



Knowledge, Attitude, And Practices of Bronchial Asthma Patients

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ABSTRACT

This study was done to know the knowledge, attitude, and practices of bronchial asthma patients. Materials and Method: A questionnaire including general understanding and awareness of asthma, its triggers were framed and data were collected and results were recorded. Results: 52 patients were included, out of 52 patients, 65% patients were ignorant about the disease, only 35% patients knew that they have asthma and all of them came to know of the diagnosis by a physician. One third of people were under the false belief that asthma is not curable and fatal (34.6%). Regarding precipitating factors, nearly 31 patients (59.6%) who were aware of their triggers and used to avoid them. Nearly two third of patients (63.5% have previous history or presenting complaints of recurrent allergic rhinitis episodes. Conclusion: Patient education program should promote awareness and eliminate false belief in the community regarding asthma. Knowledge about the prevailing perception among asthma patients would be the first step in achieving this goal.

KEYWORDS

Bronchial Asthma, awareness, counselling, knowledge

Introduction

Asthma is a chronic airway inflammatory disorder recognized as a major health problem by the World Health Organization. The most recent revised global estimate of asthma suggests that as many as 334 million people have asthma. The historical view of asthma being a disease of high-income countries no longer exists, most people affected are in low- and middle-income countries, and its prevalence is estimated to be increasing faster in those countries. The chronic inflammation is associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing particularly at night or in early morning. These episodes are variable airflow obstruction within the lung that is often reversible either spontaneously or with proper treatment. Exact cause of asthma is not known. It could be partly genetic and partly environmental in origin. Asthma can occur at any age but children and young adults are the commonly affected age groups. Both sexes are affected almost equal. Even though asthma cannot be cured, clinical episodes can largely be prevented and controlled by proper management. Health education about asthma should include simple information about the types of treatment available, the rationale for the inhaled drugs, different inhaler devices, and techniques. Patients should be advised about preventive measures including avoidance of allergen exposure and air pollution. Both the physician as well as patients play an important role for the under treatment and mismanagement of the disease. This causes great concern in asthma care. Despite the magnitude of the problem, very little is known about the public perception and understanding regarding the disease knowledge on asthma and the impact of asthma on individuals, their families, and communities. A recent systematic review by the Cochrane Airways group compared self-management plan with usual care and showed significant benefits and improvement in the intervention groups in terms of reduced morbidity and reduced use of health services. The effects were

greatest where the intervention involved the issuing of written self-management action plans. Awareness of the disease is an important aspect of asthma management. It is not only the patient and their family members, but also the general practitioners at the peripheral care levels who need to continuously keep themselves updated on asthma. This study was done with the aim to collect information about the knowledge, attitudes, and practices of asthmatic patients regarding bronchial asthma.

Materials and Methods

In this prospective cross sectional study, patients visiting the outpatient Department of Thoracic Medicine in Government tertiary care hospital for the treatment of bronchial asthma were recruited. Patients below the age of 10 years, patients having other significant bronchopulmonary diseases associated with asthma, for example, tuberculosis, chronic obstructive pulmonary disease, bronchiectasis, and lung cancer, and so on and patients not willing to participate in the study were excluded from the study. The patients were evaluated with the help of history, examination, and spirometry before and after bronchodilators inhalation for confirmation of diagnosis of bronchial asthma. A total of 52 patients were identified to have bronchial asthma with or without allergic diseases. After obtaining an informed consent from all the participants, patients' personal details were recorded. Questions were asked to these patients regarding their awareness about asthma, modalities of treatment they are taking and their efficacy, knowledge about the trigger factors were obtained. Variables are analyzed using Pearson chi-square test and Kendall's tau test.

