

**Title of Intervention:** Self-action Plan for Adult Asthma Patients

**Intervention Strategies:** Individual Education, Group Education, Supportive Relationships

**Purpose of the Intervention:** To teach asthma patients self-management of their treatments

**Population:** Adult asthma patients

**Setting:** Hospital; health care facility-based

**Partners:** None mentioned

**Intervention Description:**

- Individual Education: The limited educational intervention group (Group LE) was given a self-action plan that was explained by the on-call physician.
- Group Education: In addition to what patients in Group LE received, the patients in structured education group (SE) participated in a structured asthma educational program based on the PRECEDE model of health education. The intervention focused mainly on self-management. To increase patient self-confidence in making treatment decisions, the interaction with the patient was based on the self-efficacy theory.
- Supportive Relationships: Reinforcement was provided at the six-month follow-up visit.

**Theory:** Bandura's Self-efficacy Model, PRECEDE Model of Health Education

**Resources Required:**

- Staff/Volunteers: Hospital staff
- Training: Not mentioned
- Technology: Not mentioned
- Space: Room for group education
- Budget: Not mentioned
- Intervention: Self-action plan, educational materials
- Evaluation: Symptom diary, lung function test equipment, questionnaires

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Patients were instructed in keeping a diary that included the number of urgent visits and the number of times they implemented the self-action plan.
  - Lung function tests measured peak expiratory flow.
  - Knowledge score was assessed.
  - Quality of Life Score (QOL) was assessed using the QOL questionnaire validated by Juniper.

**Outcomes:**

- Short Term Impact: Important benefits were observed such as long-term improvement in knowledge score, compliance with inhaled corticosteroids and peak flow measurement.
- Long Term Impact: A significant decrease was seen in the number of urgent visits for asthma among educated patients who had visited the emergency department for an acute asthma episode. Quality of life scores also improved.

**Maintenance:** Not mentioned

**Lessons Learned:** When patients with asthma are not given sufficient information and reinforcement, they do not seem to have enough self-confidence to increase the dosage of inhaled corticosteroids according to asthma symptom severity or peak expiratory flow.

**Citation(s):**

Cote, J., D. M. Bowie, et al. (2001). "Evaluation of two different educational interventions for adult patients consulting with an acute asthma exacerbation." *Am J Respir Crit Care Med* 163(6): 1415-9.