

Developing 'Space to Breathe'

– a programme to promote quality use of medicines for Māori and Pacific children with asthma

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Medicines use and asthma morbidity in New Zealand

Māori and Pacific children have a similar prevalence of asthma to New Zealand European (Pakeha) but:

- are two to three times more likely to be admitted to hospital for asthma than Pakeha children
- use fewer inhaled corticosteroids and more short-acting beta-2 agonists than Pakeha children (Figure 1).

Preschool-aged children have the highest rate of hospitalisations and greatest use of short-acting beta-2 agonists.

Objective

To develop a programme to promote quality use of medicines amongst preschool-aged Māori and Pacific children with asthma.

Background to development of Space to Breathe

Programme development was informed by a review of relevant literature, a survey of general practitioners and focus groups with Māori and Pacific parents of preschool-aged children with asthma. A multidisciplinary advisory group also provided direction on programme development.

An on-line survey of GPs (n=160) indicated:

- 48% were unaware of the New Zealand guidelines for childhood asthma management
- knowing when to start an inhaled corticosteroid and how to titrate the dose was the second most frequent 'top of mind' thought about asthma.

Key themes identified in four focus groups with parents included (Figure 2):

- parents' fear and panic associated with asthma symptoms
- confusion about the 'right thing to do'
- sharing of knowledge and medicines amongst family members
- concerns about dependence on medicines.

Figure 2: Quotes from focus groups with Māori and Pacific carers of children with asthma

“My mum has a nebuliser so we just put her on that. Everyone has their own way of doing it and you ask them how they did it and they tell you and you try things.”

“The doctors keep saying keep giving it, keep giving it but I find if I keep giving it she might end up relying on it and I don't want that.”

“It's so confusing and upsetting for a parent. You think you're doing the right thing...then you ring up another GP and they've got their own opinion.”

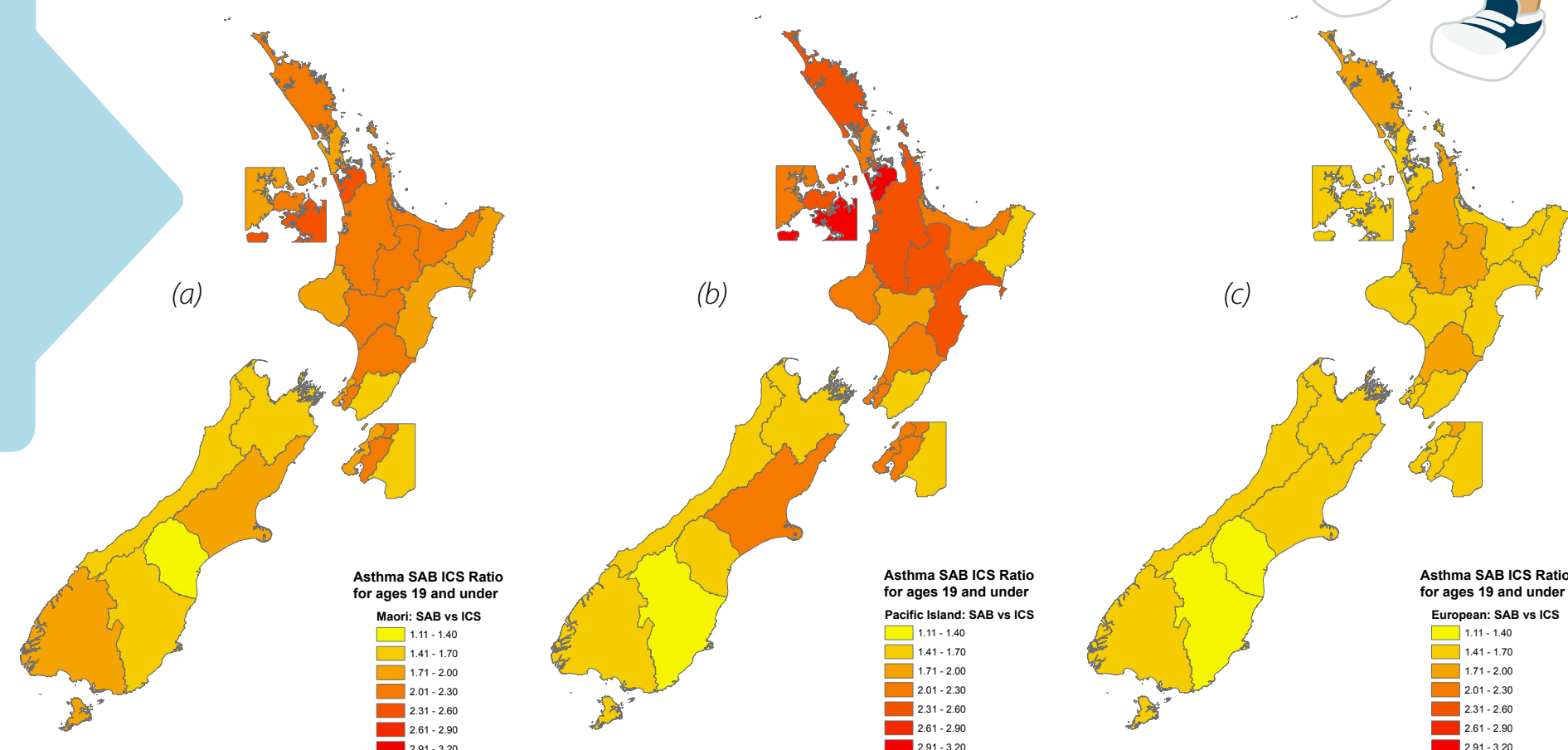


Figure 1: Ratio of dispensings of short-acting beta-2 agonists to inhaled corticosteroids in (a) Māori, (b) Pacific and (c) Pakeha children during the 12 months to May 2007.

Components of the Space to Breathe programme

Develop resources and activities to raise awareness and uptake of childhood asthma guidelines in primary care

- An electronic decision support module (in 'Best Practice') for GPs and practice nurses, based on current guidelines.
- Publications for GPs, practice nurses, community pharmacists and asthma educators about current best practice in childhood asthma management.
- Audit and case study for GPs.

Raise awareness of ethnic disparities in medicines use and morbidity

- Feedback on regional prescribing patterns for asthma for Māori, Pacific and other New Zealanders.
- Dissemination of data on prescribing patterns and hospitalisations at meetings and conferences.

Develop resources to support provision of asthma education

- A child-friendly, pictorial asthma action plan, generated by the decision support module.
- Printed materials for families about using inhaled corticosteroids safely and effectively.
- Development of a 'hero' character with asthma and his family to communicate with children and families.

Develop activities to promote asthma education for preschool children and their families

- A pilot asthma education program for kōhanga reo (Māori 'language nests' for preschoolers), developed and implemented with kaimahi (staff) and whānau (family) of kōhanga reo, involving play-based learning for mokopuna (children) and educational sessions and resources for kaimahi and whānau.