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Report of the

WHO/IAC Informal Consultation on the Asthma Guidelines Implementation Project

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WORLD HEALTH ORGANIZATION

IAC
International Asthma Council

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I. Introduction

Worldwide rises in rates of asthma morbidity and mortality point to the need to institute measures to control disease in most countries of the world. Control is dependent on several factors:

- accurate identification of individuals with asthma;
- available clinical services, effective medicines and other therapies;
- health care providers (e.g., physicians, nurses, respiratory therapists, pharmacists, paramedical personnel) who:

    a) prescribe effective therapies;
    b) encourage asthma management by the patient through optimal communication with and education of patients;
    c) coordinate their care with that provided by other health care providers

- patients who manage in partnership with health care providers, who participate in asthma education, and who learn how to control their disease;
- communities aware of the seriousness of the disease and able to assist patients in their attempts to manage it.

An efficacious community and nation wide strategy for asthma control comprises at least four elements. First is participation of the major government, voluntary, and private organizations interested in the disease. Second are coordinated, complementary efforts to train health care providers, educate patients, and inform the public. In these efforts, it is imperative that individuals providing first-line care to people with asthma are identified and educated. Third is evaluation to determine the effectiveness of interventions. Fourth is to encourage health policies that enhance asthma control efforts.

The WHO/IAC Asthma Guidelines Implementation Project is designed to assist countries in greatest need to establish community wide, regional or national strategies to control the disease. Clinical bases for the Project are the Guidelines of the Global Initiative for Asthma as promulgated by WHO and the National Heart Lung and Blood Institute (USA) published in 1995. The mission of the Project is depicted in Figure 1.

The WHO/IAC Asthma Guidelines Implementation Project provides assistance in several ways. These include providing consultation services, assistance in securing funding, referral to existing programmes, and help in the development or adaptation of interventions and materials.

II. Key Issues in Developing a National Strategy

Several countries have been committed to addressing asthma through activities consistent with the GINA guidelines, including: China, Indonesia, Thailand, Brazil, Russia, Lithuania, Croatia, Japan, India, Czech Republic, Morocco, Argentina, Poland, Republic of Georgia, Pakistan, Kenya and many others. GINA guidelines have been translated into several languages, including Arabic, Chinese, Czech, Dutch, French, German, Greek, Indian, Italian, Japanese, Lithuanian, Pakistani, Polish, Portuguese, Romanian, Russian, Spanish, Tagalog, and Turkish. Several common themes are evident in the strategies of these countries and

deserve attention when new country or region wide efforts are undertaken. The key issues are:

A. Patient diagnosis and treatment

Efforts should be made to ensure that health care providers correctly diagnose and treat asthma based on GINA guidelines adapted for the needs of the country and in light of its unique social and cultural factors. Education to enable health care providers to diagnose and treat asthma should incorporate the following key points:

- Asthma is underdiagnosed and undertreated throughout the world;
- Asthma can be diagnosed on the basis of symptoms. In addition, measurements of lung function greatly enhance diagnostic confidence;
- Lung function measurements that are most helpful for the diagnosis of asthma are the bronchodilator response to an inhaled beta2-agonist, the variation in airflow limitation measured by peak expiratory flow (PEF) monitoring, and the airway response to exercise provocation in children;
- Classifying asthma severity is important in guiding therapeutic recommendations;
- Measurements of allergic status are a valuable addition to the diagnosis of asthma so that appropriate environmental control measures can be recommended;
- Special care should be given to diagnosing asthma in children, in individuals with recurrent cough, in the elderly, and in individuals subject to occupational exposure;
- Asthma screening programmes may be considered in children and occupationally at-risk groups;
- Differential diagnosis of other congenital and acquired diseases, particularly in children;*
- Traditional methods of healing are often used to treat asthma, such as acupuncture, homeopathy, herbal medicine, ayurvedic medicine. Unproven methods should not be used to exclusion of accepted methods.

