. Richardson said in an interview at the meeting, which was sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics. ■

Asthmatic Youths With Anxiety or Depression Have More Symptom Days



Note: Based on survey of 767 asthma patients in the previous 2-week period.

Source: Dr. Richardson

ELSEVIER GLOBAL MEDICAL NEWS

In Habit Cough, Hold Off on Steroids and Consider Stress

MONTREAL — When treating habit cough, one should avoid steroids and consider potential psychological stressors, Dr. Louis Landau said at the Seventh International Congress on Pediatric Pulmonology.

Habit cough is a rare diagnosis in adults, but studies suggest it is made in 3%-10% of children with cough of unknown origin that persists for more than 1 month. It frequently results in extended school absences and multiple therapeutic trials, including high-dose steroids.

Habit cough is often evidence of stress. It is often present in high-achieving children who are under a lot of pressure.

DR. LANDAU

It is not the typical cough seen in children, and is often described as sounding like the honk of a Canada goose.

"It's a very loud, dry bark," said Dr. Landau, emeritus professor and former dean, faculty of medicine and dentistry, University of Western Australia in Crawley.

Although this bizarre sound is alarming to those around the coughing child, the child is generally not perturbed by it.

Another clinical feature is that it is the only type of cough that goes away when the child sleeps, he said.

Dr. Landau said there often is evidence of stress in these patients, but that is not to suggest they have major psychological problems. They are frequently high-achieving children under a lot of pressure to perform either in school or sports.

The typical duration of a habit cough is difficult to define because diagnosis frequently is made after several referrals, making the origin of the cough difficult to pinpoint. The literature is not consistent in its definition of habit cough, and most studies haven't differentiated among habit coughs, tics, and Tourette's syndrome.

On rare occasions, habit cough may be a manifestation of a tic disorder or symptom of Tourette's syndrome, but it is uncommon, Dr. Landau said.

The American College of Chest Physicians recently published evidence-based clinical practice guidelines for habit cough, tic cough, and psychogenic cough in adult and pediatric populations (Chest 2006;129:174S-9S).

The good news, Dr. Landau explained, is that treatment is very effective after the diagnosis is made and explained to the parents. Habit cough is generally managed by exclusion of organic disease, reassurance, addressing any identified stressors, and breathing-control exercises, he added.

—Patrice Wendling