THE IMPORTANCE OF EDUCATION IN THE TREATMENT OF THE BRONCHIAL ASTHMA

G. Korovtsov, B. Dazev, T. Krapovskaya, V. Vassileva

*Clinic for Pulmonology and Allergology, Medical Faculty
Sofia, **Medical Center, Sofia.

The treatment of bronchial asthma requires an absolute cooperation of the patient treated. Because of that fact, it is necessary the patient should be aware of his illness. The new accomplishments concerning influence of the neurohumoral system in the asthma pathogenesis fully justifies the active involvement of the patient during his treatment. Education gives a possibility for a better cooperation between the doctor and the patient in the process of prevention, the therapy and rehabilitation and asthma will be longer in a phase of remission. Our experience supports the fact that good education (especially in the aerosol therapy) gives good results. The patients involved in the educational program (n=16; 52%) had longer remission, the attacks were rare and easier, compared with the patients (n=16; 48%) not included in the program.

The educational program involves: individual and group talking therapy, lectures, brochures and projecting of slides for the treatment procedures for the asthma.

ENQUETE SUR LA PRISE EN CHARGE DES ASTHMAQUES AUPRES DES MEDECINS DE LA VILAYA DU GRAND CASABLANCA

A. AICHANI, A. BOUKADIDJ, S. MOUTH, N. TRUMBAI, A. BAILMAU, S. OTHMANI, M. BARTAL

Hôpital de 20 Avril 1956, Centre Hospitalier Ibn Rochd, Casablanca.

L'asthme est une maladie dont la fréquence ne cesse d'augmenter.

La prise en charge doit être faite par les médecins spécialistes pneumologues (MSP) pour éviter les problèmes dans notre pays. Le but de cette étude est de déterminer le niveau de situation actuelle de la prise en charge des asthmatiques à Casablanca. Pour cela, nous avons mené une enquête transversale par auto-questionnaire auprès de 82 médecins. Nous avons collecté pour l'année 1980 1160 MSCP qui exercent à Casablanca, mais exclus les 67 MIG et 43 MISP qui n'ont pas effectué la enquête.

La moyenne d'âge des 2 groupes (MIG et MISP) est comparable (p = 0,58), elle est de +0,9 ± 0,9 pour les MIG et de 0 ± 0,8 pour les MISP. Le sexe masculin prédomine dans les 2 groupes.

Pour le diagnostic de l'asthme, la technique respiratoire est recherchée par 44 MIG et 36 MISP ; les examens fonctionnels sont précisés par 18 MIG et 26 MISP. Tous les médecins examinent leurs malades sûr 1 MSP. Le degré de puissance est mesuré par 30 MISP et 3 MIG et l'EFR est réalisée par 55,5% des MISP. Les tests cutanes aux pneumalergènes courants sont faits par 49 MIG et 6 MISP. Les tests spécifiques sont demandés par 11 MIG et uniquement 9 MISP.

Les principes d'asthme respiratoires, 88 médecins (47 MIG et 41 MISP) présentent sur les SE mineur(s) ou en spray (beclométhasone 400 MIG et 31 MISP), le traitement de fond est prescrit par 87 médecins (47 MIG et 40 MISP). Il est basé sur la corticoïde pour 85 ou inhalatoire. Les mesures non médicamenteuses dans l'asthme sont préconisées par 81 médecins (42 MIG et 39 MISP) avec surtout l'éviction de l'allergènes (34 MIG et 27 MISP) et la pratique du sport (15 MISP et 8 MIG). Il ressort de cette enquête un certain nombre d'insuffisances dans la prise en charge des asthmatiques qu'il faut pallier en organisant des séminaires de formation aussi bien pour les MIG que pour les MISP.
PSYCHOLOGICAL PROFILES OF PATIENTS WITH SEVERE AND FATAL ASTHMA

M. Haida, K. Itó, T. Miyamoto*, S. Makino**
Tokyo University Hospital, Japan
*National Sagamihara Hospital, Japan
**Dokkyo University Hospital, Japan

Psychological test scales commonly used in Japan were applied to varieties of patients with asthma. Thirty-nine severe asthmatics were classified into acute type (A, N=14), chronic type (C, N=11), acute on chronic type (A+C, N=14) and their test scale recordings were analyzed. (A) type displayed psychological profiles similar to the normal controls, while (C) type had more neurotic and depressive tendencies with reduced activity. (A+C) type revealed similar neurotic and depressive tendencies to (C) type while being more active as in (A) type. Six other patients who later died of asthma were less neurotic, less depressive than the severe asthmatics who are still living. Those who died were also significantly more carefree and optimistic which may have been related to their underestimation of their own disease state. These test scales may be employed for screening patients at risk of asthma death.

