

Asthma Control

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Asthma Series, P8 (Part 4)

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Introduction

This brochure is Part 4 of a four-part asthma disease management series published by the Louisiana Medicaid Pharmacy Benefits Management Program.

Utilization of Relief Medications for Asthma in Louisiana Medicaid

Relief medications are used to provide immediate relief from an asthma attack. Controller medications reduce the reliance on relief medications that many patients with persistent asthma experience. It is important that recipients with persistent asthma use a controller medication at an optimal dose to achieve and maintain asthma control. Table 1 shows the percentage of recipients with persistent asthma,¹ grouped by age and asthma medication therapy, who had an asthma-related ED visit during the July 2005 - June 2006 measurement year.

Table 1 - Asthma Treatment Groups and ED Visits (July 2005 - June 2006)

Age Group	Asthma Medication Therapy	% of Age/Drug Therapy Group with an Asthma ED Visit
5-9	No Medication Therapy	72.7%
5-9	Relief-Only Therapy	37.0%
5-9	Controller-Only or Combination Therapy (Controller + Relief)	15.8%
10-17	No Medication Therapy	76.3%
10-17	Relief-Only Therapy	27.8%
10-17	Controller-Only or Combination Therapy (Controller + Relief)	13.6%
18-56	No Medication Therapy	60.8%
18-56	Relief-Only Therapy	21.3%
18-56	Controller-Only or Combination Therapy (Controller + Relief)	13.8%
All	No Medication Therapy	69.2%
All	Relief-Only Therapy	28.5%
All	Controller-Only or Combination Therapy (Controller + Relief)	14.6%

Recipients with persistent asthma require controller medication to achieve and maintain adequate asthma control. The data in Table 1 indicate that recipients who are on no medication therapy for asthma are likely to visit an ED for asthma. Recipients filling prescriptions for only relief medications visit the ED more frequently for their asthma than those who are on controller medications, too. Patients on controller medications require dose optimization to ensure that the dose received adequately controls asthma signs and symptoms and

¹Recipients diagnosed with persistent asthma identified by HEDIS[®] 2007 criteria. Available at <http://www.ncqa.org/Programs/HEDIS/>.

minimizes the occurrence of side effects. It is important to note that claims data were used in this analysis, and as such are not able to capture whether healthcare providers wrote prescriptions for asthma medications that were not filled.

Global Initiative for Asthma: Focus on Control

In the previous brochures of this series, highlights from the Global Initiative for Asthma (GINA) guidelines were presented that described the assessment and treatment of asthma. According to the GINA guidelines, along with assessing asthma control and treating to achieve control, healthcare providers and their patients must partner to monitor and maintain asthma control.² The GINA guidelines can be accessed at www.ginasthma.org.

Monitoring asthma signs and symptoms is crucial to maintain asthma control. Ongoing asthma monitoring helps to establish the lowest step in asthma management and the lowest dose of medication required to achieve control.

At each patient visit, it is important to discuss the patient's asthma action plan, to evaluate the patient's inhaler technique, to assess medication under- and over-utilization, and to allow the patient to express any asthma-related concerns. Figure 1 lists questions and actions that can be used at each visit to monitor asthma care.

If asthma is not controlled on the current regimen, step up treatment (Visit www.ginasthma.org or refer to Part 2 of this series.) After stepping up, improvement is usually seen within a month but remember to review inhaler technique, compliance, and trigger avoidance. If asthma is partly controlled, consider stepping up depending on medication options available and the patient's satisfaction with the level of controlled achieved. If control is maintained for 3 months, step down gradually to determine the least medication dosing necessary to maintain control.

Monitoring of asthma is even necessary when a patient is under control. Because asthma is a variable condition, treatment plans have to be adjusted periodically because of loss of control as evidenced by worsening symptoms or the development of an asthma exacerbation.

Healthcare providers should identify patients at high risk for life-threatening asthma exacerbations and take appropriate steps to minimize these occurrences. The GINA guidelines provide guidance on the identification of high-risk patients. These patients include those:

- With a history of near-fatal asthma requiring intubation and mechanical ventilation,
- Who have had a hospitalization or emergency visit for asthma within the past year,
- Who are currently using or have recently stopped using oral glucocorticosteroids,
- Who are not currently using inhaled glucocorticosteroids,
- Who are over dependent on rapid-acting inhaled β_2 -agonists, more than 1 canister per month,
- With a history of psychiatric disease or psychosocial problems, including use of sedatives, and/or
- With a history of noncompliance with their asthma action plans.

²O'Byrne P et al. *Global strategy for asthma management and prevention*. The full guideline, pocket guidelines for adults and children, and other useful asthma-related information can be accessed by visiting the GINA website, www.ginasthma.org.

Figure 1-Questions for Monitoring Asthma Care

IS THE ASTHMA MANAGEMENT PLAN MEETING EXPECTED GOALS?	
<p>Ask the patient:</p> <p><i>Has your asthma awakened you at night?</i></p> <p><i>Have you needed more reliever medications than usual?</i></p> <p><i>Have you needed any urgent medical care?</i></p> <p><i>Has your peak flow been below your personal best?</i></p> <p><i>Are you participating in your usual physical activities?</i></p>	<p>Action to consider:</p> <p>Adjust medications and management plan as needed (step up or step down). But first, compliance should be assessed.</p>
IS THE PATIENT USING INHALERS, SPACER, OR PEAK FLOW METERS CORRECTLY?	
<p>Ask the patient:</p> <p><i>Please show me how you take your medicine.</i></p>	<p>Action to consider:</p> <p>Demonstrate correct technique. Have patient demonstrate back.</p>
IS THE PATIENT TAKING THE MEDICATIONS AND AVOIDING RISK FACTORS ACCORDING TO THE ASTHMA MANAGEMENT PLAN?	
<p>Ask the patient, for example:</p> <p><i>So that we may plan therapy, please tell me how often you actually take the medicine.</i></p> <p><i>What problems have you had following the management plan or taking your medication?</i></p> <p><i>During the last month, have you ever stopped taking your medicine because you were feeling better?</i></p>	<p>Action to consider:</p> <p>Adjust plan to be more practical. Problem solve with the patient to overcome barriers to following the plan.</p>
DOES THE PATIENT HAVE ANY CONCERNS?	
<p>Ask the patient:</p> <p><i>What concerns might you have about your asthma, medicines, or management plan?</i></p>	<p>Action to consider:</p> <p>Provide additional education to relieve concerns and discussion to overcome barriers.</p>

Figure 1 used with permission from the Global Initiative for Asthma, www.ginasthma.org.

Patient brochures developed for the Asthma P8 series can be accessed online:		
<i>Living with Asthma</i>	Discusses asthma triggers & signs of poorly controlled asthma	http://rxweb.ulm.edu/pharmacy/oore/living.pdf
<i>Asthma & Exercise</i>	Stresses the importance of remaining active & gives exercise tips	http://rxweb.ulm.edu/pharmacy/oore/exercise.pdf

Complete Wellness:

A Guide to Disease Management

The Department of Health and Hospitals, Bureau of Health Services Financing, and the University of Louisiana at Monroe, College of Pharmacy, continue to develop Disease Management programs to address the education component of the Louisiana Medicaid Pharmacy Benefits Management system.

Selected Medicaid recipients and their health care practitioners receive these educational brochures. We appreciate your taking time to review these and incorporating this information into your practice as you deem appropriate.

Thank you for your continued participation in the Medicaid program. Should you need additional information concerning the Disease Management program, please contact M.J. Terrebonne at (225) 342-9768.

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