

XXX CONGRESSO NAZIONALE

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Società Italiana di Allergologia,
Asma ed Immunologia Clinica



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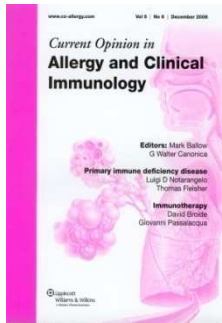


ASMA: IL PAZIENTE AL CENTRO Al di là del farmaco

Ilaria Baiardini



**Allergy & Respiratory Diseases
Department of Internal Medicine
University of Genoa**



2014

REVIEW



Adherence to asthma treatments: 'we know, we intend, we advocate'

Fulvio Braido^a, Ilaria Baiardini^a, Francesco Blasi^b, Ruby Pawankar^c, and Giorgio W. Canonica^a

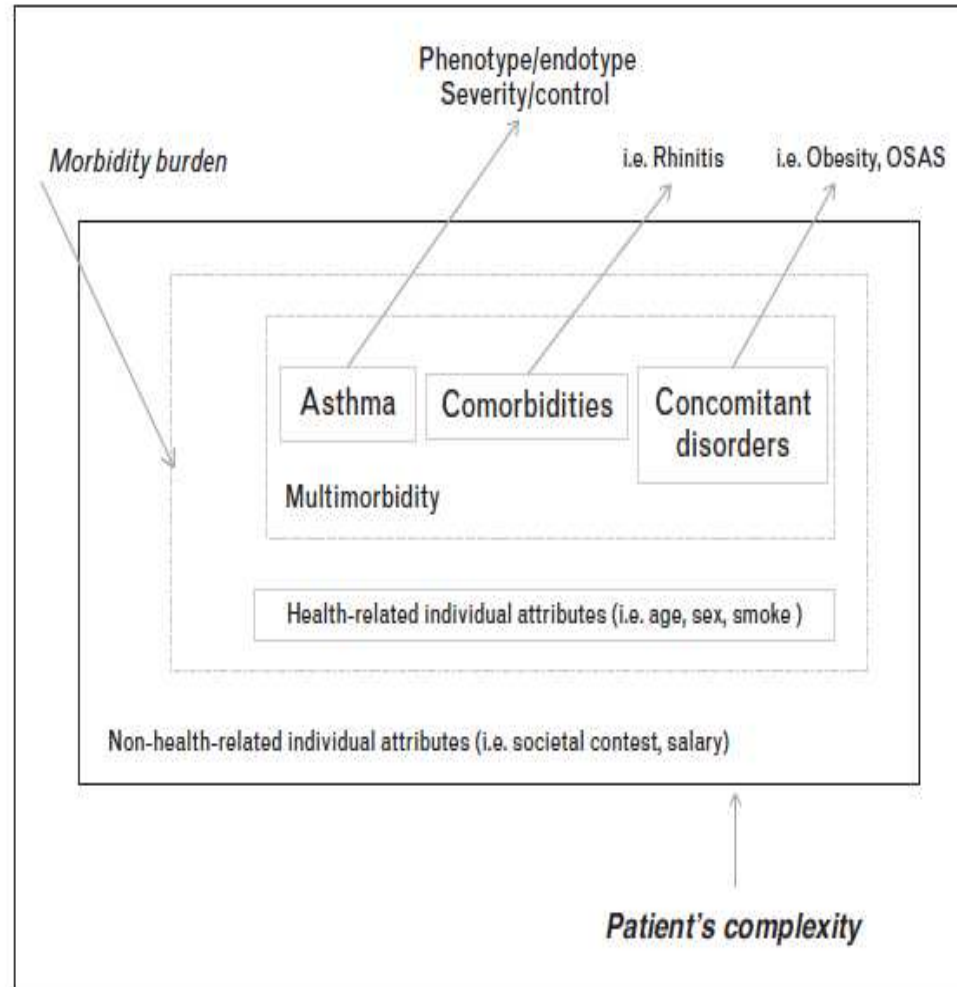
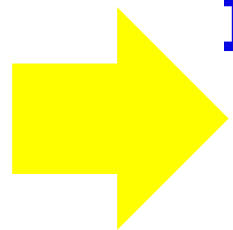


FIGURE 1. Adherence to treatment: conditioning factors. Patient's complexity refers to the overall impact of the different diseases in an individual, taking into account the severity and health, and no health-related individual attributes.

