General practitioners' understanding of severe and difficul asthma: A qualitative stud

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Abstrac

Aims: To explore how severe asthma and difficult asthma ar perceived by general practitioner

Methods: Qualitative grounded theory method was used. 13 GP were interviewed and the interviews recorded, transcribed an analysed for themes

Results: There were different perceptions of 'severe' asthma an 'difficult' asthma from most GPs. The main difference was tha 'severe' asthma was understood in more medical terms wher 'difficult' asthma tended to be asthma that was difficult to get under control due to a variety of reasons including social and psychologica patient variables. Two GPs refused to use the term 'difficult' asthma one because of the excessive numbers of terms being used in asthma and the other because of its pejorative nature

Conclusions: These different perceptions confirm that there is n one agreed definition for severe asthma nor difficult asthma However, difficult asthma in most cases had a broader definition including psychological and social implications and factors, tha severe asthma

Introductio

The asthma costs for both individuals and societ have escalated in the last decade. Research ha indicated that a large proportion of these costs is fro a small percentage of those who suffer from mor severe asthma [1-3].

But what is 'severe' asthma? One definition i provided by the British Thoracic Society (BTS [4] which categorises severity, in the main part, by th treatment step (i.e. level of medication) the individua is on. For example, Step 1 is the occasional use o bronchodilators (mild asthma) and Step 5 involve high levels of anti-asthma medication (sever asthma). The Global Initiative for Asthma (GINA [5] take a slightly different vie and determine severit by the level of symptoms and/or level of impaire lung function and/or frequency of exacerbation before any therapy. It is of note, however, that mos classifications of 'severe' asthma have not bee validated with regard to reproducibility an measurement reliability [6]. It has been suggested tha clinical assessments regarding severity should b based on the patient's current symptoms and history o prior treatmen [7] and in addition airflow impairment [8].

What about those patients who are on medication bu who still suffer high levels of morbidity [9]. Shoul these patients be defined as having 'difficult' asthma The European Respiratory Society (ERS) taskforc defines difficult/therapy resistant asthma as 'tha which is poorly controlled in terms of chroni symptoms, episodic exacerbations, persistent an variable airways obstruction and a continue requirement for short-acting β-beta-2-agonists despit delivery of a reasonable dose of inhale corticosteroids" [10]. Children with difficult asthm have been defined as those "on 80 µg per day o more of beclomethasone or an equivalent dose of IC [and] who remain symptomatic on 3 or more days week" [11]. Others define difficult asthma as "failure t achieve control when maximally recommended dose of inhaled therapy are prescribed" [12]. It is clear tha different agencies and authors may use the term severe and difficult asthma in different ways [10]. Thi further implies that different healthcare professional (e.g. GPs versus hospital consultants) and, indeed different individuals, may have different perspective on severe and difficult asthma. Thus, whe communicating with GPs regarding severe an difficult asthma, it is essential to explore thei understanding of these concepts. What do thes health professionals on the front end of deliverin asthma services in primary care understand as sever asthma and difficult asthma?

Aim

- To determine the definitions of 'severe' and 'difficult' asthma expressed by general practitioners
- To explore how these definitions relate to their experience

Method

For this study we employed a qualitative approac that used in-depth interviews with GPs to collect th data [13]. Data collection and initial analysis wer performed according to the grounded theor methodology [14]. This methodology allows th investigation to be exploratory and inductive a opposed to other methods and can be applied to bot qualitative and quantitative data. It can also be use to provide fresh insight into a familiar situation [15]. The semi-structured individual face-to-face interview lasted from 30 to 45 minutes. The opening questio requested the GPs' understanding of severe asthm and difficult asthma and then subsequent question were asked around the areas of management, in orde to help understanding. Purposive sampling was used Thirteen GPs in total were interviewed, seven fro Norwich and six from Grampian. Size of practice gender, number of years in practice and specia interests were stratified in order to obtain a wid range of views. Interviews took place in the GPs surgeries/offices, were taped with permission and late transcribed. The transcripts were entered into th NUD*ist Vivo (N-Vivo) software package, analyse for specific topics and broad themes identified

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Results

There was a consistent difference in definitions given of 'severe' asthma and 'difficult' asthma. An unusual view was that there was no difference because "from a medical point of view severe asthma is asthma that is difficult to control" (Interviewee GP 1-1).

With regard to 'severe' asthma, some GPs referred to the BTS steps directly or referred to level of medication (mainly oral steroids) when defining their first views of severe asthma. Recurrent definition also mentioned a high level of hospital admissions and being symptomatic.

With regard to 'difficult' asthma, lack of control over the disease was consistently referred to with patient variables given as a cause for the lack of control. Reference to more psychological and social factors was made when discussing 'difficult' asthma compared to 'severe' asthma. 'Severe' asthma was described in more medical terms while 'difficult' asthma tended to be described as asthma that was difficult to get under control for a variety of reasons including social and psychological patient factors. Although psychosocial factors were referred to with 'severe' asthma, the GPs highlighted these more when explaining 'difficult' asthma. Two GPs would not use the term 'difficult' asthma. One indicated that this was because of its "pejorative" nature and the other because there are "too many different terms" already in use. An additional GP admitted that he hadn't thought so much in terms of 'difficult' asthma, rather 'difficult-to-treat' asthma. Examples of the different descriptions can be seen in Box 1