B. Strategies to help patients monitor and manage asthma at home/work/school.

Efforts to educate patients should incorporate the following key points:

- Asthma is a chronic inflammatory disorder of the airways. This inflammation causes recurrent episodes of symptoms, variable inflow limitation, and increased airway responsiveness. The most effective management is to prevent this inflammation by eliminating the causal factors.
- Asthma can be effectively controlled in most patients, although it cannot be cured.
- The major factors contributing to asthma morbidity and mortality are underdiagnosis and inappropriate treatment.
- The goal of management is to achieve control of asthma, which is defined as:

  - Minimally (ideally no) chronic symptoms, including nocturnal symptoms;
  - Minimal (infrequent) exacerbations;
  - No emergency visits;
  - Minimally (ideally no) need for p.r.n. (as needed) beta2-agonist;
  - No limitations on activities, including exercise;

* Treatment of these diseases (gastrointestinal, neurological) often improve the asthma management and diminish the need for medicine.

- Peak expiratory flow (PEF) circadian variation of less than 20 percent;
- (Near) normal PEF;
- Minimal (or no) adverse effects from medicine.

- Any asthma more severe than mild, intermittent asthma is more effectively controlled by treatment to suppress and reverse the inflammation than by treatment only of acute bronchoconstriction and related symptoms.
- Effective control of asthma can be accomplished by a six-part asthma management programme:

1. Educate patients to develop a partnership in asthma management.
2. Assess and monitor asthma severity with both symptom reports and, as much as possible, measurements of lung function.
3. Avoid or control asthma triggers.
4. Establish individual medication plans for long-term management.
5. Establish plans for managing exacerbations.
6. Provide regular follow-up care.

- The choice of management should be guided by the severity of the patient's asthma, the benefits and the risks of each treatment, the cost effectiveness, and the availability of the various forms of asthma treatment. Cultural preferences and differing health care systems need to be considered.
- A stepwise approach to pharmacologic therapy--in which the number and frequency of medications increase as the need for asthma therapy increases--is recommended. The aim is to accomplish the goals of therapy with the least possible medication.
- Although in many countries traditional methods of healing are used, their efficacy has not yet been established. If they are tried it is strongly recommended that conventional treatment be continued.

C. Education for patient, family, and the public and advocacy for ensuring services

Education for patients and those helping them to manage asthma at home or work should reinforce basic messages, provide educational materials, and should be based on models that have been shown to produce positive outcomes for patients. Awareness of asthma as an important public health problem might include community, village, or town meetings, as well as other means (including media). Advocacy is needed to build public constituencies to ensure the availability and access to services for preventing and controlling asthma. Reliance on communication through the written word may be inappropriate in some areas. Use of visual and other non literacy dependent materials will often be required. Education regarding particular regional or local factors may be needed e.g. presence of kerosene and gas stoves and wood fires, seasonal outdoor pollens, parasites, weather changes, allergens (cockroach, animal dander), etc.

D. Health professionals training and education

1. Training programmes for health care providers should:

- Expand the knowledge, attitudes, and skills of health professionals regarding asthma;

- Identify health workers with first-line contact and ensure they are provided uniform messages about asthma;
- Respond to patients' common fears and misconceptions about asthma;
- Pay particular attention to noncompliance with treatment (problems will differ for populations, for example, children, adolescents, and adults);
- Encourage health care providers to adequately track and monitor patient status and reassess and reevaluate treatment as appropriate;
- Promote active patient participation with the physician in the management of asthma;
- Explore questions about causes of asthma and complexities of asthma treatment and management;
- Focus on communicating effectively with patients and how to foster effective management of asthma by patients.

2. Training networks should be designed to:

- Disseminate guidelines to every health professional, in an attempt to provide clear guidance on how best to help patients control their asthma;
- Assist and encourage health professional schools and continuing education programmes to include up-to-date and accurate information on diagnosis, pathogenesis, and treatment of patients;
- Focus of findings of research that will improve asthma treatment and management;
- Ensure consistency in messages health care workers give to patients.

III. Recommended Steps for Implementing a National Strategy with WHO/IAC

Several steps are suggested as a process for those who wish to implement national, regional, or community strategies for asthma control in association with WHO/IAC. The steps are as follows:

A. A national or regional organization viewed as an opinion leader and representing the best in asthma practice is identified to work with the WHO/IAC Implementation Project and to work with them in association with the WHO/IAC regional office and the IAC member organization in the country or region, or the Toronto office of the IAC, to seek financial support, and spearhead the implementation process, and evaluate results of ongoing assessments by the coordinating group.