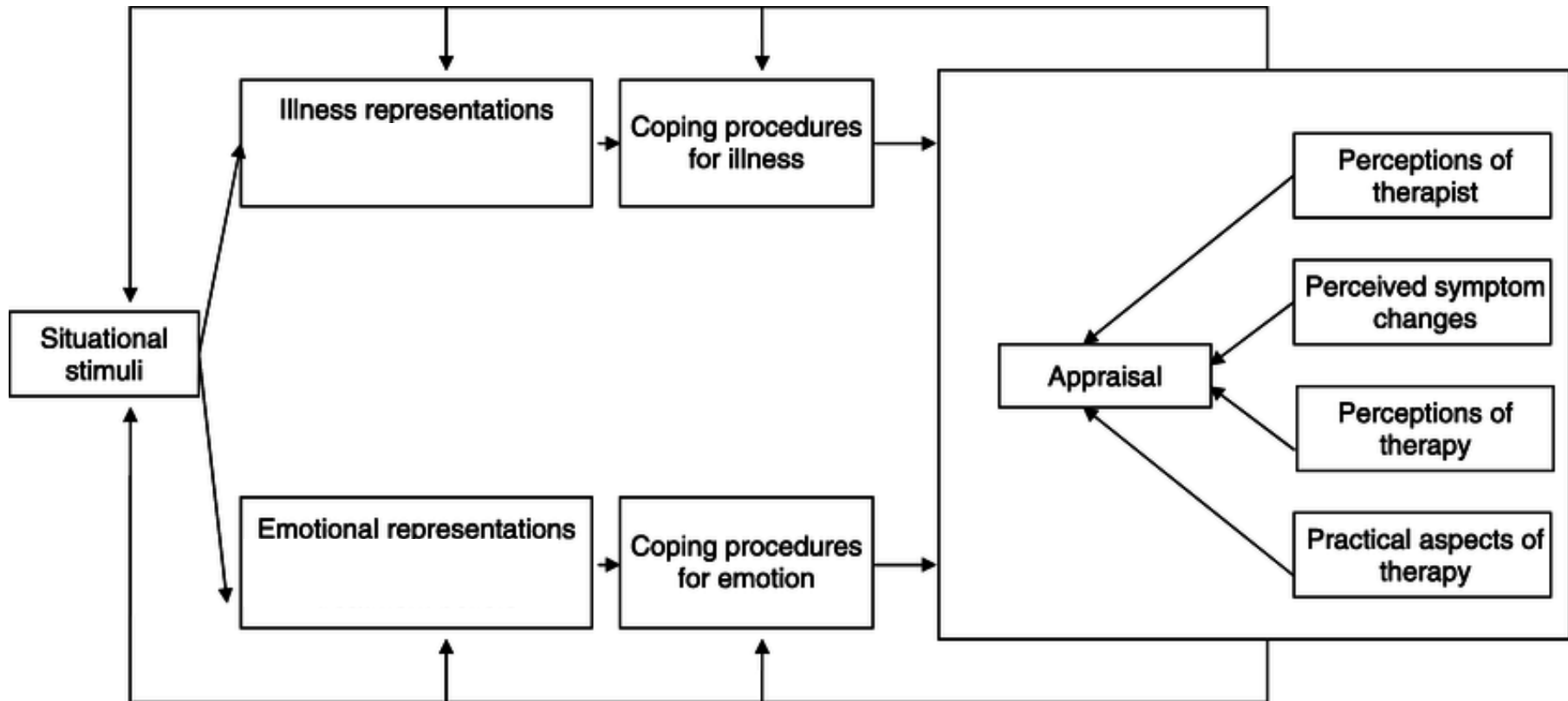
ADERENZA

Non intenzionale: causata da scarse abilità o risorse nel gestire il regime terapeutico.



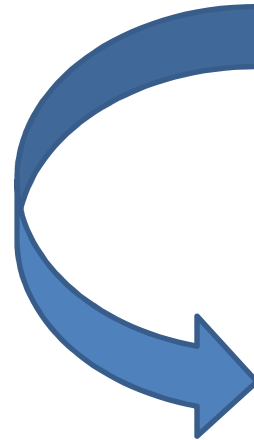
Intenzionale: risultato di una decisione razionale basata su convinzioni personali riguardanti la malattia e il trattamento.