UNDERSTANDING AND PERCEPTION OF ASTHMA IN A SELECTED POPULATION

GABRIELA GALINDO-JAIME, SANDRA GONZALEZ-DIAZ, CARLOS CANCEO-GONZALEZ
UNIVERSITY HOSPITAL, MONTERREY N.L, MEXICO

The objective of the present study was to assess in a group of 45 asthmatic patients: age and sex distribution of the disease, duration, kind and modality of treatment, patient’s perception of disease’s severity and risk of death, quality of life and cure expectancy, and usefulness of immunotherapy on the cure of their disease.

A 35 reactive questionnaire was applied to randomly selected patients with the diagnosis of asthma at the allergy clinic of the university hospital of the universidad autonoma of Nuevo Leon in Monterrey, Mexico.

Of the 45 studied patients 59% (27) were younger than 10 years, 36% (15) between 10-15 yrs and 6% (3) between 16-54 yrs. 47% (21) were male and 53% (24) female; 35% (16) had a 2-4 year history or asthma, 7% (3) under 1 year, 23% (10) 5-7 years, and 35% (16) more than 8 years. 54% (24) of the participants considered their disease didn’t require a permanent treatment; 65% (29) favored inhalers over use of oral medication; another 65% (29) considered inhalers to be the easier form of treatment.

PSYCHOLOGICAL FACTORS IN NEWLY DIAGNOSED ADULT ASTHMATICS FOLLOWED DURING FIVE YEARS

A. Tunsäter, G. Larsson*, N. B. Lindholm
Asthma and Allergy Research Centre, Sahlgrenska Hospital, Göteborg, Sweden
*Centre for Public Health Research, County Council of Värmland, Karlstad, Sweden

420 newly diagnosed adult asthma patients underwent psychological tests and were followed during five years what concerned severity of the disease, as shown by level of medication and emergency visits. Questions about the patients’ attitude to mental stress as a trigger and/or aggravating factor were used as well as the Asthma Symptom Check list, measuring the anxiety during an asthma attack. A subjective feeling of mental stress and a high degree of anxiety during an asthma-attack, at the onset of the disease, was positively related to a heavier medication and more emergency visits later on. The results indicate that psychological factors may affect the outcome of the asthmatic disease.

RECURRENT SEASONAL ICU ADMISSIONS FOR ACUTE SEVERE ASTHMA IN CHILDREN

E. G. Weinberg, M. Smit, P. Roux
Red Cross Children’s Hospital, Cape Town, South Africa

Many asthmatics develop acute episodes during certain seasons of the year. We reviewed all admissions for acute severe asthma to the Intensive Care Unit (ICU) at the Children’s Hospital over a 15 year period. 282 children were admitted on 415 occasions. 40 were responsible for the 133 recurrent admissions. Of the 40, 21 had 86 admissions in the same or adjacent months of subsequent years and 19 had 47 non-seasonal admissions.

The demographic and clinical data of the patients with seasonal and non-seasonal admissions were compared. The seasonal patients formed a distinct sub-group of children with severe asthma. Five children in the seasonal group had lost a parent with asthma. The seasonal children appeared less likely to "outgrow" their asthma and were more likely to require regular steroid therapy. They had significantly more positive RAST results to Aspergillus, Cladosporium and grass pollen.

Monitoring admissions to ICU with acute severe asthma may assist in early identification of individuals who have recurrent severe seasonal attacks. This may be a risk factor for severe, intractable asthma.
L'ÉDAGOGIE DE L'ENFANT ET DE L'adolescent 
ASTHMATIQUE. PRÉNCE EN CHARGE PLURIDISCIPLINAIRES.

M. DUSSIER, J.C. COMPAGNON, F. CEUGNET

L'éducation pédagogique qui permet d'acquérir de façon satisfaisante la participation de l'enfant asthmatique à son traitement est un souci partagé par de nombreuses équipes. Les situations envisagées sont loin d'être exhaustives.

La présentation est basée sur quelques éléments que l'on retrouve dans de nombreux travaux réalisés à ce sujet. La définition de données simples sur le fonctionnement normal et pathologique de l'appareil respiratoire, connaissance des stéréotypes de la technique et de la prise de conscience.

Cette présentation se situe à deux niveaux :

- Un groupe pluridisciplinaire (médecin, psychologue, kinésithérapeute) et le patient dans un contexte interne entre prises en charge individuelles et groupales, spéciﬁques et séquentielles.
- Différents systèmes et méthodologies d'apprentissage sont ainsi inclus dans une dynamique de gestion de la santé. Certaines sont d'ordre des soins réguliers, d'autres sont d'ordre informatif, relationnel, ou du ressenti et de la prise de conscience.

Tous requièrent la participation du patient et tendent vers une perspective d'équilibre des fonctions respiratoires intégrée dans un processus d'autogestion. C'est l'autonomie et la responsabilisation face aux risques et contraintes de la vie quotidienne.

ASTHMATIC PROFILE OF THE CHILDREN ATTENDING SUMMER CAMP IN MONTERREY, MEXICO.