A national coordinating group is established to bring together representatives of the public, private, voluntary, commercial, and professional sectors (including the local WHO office representative) in the community/region/country interested in asthma. The role and responsibilities of the coordinating group are depicted in Figure 2.

B. The coordinating group (CG) adopts or adapts the GINA guidelines for use by health care providers who are diagnosing and treating patients with asthma. Adaptations include those required to meet the needs, resources, and culture of the country.

In adapting GINA guidelines the CG may wish to pay special attention to strengthening the educational components of the guidelines paying particular attention to unique channels of delivering patient and professional education in the country.

C. The CG makes efforts to obtain existing information on the extent of asthma and characteristics of high risk populations in the community/region/country.

D. The CG meets periodically to carry out its duties and share information and other resources. It develops a plan of work (utilizing sub committees, consultants, and task groups) including a time schedule and budget. It shall also appoint an executive or steering committee of 3 to 5 persons with the responsibility for the day to day supervision of the project. This executive committee will appoint a project coordinator, a staff person, who will coordinate and manage the project including preparation and administration of the project budget, arranging meetings, assuring necessary supplies, following up on committee and sub-committee decisions, preparation of documents and the day to day management and coordination of the project. The project coordinator will likely be a public health or other health worker who will devote the agreed upon number of hours necessary for the successful conducting of the project. The project coordinator could be a person on loan from one of the participating sectors or a person paid from the project budget. The CG will accomplish the following:

1. Identify existing programmes of professional, patient and public education that should be brought to wider attention and/or could be strengthened with assistance from the CG.

2. Identify sources of training for professionals or patients, that is, organizations with the capacity to integrate into their functioning education specific to asthma management. These may be individual programmes or training networks. Provide assistance in the development or adaptation of existing programmes and methods to the local situation.

3. Encourage the use of demonstrated models of education adapted to local needs. Successful interventions are those based on sound social and behavioral theories explaining why individuals take recommended actions to ensure or improve their health. They are also characterized by involvement of asthma specialists to ensure content information, focus on the behavioral aspects of management by the patient and skill building, and utilize interactive, lively, and relevant teaching methods and materials.

4. Provide ongoing assistance in training, materials development, and logistical support for professional, patient, and public education.

E. The CG engages in ongoing assessment. For example, CG reviews patient outcomes on a regular basis and encourages hospital clinics, physicians, and health department workers to collect data from individual patients and patient populations regarding:

- episodic symptoms (including nocturnal);
- missed days of school/work;
- use of health services (e.g., ER, hospitalization);
- use of anti-inflammatory medicine;
- use of commercial and homemade spacers;
- use of peak flow meters.

These data can be collected before and after programme activities are introduced and can be compared across facilities and/or locales and/or population groups. Differences in health outcomes may deserve further examination. Possible alternative reasons for variations in patient outcomes may include:

- rates of disease and severity;
- environmental factors;
- availability of health care;
- availability of medicines and modern drug delivery systems;
- social/cultural factors;
- compliance with treatment guidelines by health professionals;
- success of educational programmes.

F. CG periodically makes available asthma data to the health care community and the public.

IV. WHO/IAC Asthma Guidelines Implementation Project Processes

A. WHO/IAC project assistance is available to bonafide organizations committed to ideas described in WHO/IAC document.

- The short term goal is to assist a small number of countries to develop pilot programmes.
- The long term goal is to make assistance widely available to countries around the world. Criteria for participation in the project will be developed as a result of the experience in assisting the pilot programmes.

B. The WHO/IAC Project will assist in development of national/regional asthma programmes in the following ways:

- provide information or direct to sources of information;
- help locate financial support:
  - suggest sources;
  - review and comment on proposals;
  - seed money for pilot projects (US$ 5 000 or less);
- provide consultation from incountry/region IAC members and networking among IAC members across regions (e.g., speakers, planners);
- make available documentation, education plans, and act as information broker;
- identify key influential individuals to support asthma programmes;
- provide access to government officials through WHO headquarters and regional representatives.