Common sense model of self-regulation of health and illness



Leventhal H, Leventhal E, Contrada R.
Psychol Health.1998

Situational stimuli: ASTHMA



Asthma is a **heterogeneous disease**, usually characterized by **chronic airway inflammation**. It is defined by the **history of respiratory symptoms** such as wheeze, shortness of breath, chest tightness and cough that **vary over time and in intensity**, together with variable expiratory airflow limitation



The pool of **lay information** stored in **memory**, information given by **external sources**, **somatic** and **symptomatic** information

RESEARCH

Open Access

Obstructive lung diseases and inhaler treatment: results from a national public pragmatic survey

Fulvio Braido^{1*}, Ilaria Baiardini¹, Massimo Sumberesi², Francesco Blasi³ and Giorgio Walter Canonica¹

information given by **external sources**

The methodology used

Type of investigation: ad hoc **quantitative**

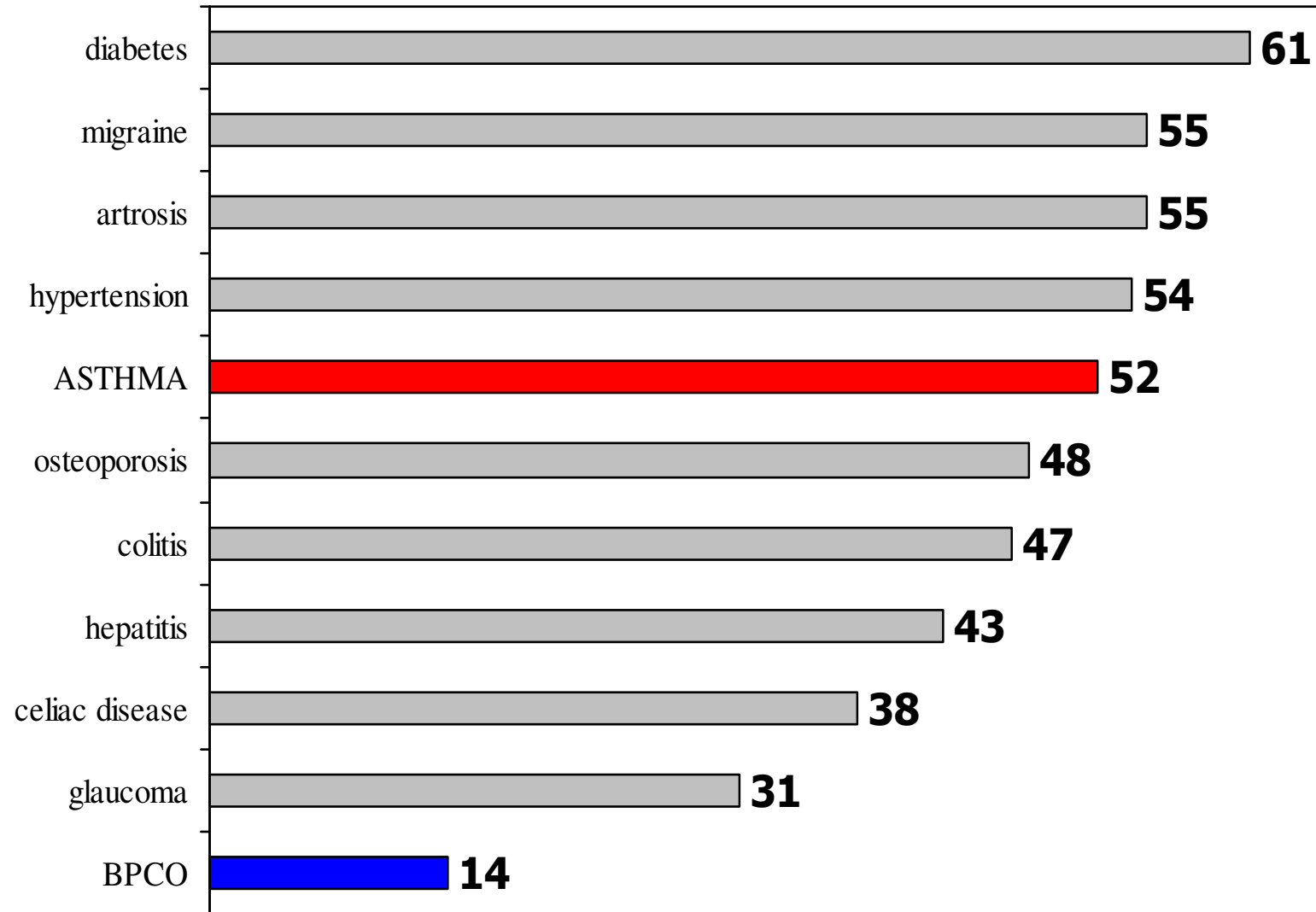
Detection mode: **personal interviews (C.A.P.I. system)**
30 minutes' structured questionnaire