As mentioned, in the 'severe'/'difficult' asthma definitions, patient factors were seen as important. These variables were often associated with issues of compliance and self-management. Examples of attributes seen as detrimental to optimum asthma management were categorised under five main initial categories. These were knowledge, identity, coping, health behaviours and other factors (see Box 2)

Interviewees gave examples of the types of approaches and tactics they saw as useful in combating negative attributes. These included, for example, changes to the medication regimen to combat factors such as forgetfulness and stigma. Education was mentioned universally as the main tactic used in order to overcome knowledge barriers. Reassurance, building confidence, discussion of emotions, building trust, a little coercion and motivating the patient were all mentioned as additional tactics that could be used. It was highlighted that each patient is an individual and this can affect which tactics will be used and how confrontational the approaches taken will be. (see Box 3)

When asked about future hopes, most of the GPs felt confident that in the future there will be new drugs that modify asthma more effectively than at present. An unusual attitude was that even if drugs and

Box 1: Examples of definition

Severe asthma

"Going back to the basic medical thing, it is those people who have previously been proven to be in danger from their asthma….." Interviewee GP 7

Severe and Difficult difference

"I..I suppose severe is perhaps more of a straight clinical ..s medical asthma related thing whereas the difficult perhaps is my multi factorial isn't it. It's not just the asthma, it's the way they're, they're coping with their asthma and the rest of the problems in their life." Interviewee GP 5

Difficult asthma

Researcher: "What would you take to mean by difficult asthma"
GP: "Probably difficult patients actually"
Researcher: "So it's more to do with the patient rather than the disease?"
GP: "Yeah, yeah." Interviewee GP 4

"Difficult asthma is not a term I would think of using, but I suppose that would be to do with, asthma where the control isn't easy to establish. It might be to do with factors of the person, to do with, capacity to understand, to do with effective drugs, to do with whatever, but its not a term that I, I would particularly think of…" Interviewee GP 1-5

"..difficult asthma isn't a term I would use. But one would recognise that there are those people for whom, or in whom, the asthma is difficult to control….either for their doctors or for them…
"..e.I would be wary of the term difficult asthma because, in case it"is being used to mean difficult person with asthma. Interviewee GP 7

Box 2 - Categories of perceived patient barrier

Category	Example
Knowledg	Lack of understandin
	Complex therapie
	Lack of confidence in dealing with asthm
	Fear of steroid
	Inhaler techniqu
Identity	Denial of initial diagnosi
	Denial of severit
	Stigma of being 'asthmatic
Coping	Irresponsibilit
	Forgetfulnes
	Chaoti
	Lack of motivatio
Health Behaviour	Smokin
	Alcohol problem
	Drug problem
Other factors outside of the diseas	Lower clas
	Employment problem
	Marital problem
	Family problem
	Age - i.e. Teens and middle age me
	Stress from other source

delivery systems were greatly improved in the future they may still not work with those with severe an difficult asthma

Conclusion

The main results demonstrate that 'difficult' asthm and 'severe' asthma are perceived differently by th vast majority of the GPs interviewed. When referrin to severe asthma, the GPs mentioned high levels o medication, hospital admissions and symptom level as the main factors. This has been suggested as th basis of the clinical assessment of severit [7] and, a such, may be what one would expect from a primar care health professional. When referring to difficul asthma, the main factor described was lack of contro over the disease. This control factor has also bee highlighted in previous definitions given [2,10;1] However, lack of control was not necessarily relate to the severity of the disease. Rather, GPs ofte referred to non-medical patient variables (e.g psychological and social factors) when explainin what made the asthma difficult. This agrees wit some articles that have appeared on how to manag difficult asthma [10]. These patient non-medical factor were highlighted more with difficult asthma than wit severe asthma.

It is not only general practitioners who provid asthma care in primary care. Practice nurses have ha an increasing role in the last decade [16]. Therefore an work on asthma definitions and experiences of asthm management in primary care must include practic nurses. Work is currently being carried out to se what practice nurses understand as severe an difficult asthma and whether this differs from GPs understanding

Although the current study has a small sample size this is offset by the strengths of carrying ou qualitative work of this nature [17]. For example, thi study has highlighted many factors that contribute t GP attitudes towards asthma management. Thes factors emerged from the doctors themselves throug the semi-structured nature of the interviews. Usin quantitative methods might have precluded th emergence of some of these factors. The use o qualitative methods is further supported by the findin that although patient characteristics were seen as a important aspect in the management of severe an especially difficult asthma, the doctors' hopes for th future tended to rely on medication. This parado might not have been highlighted through conventiona quantitative methods.

All the GPs reserved enough time for the intervie and investigator despite the widely recognise pressure on GP time nowadays [9,8;1]. The GP appeared to be reasonably relaxed, open in thei discussion and not apprehensive, which can impact o the data collected [9].

In conclusion, this study has shown the differen meaning given to severe asthma and difficult asthm from the GPs' perspectives and how they perceiv patient attributes as an important variable whe aiming fo optimum asthm management i this group o patients. Ho GPs perceive thei patients' attributes as well as th clinical aspects o the disease, ar therefore importan when looking at the management of severe an difficult asthma. ■

Box 3: How GPs cope with compliance problem
Examples of the approaches and tactics used by the GP interviewe

- Patient educatio
- Making the medication regimen simple
- Reassuring the patien
- Building confidence and trust of the patien
- Discussion of emotions with patien

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