

**Title of Intervention:** Adult Asthma Education using an Audiotape and Booklet

**Intervention Strategies:** Individual Education

**Purpose of the Intervention:** To increase knowledge of asthma and improve self-management

**Population:** Adults with asthma

**Setting:** Health science center; health care facility-based

**Partners:** Hospital administrators

**Intervention Description:** Participants were assigned to a control group, audiotape only group, booklet only group or audiotape and booklet group.

- Individual Education: The audiotape was of “Bob’s Lung Story,” a 30-minute tape based on recommendations by the National Asthma Education and Prevention Program as critical to asthma self-management. The topics included basic asthma facts, roles of medications, psychomotor skills related to spacer/ inhaler/holding chambers use and self-monitoring, environmental control measures and when and how to take rescue actions. “Controlling Your Asthma” was a 12-page booklet that covered the same recommended topics as the audiotape but presented the content directly rather than as part of a large narrative. Participants were allowed to take as much time as needed to properly go through the assigned intervention. The participants were allowed to take the material home, but not directed to review them.

**Theory:** Protection Motivation Theory

**Resources Required:**

- Staff/Volunteers: Facilitators
- Training: Not mentioned
- Technology: Equipment to play audiotape
- Space: Private space
- Budget: Not mentioned
- Intervention: Audiotape, booklet
- Evaluation: Questionnaires

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Questionnaires assessed self-reported and pharmacy verified adherence to preventive medication, asthma control, asthma quality of life, self-efficacy and knowledge.

**Outcomes:**

- Short Term Impact: Knowledge scores improved in all intervention groups and decreased in the control group. Mean pharmacy-verified medication adherence improved in the intervention groups and declined in the control group at 6 months. These changes were significant between the control and booklet group and between control and combined group. There were no significant differences in asthma control, self-reported adherence or received control of asthma.
- Long Term Impact: There were no significant group differences in quality of life.

**Maintenance:** Not mentioned

**Lessons Learned:** Low-cost minimal asthma education interventions that can improve asthma medication adherence for at least six months can easily be implemented in an office setting.

**Citation(s):**

Schaffer, S. D. and L. Tian (2004). "Promoting adherence: effects of theory-based asthma education." *Clin Nurs Res* 13(1): 69-89.