

# Lived Experiences from Asthma Exacerbation Recovery: New Thoughts (LEARNT)

A Pradhan, E Naccarato, A Pal, N Akter, T Sahar, N Musaliar, M Hodgson, D Smith, D Hodgson

King's Mill Hospital (KMH), Sherwood Forest Hospitals NHS Foundation Trust

Correspondance: ashish.pradhan1@nhs.net

## Background

Asthma exacerbations are serious complications of asthma, associated with significant heterogeneity. Patient understanding of these events is unclear and the patient perspective of the recovery process after discharge from secondary care is unexplored.

## Aims

**Primary outcome:** To evaluate the service provided by the asthma service at KMH from a patient perspective against BTS guidelines.

**Secondary outcome:** To explore the patient perspective of recovery from asthma exacerbations and their interactions with primary care after admission.

## Methodology

**Semi-structured interviews:** verbatim transcripts analysed using Framework methodology.

**Follow up:** telephone contact 2 weeks post discharge, to review their admission and subsequent interactions with services.

**Evaluation against guideline:** BTS asthma discharge care bundle 2016

Characteristics	N (%)
<b>Female</b>	11 (73)
<b>Age (years)</b> Mean	57
<b>GINA (Global Initiative for Asthma)</b>	
GINA 1-2	0
GINA 3-4	11 (73)
GINA 5	4 (27)

**Inclusion:** age 18-85, existing diagnosis of asthma and on current therapy, previous hospital admission for an asthma exacerbation.

## Results

Of 15 patients interviewed, 5 patients found steroids of limited benefit - this was associated with fatigue and persistent symptoms, impairing ADLs.

Almost all patients (n=14) felt they were discharged on time (n=1 too early).

Information Provided	Yes (%)	No (%)	Unsure (%)
Told what caused the asthma attack	8 (53)	6 (40)	1 (7)
Education on asthma self care	12 (80)	3 (20)	-
Inhaler education on discharge	12 (80)	3 (20)	-

### Patient understanding of the cause:

Chest infection (N=4), virus (N=2), allergy (N=1) perfume (N=1)

Follow up	N (%)
<b>Scheduled</b>	11 (73)
Primary care	3
Asthma nurse	4
Consultant	4
<b>Unscheduled - GP/A&amp;E</b>	3 (20)
Worsening symptoms	2
Further OCS	1

**Mean confidence (score):**  
Using inhalers correctly: 8.2/10  
Looking after their asthma: 9.2/10

## Conclusions

There is evident heterogeneity in response and recovery, with emotional consequences post discharge from an asthma exacerbation.

Recovery goes beyond hospital admission and patients tend to form their own recovery strategy, with patients also seeking primary care support following their admissions.

Patients were pleased with the standard of care at KMH, but better patient education and tailored communication, both during and following asthma exacerbations is essential.

## Themes

"When I go home, I try not to move, as I think it may come back"

"I try to get on with my work and job as much as possible as normal but I find it hard"

## Self Coping Mechanisms

- Variation in their own coping mechanisms developed
- Avoiding activities that may lead to deterioration
- Trying to regulate anxieties around their asthma after discharge and return to their normal activities

"I can tell my symptoms are going to return so I increase my inhaler puffs a lot"

"I have had to call my GP, as I am still breathless when I went home last time"

"I keep my house as clean as hospital when I get out of hospital"

## Management Strategies

- Cleaning more frequently
- Increased SABA inhaler usage
- Contact with primary care

"I clean my spacer daily to make sure it does not get dirty again"

"It all feels a bit hopeless in my mind, it's never going to go away"

"I try not to worry and hope it will all be normal, but it's always in the back of my mind"

"What if it all happens again?"

## Emotional Impact

- Stress, anxiety, low mood
- Fear of future exacerbations
- Trying to avoid thinking about asthma
- Some patients who responded well to steroids felt "euphoric" or "energised" for up to a few weeks

"I find it all very stressful when I get home, it's like the safety blanket has gone"

"I think you all do a great job, and you actually listen"

"I hope they know that they really do help"

"It feels like my asthma doesn't go back to normal after discharge and I ring my GP nurse"

## Interaction with Healthcare Professionals

- Gratitude for support from services
- Feeling listened to
- Receiving education about their asthma
- Presenting to primary care for ongoing symptoms

"I find I learn loads when I talk to my asthma doctor"

"Education that is more understandable"

"An asthma diary"

"Nothing really"

"Perfect but more information to take home"

"Is there a video of what need to do if things go bad again?"

## Improvements to asthma care

- More education/ easier information to understand
- Alternative formats of educational information e.g. video (more than written information for home)
- Asthma passport/diary for medications/asthma history to avoid repetition of questions
- Several patients could not think of any improvements