Reference population: **men and women aged 15 years and over**
resident in the whole national territory

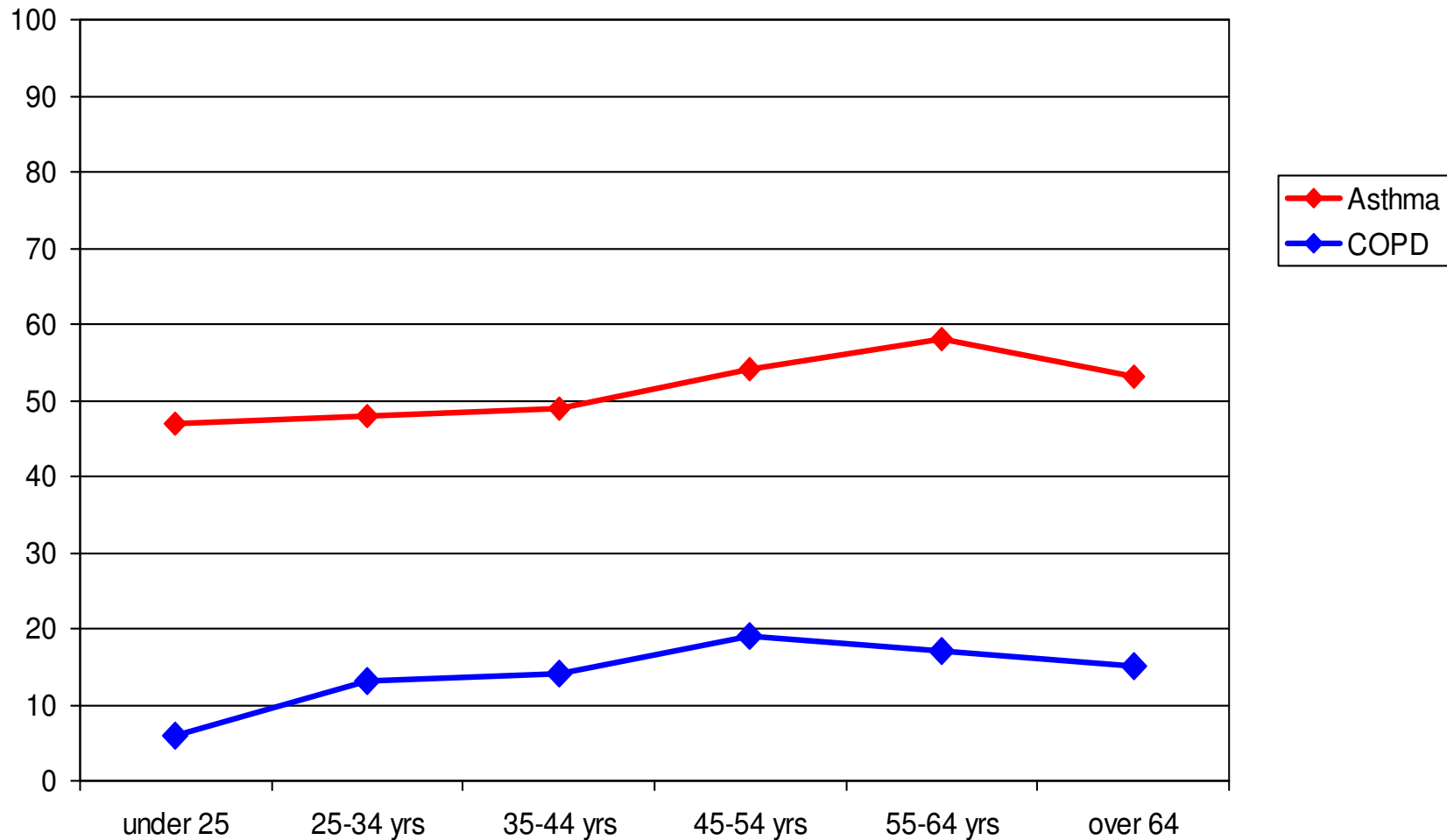
Sample: **2.000 interviews**
representative of the sample according to the main
socio-demographic parameters

