

CORTICOSTEROIDS FOR THE TREATMENT OF CHRONIC ASTHMA TO CHILDREN UNDER THE AGE OF TWELVE YEARS

The interviews with parents/children took place, over four weekly clinics in the Outpatient Department of Mid Essex Hospital Services Trust at St John's Hospital, organised by a specialist asthma nurse (SAN)

Information from SAN.

The standard treatment follows the Stepwise guidelines outlined in Appendix 2 Inhalers described by patients as "Brown" or "Orange" (Flixotide, Ventolin) are Corticosteroids for inhalation for long term treatment. Those described as "Blue" are Bronchial dilators for intermittent use when necessary

Their aim is for the Parent to understand the treatment of their children and to feel they have had a voice in the decisions made.

I interviewed 18 children/parents who randomly happened to attend the Asthma clinic on four days.

Aged Under 2 years		2 – 5 years		5 – 12 years	
Male	Female	Male	Female	Male	Female
3 (Ia)	1 (Ib)	5 (IIc)	3 (IId)	3 (IIIe)	3 (IIIf)

7 children diagnosed when under 1 years old 3 (Ia) + 2 (IIc) + 1(IId) + 1(IIIe)

3 children diagnosed when under 2 years old 1 (Ia) + 1 (IIc) + 1 (IId)

5 children diagnosed when 2 – 5 years old 2 (IIc) +1 (IIIe) + 2(IIIf)

2 children diagnosed when 5 -12 years old 1 (IIIe) + 1(IIIf)

Not noted 1 (IId)

15 Children had had an attack that needed hospitalisation 2 (Ia) + 1 (Ib) + 5 (IIc) + 3 (IId) + 2 (IIIe) + 2 (IIIf)

Of these 8 had severe acute exacerbations after 1st hospitalisation 1 (Ib) 3 times;

1 (IIc) 5/6 times; 2 (IIc) once; 1 (IId) 3 times; 1 (IId) once; 1(IIIf) once;

1(IIIe) 4 times

3 Children had symptoms of colds, coughs, bronchitis, who attended a GP: 1 (Ia) + 1(IIIe) + 1 (IIIf) and were referred by GP

4 patients had mild incidence exacerbations dealt with at home.1 (IIc) 6/7 times a year;

1 (IIc) infrequently; 1 (IIc) every month, now every 2 months; 1 (IIIc)

5 children had family members with asthma – siblings, parents, other family members

2 parents report that medication sometimes made children "high" or hypoactive

1 parent that child seemed dizzy

Affect on quality of life. The majority of parents did not seem have concerns

Adverse effects

Being dependent on steroids. (One parent)

Child did not like mask. Difficulty in inserting cannulae had made child (IId) nervous of hospital staff. Mother's general policy is to take as little medicine as possible and has dropped brown inhaler.

Activities restricted by asthma. Two parents reported restriction of physical activity; one parent said that he did not like smoky rooms. One parent said that child was "wheezy around animals"

Most parents reported that children "got on with their lives"

ALL parents said that understood the treatment and had had sufficient information about their child's condition. They were being advised to try reducing medication during the Summer months.

Expectations: The parents were very optimistic about their children's futures. The majority hoped that the children would grow out of their difficulties and to cease to need medication: one (who had a history on both sides of the family), thought he was unlikely to be cured.)

Responses to open question – Is there anything else that you would like to say?

All the parents praised the clinic the SAN and the treatment that they were receiving. Not one had any criticism, They were not just satisfied, but very enthusiastic They were particularly emphatic about how much the children had benefited by being referred to this clinic compared with previous experience.

Positive Quotations from parents. Each line from a different parent.

- 1) Brilliant, no further attacks
- 2) Much better under control now.
- 3) Since coming here, Great
- 4) Feels the Asthma is now under control. Did not know how serious it was. Child went blue
- 5) Child is used to inhaler and no problems to administer
- 6) We have a good GP and asthma nurse. It's lovely here. I will continue to come for allergies.
- 7) Very satisfied with everyone; fantastic treatment
- 8) Treatment means that it is much better under control
- 9) Transferred from London a year ago. Treatment much better here.
- 10) Best outcome would be to stay with hospital clinic.

Critical quotations from parents

- 1) They need to know more at the doctors. They put him on antibiotics instead of steroids
- 2) Change to GP is not convenient as I already bring another child to school in Chelmsford and can fit them both together.
- 3) Will have to see if my GP has an asthma nurse.
- 4) My GP asthma nurse changed the medication. It was a unsuccessful and had to be changed back. I would sooner travel to here.(Round trip about 40 miles)

SUMMARY

There were no criticisms of the treatment for asthma and a general view that it was of benefit to the child. There was much praise of the SAN and the friendly helpful atmosphere of the clinic. There was an emphasis on the improvements caused by the change of medication made by the SAN. Children referred to GPs for coughs colds etc had been treated with antibiotics. In 2/3rds of the cases, a severe attack precipitated hospitalisation. For the rest, unsuccessful treatment over time caused referral to clinic by GP.

The parents were confident in their ability to manage the situation and to be able to find support at any time. They were determined that their children should be as little affected as possible and live as normal a life as they could.

PERSONAL COMMENT

I attribute this “can do” attitude of the parents to the positive, friendly clinic and I believe that this must play some part in the successful management of these asthmatic children. Is NICE able to be interested in how the treatment is administered as well as the actual treatment?

The main difficulty seems to be the first diagnosis; it being confused with colds, coughs etc.

This clinic is being closed because funding is to be withdrawn and patients are being referred to GP services for future appointments. I refrained from asking for comments about this change but unsolicited remarks indicated a general lack of confidence in the ability of GPs/Asthma nurses compared with the SAN.

GP Asthma nurses should have had training. I do not know whether this is monitored by the PCT.

The future rate of hospitalisations will need to be monitored, as if there is an increase; it will not be cost effective.

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