Sandra Contreras-Diaz, Alejandro Medrano, Alejandra Torres,
Gabriela Gutierrez, Carlos Conraciones
HOSPITAL UNIVERSITARIO, MONTERREY, N. MEXICO.

Objective: To determine the role that psychologists should play in the asthma crisis.

Methodology and methods - We study 22 children and teenagers aged 4 to 18, 12 boys and 10 girls, and seven of them with previous experience in summer camp. The children were provided with color pencils, markers, and a stack of sheets.

Procedure - During 3 days they attended seven meetings with a multidisciplinary team, coordinated with us in this camp (general practitioners and pediatric nurses) using the techniques of dynamics of group for almost 20 minutes. They were told to draw the human lung model based on the perception of themselves during an asthma crisis. The results were analyzed by a psychiatrist with ample experience in asthma children.

Results - Of drawing examination of the human figure it was obvious that 100% of the children show evidence of anxiety and depression. Four of the 18 children had drawings indicating of anxiety and stress, too; two of them showed feelings of vulnerability when they drew themselves as a very small figure. Eight (386) drew themselves lacking in body parts, similar to their height, and four (18%) drew themselves behind bars, five (22.7%) showed feelings of wrath and guilt, and in one case he could not define the contour of his body.

Conclusions - The most common psychological disorders found in this study were anxiety and depression on the contrary the feeling of anxiety or anguish that usually accompany the episodes of asthma were only expressed in 18% of the patients. The importance to identify as soon as possible the emotional habitat that surrounds the asthmatic patients, this will enable us to offer to the asthmatic a treatment that includes a psychological support of this aspect of their disease.

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The treatment of bronchial asthma requires an absolute cooperation of the patient treated. Because of that, it is necessary for the patient to be aware of his illness. The new accomplishments concerning the influence of the neurohumoral system in the asthma pathogenesis fully justifies the active involvement of the patient during his treatment. Education gives a possibility for a better cooperation between the doctor and the patient in the process of prevention, the easy and rehabilitation and asthma will be longer in a phase of remission. Our experience supports the fact that good education (especially in the aerosol therapy), gives good results. The patients involved in the educational program had longer remission, the attacks were rare and easier, compared with the patients not included in the program. The educational program involves: individual and group talking therapy, lectures, brochures and projects of slides for the treatment procedures for the asthma.

ENQUETE SUR LA PRISE EN CHARGE DES ASTHMAIQUES 
AUSTRÉES DES MEDICINS DE LA WILATA 
DU GRAND CASABLANCA.

A. ACHANE, Z. BOUDAFAL, S. MORTII, N. TROUBAI, A. BELHAGUI,
S. OTTOMANI, M. BARTAL
L'hôpital du 20 August 1956, Centre Hospitalier Ibn Rochd, Casablanca. L'asthme est une maladie dont la fréquence ne cesse d'augmenter. La prise en charge aussi bien par les médicaments générales (MG) que par les médecins spécialistes pneumologues (MSP) reste encore des problèmes dans notre pays. Le but de ce travail est de montrer le manque d'intervention de la prise en charge des asthmatiques à Casablanca. Pour cela, nous avons mené une enquête transversale par auto-questionnaire anonyme. Nous avons sélectionné pour l'étude 321 médecins, dont 67 MG et 43 MSP, qui exercent à Casablanca. Les résultats de cet enquête montrent qu'en général les MG et MSP n'ont pas d'intérêt pour le diagnostic et le traitement de l'asthme. La moyenne d'âge des 2 groupes est 50 ans (MG = 60, MSP = 40). Les MG sont majoritaires dans les deux groupes. Le seul point commun est que plus de 80% des MG et 90% des MSP ont des connaissances théoriques. Les médicaments prescrits par les MG sont principalement les corticostéroïdes inhalés (50%), la théophylline (30%) et l'astemizole (20%). Les médicaments prescrits par les MSP sont principalement les corticostéroïdes inhalés (60%), la théophylline (30%) et l'astemizole (10%). Les médicaments prescrits par les MG et MSP sont prescrits par les MG et MSP. Le traitement de l'asthme est basé sur la théophylline ; en cas d'excacerbation, l'association est utilisée. Le traitement de l'asthme est basé sur la théophylline ; en cas d'excacerbation, l'association est utilisée. Les mesures non médicamenteuses dans l'asthme sont préconisées par 81 médecins (42 MG et 39 MSP) avec surtout l'évolution de l'asthme (150 MG et 25 MSP) et la pratique du sport (150 MG et 25 MSP). Il est aussi survenu sur la corticothérapie pour les patients asthmatiques dans le monde. Les mesures non médicamenteuses dans l'asthme sont préconisées par 81 médecins (42 MG et 39 MSP) avec surtout l'évolution de l'asthme (150 MG et 25 MSP) et la pratique du sport (150 MG et 25 MSP) et la pratique du sport (150 MG et 25 MSP). Il est aussi survenu sur la corticothérapie pour les patients asthmatiques dans le monde.
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