

ABSTRACT

A group of 140 caregivers of children with asthma were identified from Casualty and Asthma Clinic at the Bastamante Hospital for Children. A questionnaire was used to collect information on knowledge, perception and practices of caregivers in regards to their experience of asthma to determine the risk factors for visits to Casualty.

Prevalence of asthma among males, 62%, was higher than in females 38%. There was an association between the type of drug therapy used and the number of visits made to casualty for asthma. A significant number of children 79.3% had a history of attending Casualty for asthma during Nov-01-00 to Jan-31-01. The majority of these children 89(63.6%), used preventer and reliever. Follow-up management also impacted on visits to Casualty, children who attended the asthma clinic made fewer visits to Casualty than those who did not. Caregivers' perceptions toward asthma as a disease were similar, however they were hesitant in deciding whether or not asthma can be cured. There was inconsistency in the use of the self-management asthma plan at the hospital. The entire plan was used to manage patients only at the asthma clinic. However the step wise approach, an activity of the plan, was used consistently by physicians in Casualty and Asthma Clinic.

Ongoing education of caregivers at every patient visit is key to success in all aspects of asthma management. Overall this was done for 83.6% of the sample, more so at the Asthma Clinic (100%) than at Casualty Clinic (75.3%). Members of the focus group suggested that the staff at Casualty were too busy to conduct

educational sessions. However they agreed that some education, mainly by posters, leaflets and pamphlets were received, but face to face education was preferred.

Health professionals can help caregivers to be actively involved in managing their child's asthma to prevent problems, reduce the number of visits to Casualty and live productive, physically active lives. The management of asthma needs to be strengthened and standardized to ensure that caregivers receive ongoing education and that peak flow monitoring is done at every physician visit. Peak flow monitoring along with review of symptoms help in evaluating the patient's response to therapy and adjusting treatment accordingly. An asthma management plan, which is not only medically appropriate but also practical, should be prepared with caregivers, written and distributed to all caregivers including those of children who do not attend the Asthma Clinic.