Results

The mean age of patients in our study was 53.90 (± 14.84) years with slight female preponderance (M:F 1:1.4). Mean duration of illness was 4.96 (± 3.78) years. The mean age of onset of asthma was 48.94 (± 3.78) years. In our study out of

52 patients nearly two third 65% of patients were not aware about the diagnosis of bronchial asthma only 35% patients knew that they have asthma and all of them came to know of the diagnosis by a physician. The results of the study find that 15% patients of asthma identify their disease as breathlessness. 7.7% of patients believe it to be some kind of allergic disease. More than two third of the patients not able to identify their disease as asthma. Regarding the fate of asthma nearly one third of people were under the false belief that asthma is not curable and fatal. On the contrary 25% believes that their disease is completely curable. Majority of the patients doesn't know the fate of the disease. Regarding precipitating factors 21 patients (41.4%) could not able to relate to any cause or factor triggering their disease remaining 31 patients (59.6%) who were aware of their triggers and used to avoid them. Nearly two third of patients (63.5% have previous history or presenting complaints of recurrent allergic rhinitis episodes. surprisingly in our study almost 85% of asthma patients have no family history of bronchial asthma. There is no correlation between age and asthma awareness, (insignificant p value=0.772). There is no association between gender and asthma awareness (insignificant p value=0.451). There is no association between family history and asthma awareness (insignificant p value=0.771). There is no association between allergic rhinitis and asthma awareness (insignificant p value=0.727). There is no association between trigger awareness and asthma awareness (insignificant p value=0.451)

Discussion

There is a global problem with asthma management, either under treatment due to ignorance or distorted information/knowledge of patients about their disease (Gibson and Wilson). An additional 100 million people will suffer from asthma due to growing urbanization and pollution by 2025. This study reveals that considerable number of asthmatic patient in India is generally ignorant about their disease and has many misconceptions, which needs to be rectified. Not only large proportion of patients (65%) was not aware about the cause of disease, but also has many wrong beliefs about bronchial asthma. This is a further drawback in getting the right knowledge, besides patients ignorance and illiteracy. Studies by Bediet *et al.*,⁽⁹⁾ Pacheco *et al.*,⁽¹¹⁾ and Shivbalan *et al.*,⁽¹²⁾ have reported very similar finding. Patient who aware of their disease mostly came to know by a doctor like the previous study Sodhi R, Prasad *et al.*⁽¹⁾. This strongly reinforces the need for the role that can be played by health workers in health education „nongovernmental organizations and media regarding asthma. Planning of national programs, conducting continuing medical education programs and frequent reminders, such as newsletters, media awareness are very first steps in improving asthma knowledge and awareness in the community.⁽¹³⁾ In our study More than two third of the patients not able to identify their disease as asthma. Regarding precipitating factors 21 patients (41.4%) could not able to relate to any cause or factor triggering their disease remaining 31 patients (59.6%) who were aware of their triggers and used to avoid them. which is comparatively less than the previous study Sodhi R, Prasad *et al.*⁽¹⁾. Nearly two third of patients (63.5% have previous history or presenting complaints of recurrent allergic rhinitis episodes. surprisingly in our study almost 85% of asthma patients have no family history of bronchial asthma. The above two variable is not done in the previous studies. A study on the same subject was also done by the authors about 2 years back by Sodhi R, Prasad *et al.*⁽¹⁾. On comparing two studies, it was found that there was no improvement in the level of awareness in the patients. As compared to 18% of patients who were ignorant about the etiology of the disease, there are almost two third (65%) of patients were not aware about the diagnosis of bronchial asthma now. This gross difference may be due to rural and sub urban population is more in number in our study, which is contrary to the previous study Sodhi R, Prasad *et al.*⁽¹⁾, where it was said that urban population is more commonly affected with asthma. In our study rural population also in considerable number So asthma patients distribution is more or less equal in rural and urban area. Regarding prognosis of the patient have also changed; previously 47.1% patients thought

that their disease is fatal which has dropped down to 34.6%. in our study patients have also become relatively more concerned of their health. These figures clearly reflect that we, as physicians, have been partly successful in creating awareness among general public about asthma. However, lot more needs to be done to achieve our goal. We were not included treatment aspect of asthma unlike previous study

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