THE WORLD HEALTH ORGANIZATION/INTERNATIONAL ASTHMA COUNCIL
ASTHMA GUIDELINES IMPLEMENTATION PROJECT

PLANNING PYRAMID

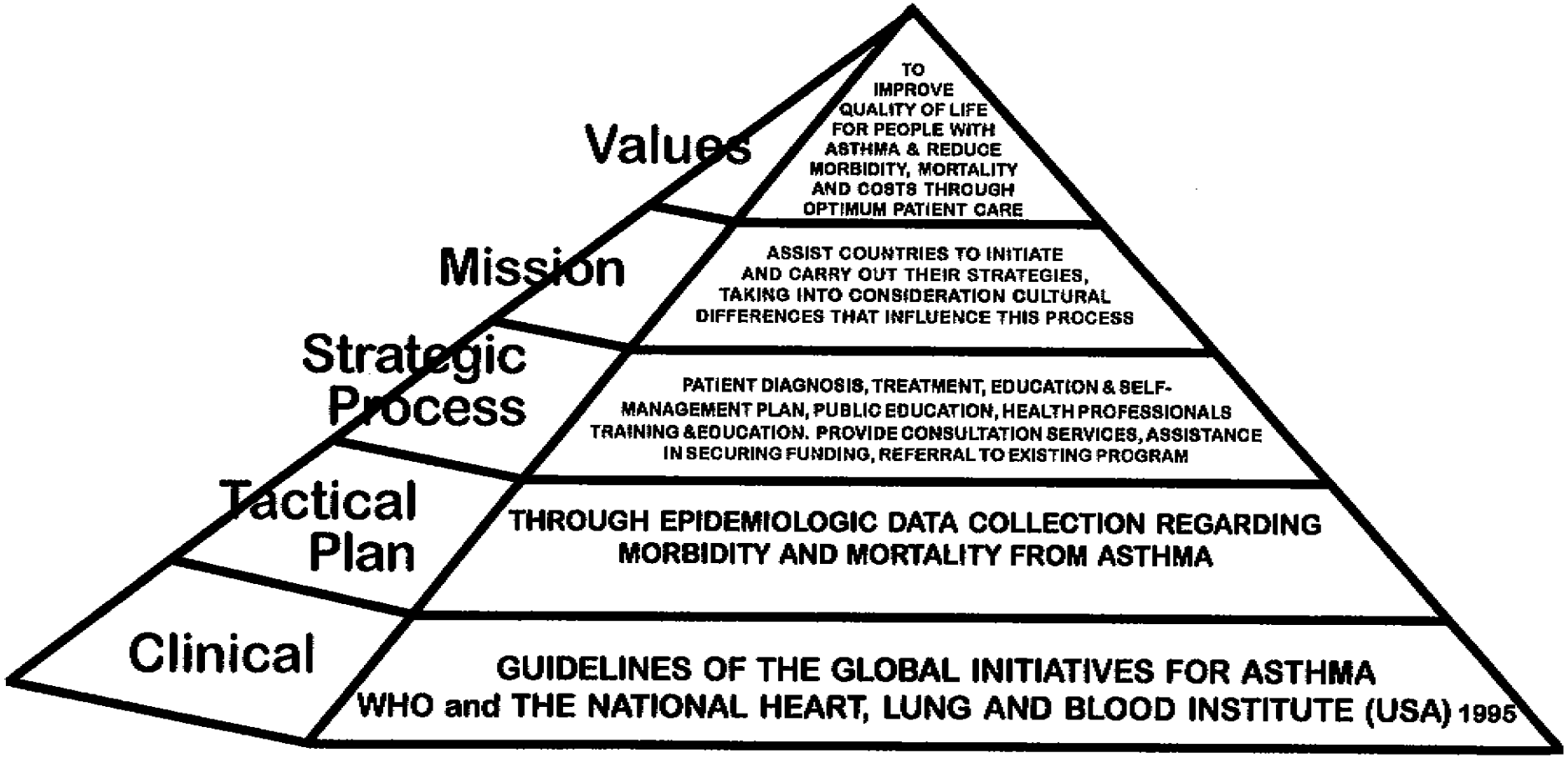

FIGURE 1

ADAPTED FROM
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THE WORLD HEALTH ORGANIZATION / INTERNATIONAL ASTHMA COUNCIL