Survey: from May 22nd to June 7th, 2012

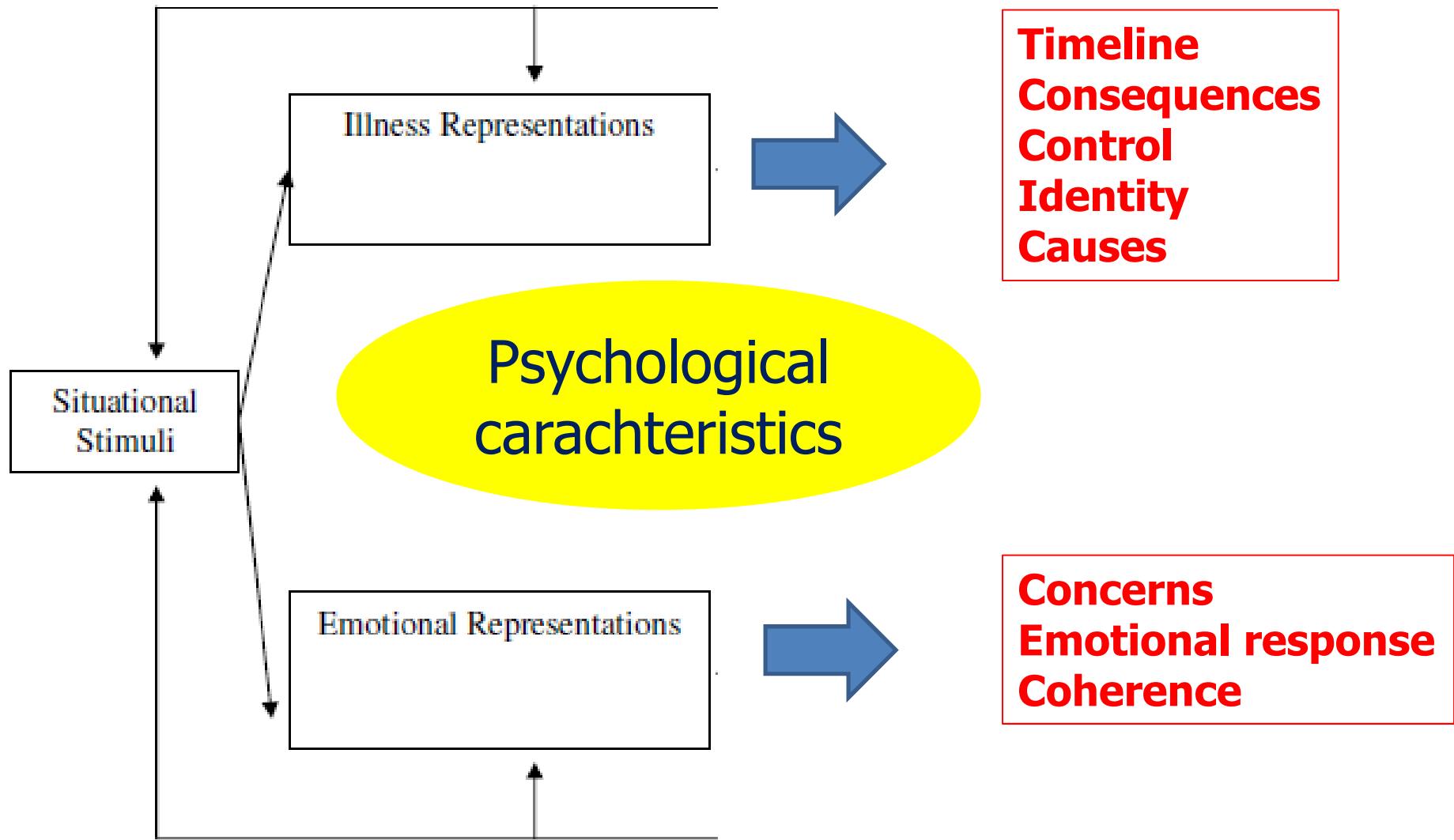
AWARENESS OF RESPIRATORY DISEASES



AWARENESS OF RESPIRATORY DISEASES



The awareness of chronic respiratory disease presents significant discontinuity in the general public. On the one hand they have heard a lot about asthma, while COPD is a still misunderstood disease

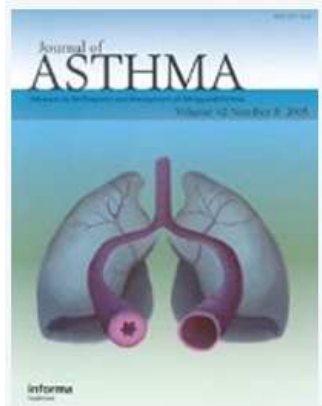


ALEXITHYMIA:

People with alexithymia are characterized by :

- inability to identify and express emotions
- difficulty in differentiating between feelings and bodily sensations that accompany emotional arousal
- externally oriented rather than psychologically minded thought








