Asthma patient journey – Key points

Presentation

- Patients - self medicate for weeks/ months. ONLY Present to HCPs when symptoms impact living.
- Pharmacists would dispense meds based on wrong Dx.
- Initial presentation to PCPs . Referred to specialist for further testing or uncertainty
- Patients can present in ER & diagnosed right after

Diagnosis

- Patients typically diagnosed by GPs/PCPs.
- Frequency & severity of symptoms determines categorization (mild/ mod/ severe)
- Variant reaction to diagnosis depending on explanation on disease & implications. Stigma & concerns due to lack of proper explanation.
- Patients seek other channels for disease & treatments information

Initial therapy

- Treatment outcomes focus on symptoms then prevention of attacks
- Patients reactions vary:
  - Acceptance
  - Stigma to steroids/ inhalers.
  - Dose frequency
- Lack of sufficient treatment knowledge
- SABA commonly prescribed, monotherapy (+/- ICS or ICS/LABA). ICS/LABA might be delayed.
- No limitations on patients accessing SABA without a prescription

Follow-up

- Variations in follow-up timelines. Concern over SABA over reliance not a concern .
- Pharmacist role is variant
- Attacks/ worsening is missed as an opportunity to educate. Patients tend to stick to SABA
- Step up to ICS/LABA based on symptoms severity
- Treatment changes:
  - Decrease dose/frequency
  - Stop treatment
  - Change brands/ or HCP
- Insufficient knowledge of patients on different treatments

Maintenance

- Pharmacists' role limited to Rx dispense/ device education.
- Few provide education & others switch to generics.
- Challenges to compliance:
  - Symptoms improvemet
  - Poor education
  - Resistance to device/ S.E
  - Cost (minority if OOP)
- Optimum control challenge due to low follow-up
- Internet & friends influential sources to patients
- Reframing compliance as contributor to QoL has greater impact