ASTHMA GUIDELINES IMPLEMENTATION PROJECT

CORE VALUES

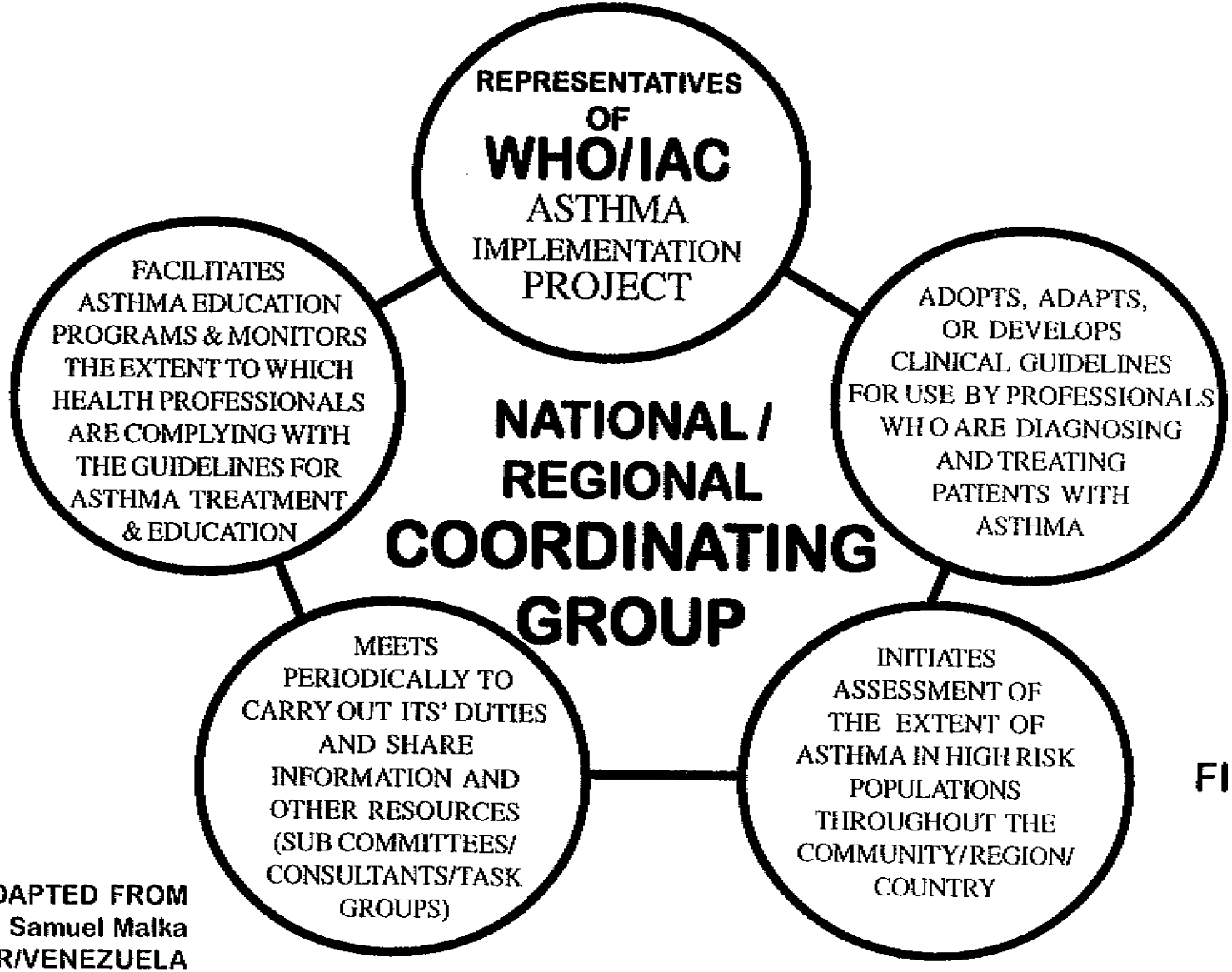

FIGURE 2

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