Sifneos PE, Psychoter Psychosom, 1973







Pitfalls in Respiratory Allergy Management: Alexithymia and Its Impact on Patient-Reported Outcomes

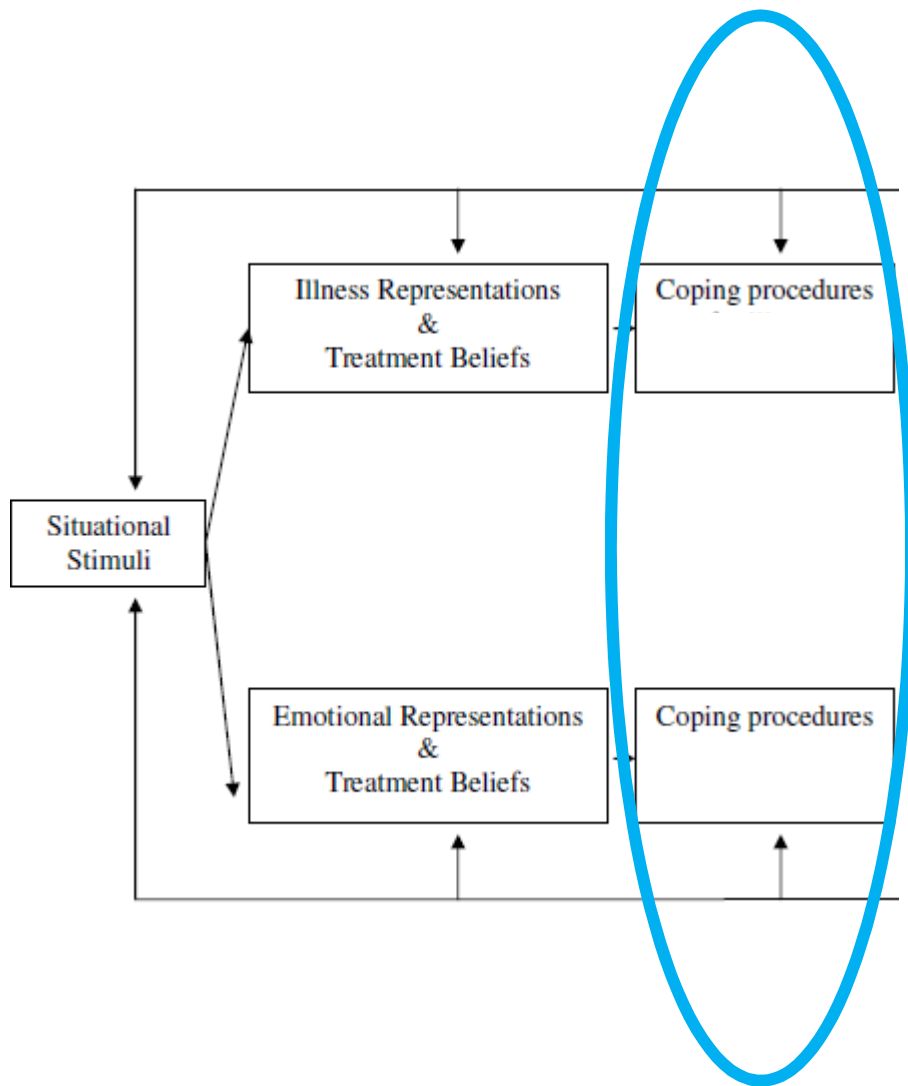
ILARIA BAIARDINI,^{1,*} FULVIO BRAIDO,¹ GIANLUCA FERRAIOLI,¹ STEFANIA MENONI,² MARCO BRUZZONE,¹ MARIA ELISABETTA CONTE,³ FEDERICA GANI,⁴ ERMINIA RIDOLO,⁵ ANTONIO SCORDAMAGLIA,¹ AND GIORGIO WALTER CANONICA¹

Alexithymic pts had a different illness perception

Relation between the symptom and asthma/rhinitis				
IPQ-R symptom	Alexithymic	Non-alexithymic	<i>p</i>	
 Pain	41	14	.0008*	
Sore throat	29	30	.8798	
 Nausea	15	5	.0377*	
Breathlessness	79	73	.0922	
Weight loss	13	6	.0597	
 Fatigue	86	49	.00009**	
 Stiff joints	32	9	.0131*	
Sore eyes	63	63	1	
Wheeziness	84	77	.0619	
Headache	45	43	.7914	
 Upset stomach	40	16	.0029*	
Sleep disturbances	53	41	.0521	
 Dizziness	44	16	.0194*	
 Loss of strength	74	42	.0144*	

