LETTER TO
THE EDITORNot more dependency but more self-
management for children with asthma*Willem I de Boer^a,
Geertruida J Teunissen^b^a Research Department, Netherlands
Asthma Foundation, Leusden,
Netherlands^b Lung Patient Organisation, Netherlands
Asthma Foundation, Leusden,
Netherlands

*Correspondence:

Dr Willem I de Boer,
Research Department,
Netherlands Asthma Foundation,
P.O. Box 5,
Leusden 3830AA,
Netherlands

Tel: +31 33 434 1245

Fax: +31 33 434 1299

E-mail: pim.de.boer@astmafonds.nl

2nd May 2010

© 2010 Primary Care Respiratory Society UK.
All rights reserved

Dear Sir,

We read with interest the study by Kuethe *et al.*¹ comparing differences in asthma characteristics between children treated in primary care or in hospital. The study results point at better disease control and less frequent use of combination therapy by those children managed in the hospital care setting. In his accompanying editorial, Sachs proposed several reasons as to why these results were found.²

The authors attribute the observed difference in control to the frequency of asthma reviews. Good control not only requires an accurate diagnosis, regular disease monitoring and provision of appropriate treatment, but it may also be influenced by many other factors. Incomplete knowledge of the disease (on the part of patient, parent or physician), poor adherence to therapy, misinterpretation of treatment guidelines, side effects of long-acting β_2 -agonists and inhaled corticosteroids, incomplete symptom reporting, and perceived poor disease control (by the patient) may all compromise asthma control.³ Patients should receive the best available treatment and disease control options, whether it be in primary or in secondary care, and it may be that education of general physicians and patients on different aspects of paediatric asthma could be improved.

Both patients and caregivers and their interrelationship are vital. The observed paradox that children reviewed achieved better control with less complex medication regimes¹ may reflect a greater concern about symptoms and commitment to regular treatment by parents who decide to seek treatment in a hospital. In the context of a life-long illness it will not benefit young people to be dependent on parents and/or health care institutions. Their quality of life will benefit more from learning the skills of self efficacy, taking more direction and being more in control. Self-management is one of the tools to achieve that.

The central axis between patient and health care professional in a long-term relationship involves finding a balance. This is more appropriate in general practice. A professional can help young people learn and develop the skills of self-management, strengthening confidence in their own capabilities to control their symptoms on a daily basis so that they do not interfere with normal life. Shared partnership between patients and caregivers⁴ to empower patients,⁵ and better communication between patient and caregiver to make joint decisions, are important issues. This should lead to patients being both co-therapists and co-producers. This must be the goal and the drive for professionals to support patients with their self-management behaviour.

Conflict of interest declaration

WidB and GJT declare that they have no conflicts of interest whatsoever, and no relationship with tobacco industry. Both did not receive any reimbursement from any pharmaceutical company during the last 7 years.

References

1. Kuethe MC, Vaessen-Verberne AA, Bindels PJ, van Aalderen WM. Children with asthma on inhaled corticosteroids managed in general practice or by hospital paediatricians: is there a difference? *Prim Care Resp J* 2010;**19**:62-7. <http://dx.doi.org/10.4104/pcrj.2009.00063>
2. Sachs APE. Lack of self perception of illness in children with asthma: the real reason for referral? *Prim Care Resp J* 2010;**19**:1-2. <http://dx.doi.org/10.4104/pcrj.2009.00071>
3. Holgate ST, Price D, Valovirta E. Asthma out of control? A structured review of recent patient surveys. *BMC Pulm Med* 2006;**6**(Suppl 1):S2. <http://dx.doi.org/10.1186/1471-2466-6-S1-S2>
4. Hill-Briggs F. Problem-solving in diabetes self-management: a model of chronic illness self-management behaviour. *Ann Behav Med* 2003;**25**(3):182-93. http://dx.doi.org/10.1207/S15324796ABM2503_04
5. Epstein RM & Street RL. Patient-centred communication in cancer care: promoting healing and reducing suffering. NIH publication no. 07-6225. Bethesda (MD): National Cancer Institute 2007.