

Knowledge, Attitude and Practices of Asthma Patients (KAP Study)

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Objective: To assess the knowledge of asthma patients regarding their disease, and its impact on their attitudes and practices.

Rationale: Asthma is a chronic non-curable disease therefore control of the disease is vital which can lead to live good quality of life/normal/healthy life. But many times besides giving better asthma treatment therapy doctors fail to achieve optimum control of the disease. It is mainly because of asthma patient's non-acceptance of their own disease and non-adherence to the given treatment. If we want to overcome with these problems to optimize disease control, then we need to understand the various aspects of it. Many studies conducted in different part of the globe suggests that the patients understanding of the disease and its treatment; the patient's beliefs and perception towards their disease and importantly, their willingness to take an active part in disease management are the key factors to non-compliance. Therefore, patient's education plays a key role in this process. Adequate knowledge towards disease can improve the condition of the patients but there is paucity in understanding the knowledge of asthma patients, their perception towards the disease and belief about the disease & its treatment. Understanding these aspects about the disease from patient's perspective will help medical fraternity to add new methods such as patient education program through which patients understanding towards disease can be improved and thus can help to improve the disease condition of the patients. There are very few studies have been conducted in this regard in India.

Methodology: It was an interviewee-administered questionnaire based study which captured information related to demographic details (age, gender), Socioeconomic status, educational status and duration of illness. The information related to three main domains: a) Knowledge b) attitude and c) practices were also captured. Knowledge was assessed on four points, viz a) which organ is affected in asthma, b) What happens in the airways, (Inflammation in the airways, bronchoconstriction, production of excessive phlegm) c) What are the risk factors/causes (Dust, smoke, weather change, pollution, bidi/cigarette smoke) and d) presenting symptoms (Breathlessness, cough, wheezing). Additional knowledge regarding patient's knowledge about lung function test, preventer & reliever medicines, asthma is a communicable disease or not, Is asthma curable disease, Is it hereditary disease were also captured separately. Attitude was assessed on five points a) Got worried after doctor informed about the diagnosis b) Got worried when others come to know about the diagnosis c) Embarrassment to take medicines in front of others d) Feel confident that if I take my medicines regularly I can lead normal life e) I can lead a normal life despite of my asthma. Practice domain was assessed on four points a) Medicine taken as prescribed by doctor b) Taking medicines even when no symptoms c) Double the dose if missed the dose d) Stop the medicine on your own if symptoms disappear.

Results: In our study results, only 27.3% of the patients had adequate knowledge of all the four components of knowledge, which is very low. Knowledge of causes which helps the patients to avoid the risk factors which triggers their asthma episodes, half of the patients with inadequate knowledge did not know the causes of asthma. The participants had better knowledge about symptoms, this could be because they can describe the symptoms with which they are suffering or triggering factors they experience which leads to develop asthma episodes. However, understanding the physiological process of asthma is a major knowledge component in the disease management whereas in our study 92% patients with inadequate knowledge were unaware of the organ affected. Nearly 50% of the patients did not know that inflammation takes place in inner wall of airways and were unaware of smooth muscle spasm. Physiology in asthma knowledge helps the patients to understand what happens in the airways and how action of medicine works to improve the disease condition which was very low. It is found from the above results that patients need to be educated in all the aspects of the disease with special attention to physiology component. The overall knowledge of the patients had two times more positive attitude as compared to patients who did not have this knowledge. It shows that presence

of the knowledge helps the patients to have more positive attitude towards their disease. When it comes to follow correct treatment practice, patients who had adequate knowledge of all the four components i.e. knowledge about organ affected, symptoms, causes and changes occur in airways had shown six times more correct treatment practice as compared to patients who had inadequate knowledge.

Comments and recommendations: Several studies conducted in various parts of India had shown that there is a poor knowledge regarding physiology, symptoms, etiology of asthma. (Malarvizhi, 2014) (Bj, Jose, & Kumarswamy, 2011). This poor knowledge had shown impact on the attitude of the patients towards their disease and medicine adherence. Patient education in these areas may help to improve patient's knowledge about their disease thus may show improvement in medicine practice. The studies conducted with patient education as intervention had shown improvement in the knowledge of the patients and it had shown to change the attitude of the patients towards their disease(RAJANANDHMG1, NAGESWARIAD 2, 2014) and improvement in adherence to treatment(Chitra C. Nair1*, 2014). Recent study conducted showed better knowledge of asthma among asthmatic patients and had shown a positive attitude towards the disease, this could be because of repeated contacts with health care professionals(Shamkuwar, Kumari, Meshram, Dakhale, & Motghare, 2016). This indicates that health care professionals can play a key role in disseminating knowledge to the patients which may have impact on practice of asthma medicines. In our study, patients with adequate knowledge had shown positive attitude towards their disease and followed correct treatment practice as compared to inadequate knowledge patients. Presence of additional knowledge had also showed significant impact on attitude and practice.

Lung function tests are the good monitoring tools which helps in monitoring progress of the disease and help patients at home to monitor their disease as well treatment effect. The patients who had knowledge of lung function test did not show much change in attitude towards the disease whereas it had shown significant impact on patient's treatment practice that patients with presence of knowledge followed correct treatment practice.

Knowledge regarding reliever and controller medicines helps the patients to follow prescribed long term therapy irrespective of they suffer from symptoms or not. In our study 58.84% of the patients did not know that asthma medicines are of two types. The patients who had this knowledge had continued with their treatment even though there were no symptoms as compared to patients who did not have this knowledge.

Knowledge of all these parameters/ components had shown significant difference in patients to follow correct treatment practice. Patients who had knowledge of these components had shown greater adherence that they took the medicines as prescribed by the doctors, did not stop the medicines on their own even though there were no symptoms. This shows that the knowledge of these components helps the patients to adhere to their treatment therapy which is very important. In our study 59.21% of the patients did not heard of lung function tests, 58.84% of the patients did not know that asthma medicines are of two types, 38.15% patients did not know whether it is a communicable disease or not, 38.63% patients did not know whether it is a curable disease or not. There is a need to educate patients in these area which will help the patients to adhere with the treatment.

Patient education program comprises of these components will help to change the patient's attitude towards their disease as well will help them to adhere to the treatment. Keeping these results in view there is a need to prepare an educational programme in order to improve the knowledge of the patients regarding their disease. By improving overall information regarding their disease, we will be able to achieve better self-care in patients with asthma.