Alexithymic pts had a different illness perception

IPQ-R Factors	Alex	Non-Alex	p	
Identity	7 (3.56)	4.79 (2.63)	.002	
Consequences	18.10 (4.54)	13.91 (5.36)	.001	
Timeline acute/chronic	19.71 (5.72)	19.68 (5.06)	.981	
Timeline cyclical	13.52 (4.11)	11.54 (3.31)	.058	
Illness coherence	12.24 (3.58)	15.26 (4.39)	.004	
Personal control	18.81 (5.06)	19.23 (5.32)	.742	
Treatment control	15.81 (2.82)	16.95 (4.36)	.258	
Emotional representation	17.00 (6.98)	13.54 (6.39)	.027	



POSITIVE ATTITUDE
 Positive reinterpretation and growth
 Acceptance

PROBLEM FOCUSING
 Active coping
 Suppression of competing activities
 Planning

SOCIAL SUPPORT
 Focus on and venting of emotions
 Use of instrumental social support

AVOIDANCE STRATEGIES
 Denial
 Substance use
 Humor

RELIGIOUS COPING
 Rely on fate or faith



Coping with asthma: Is the physician able to identify patient's behaviour?

Fulvio Braido ^{a,*}, Ilaria Baiardini ^{a,h}, Alberto Bordo ^a, Stefania Menoni ^b,
Fabiano Di Marco ^c, Stefano Centanni ^c, Giuseppe Girbino ^d,
Roberto Dal Negro ^e, Vito Brusasco ^f, Lan-Anh Le ^g, Giorgio Walter Canonica ^a

3089 GPs

Which are the 3 coping strategies most used by the patient you are visiting ?

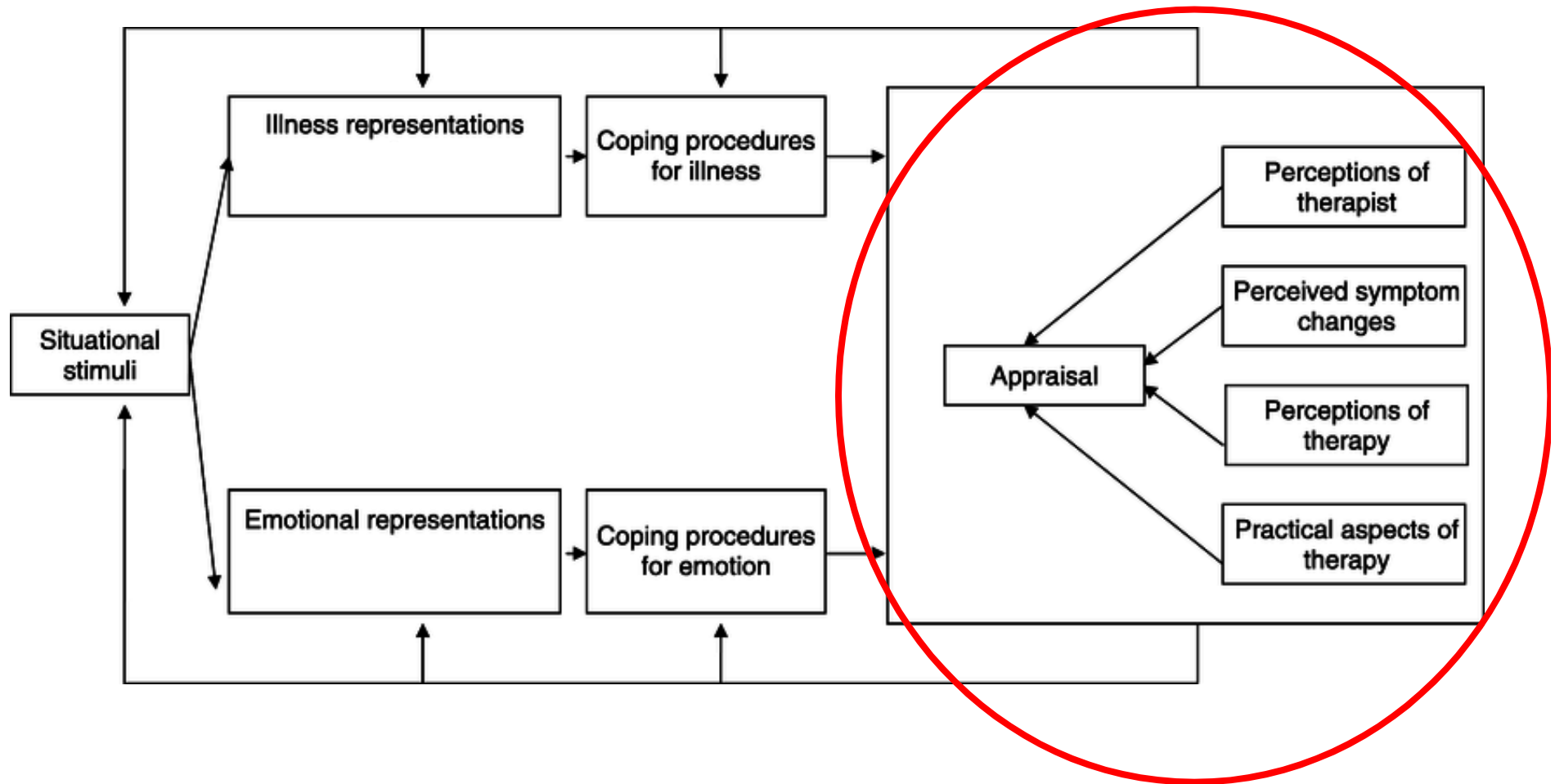
6474 Patients

How do you usually behave in facing asthma?

Percentage of GPs able to correctly identify when the patient uses a specific strategy

Strategy	Patients using the coping strategy	GPs able to correctly identify the use of strategy	Strenght of agreement (Landis and Koch concordance)
Get a move on	3568	2276 (64%)	Moderate
● Joke about it	1017	514 (51%)	Fair
Try to get organized	3427	1724 (50%)	Fair
Try to be informed about it	3195	1792 (56%)	Fair
● Try not to think about that	1755	876 (50%)	Fair
Have a positive attitude	3332	1573 (47%)	Fair
● Think the problem doesn't exist or it is not so important	937	453 (48%)	Fair
● Rely on fate or faith	773	265 (34%)	Fair
Recognize the problem and accept it	3719	2191 (59%)	Fair
Give up facing the problem pragmatically	931	446 (48%)	Fair

● Maladataptive strategies in facing asthma

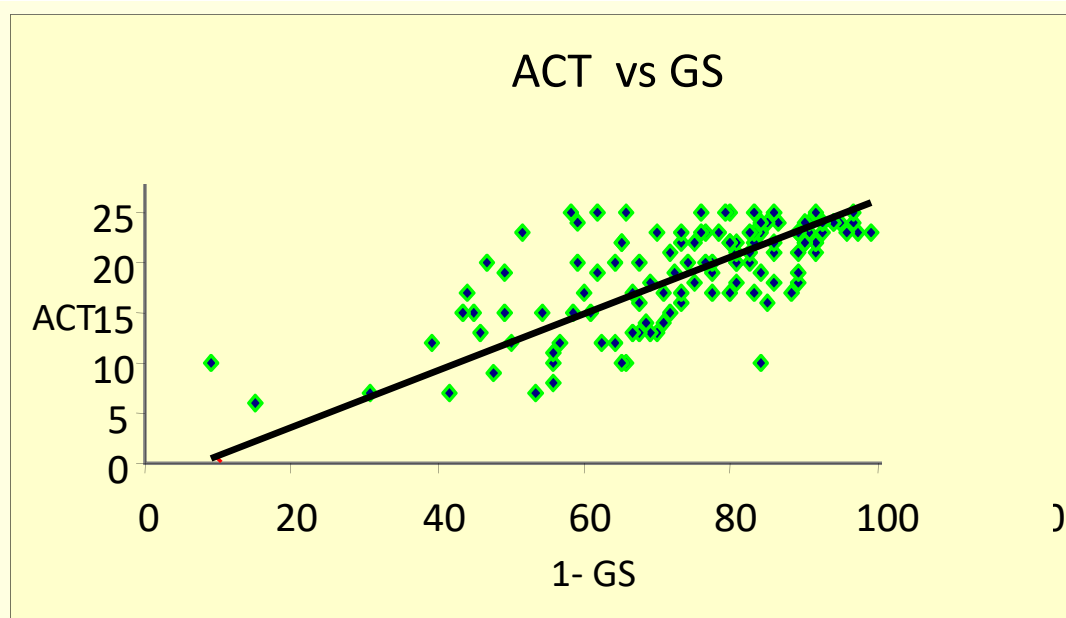


Leventhal H, Leventhal E, Contrada R.
Psychol Health.1998

Original article

Does asthma control correlate with quality of life related to upper and lower airways? A real life study

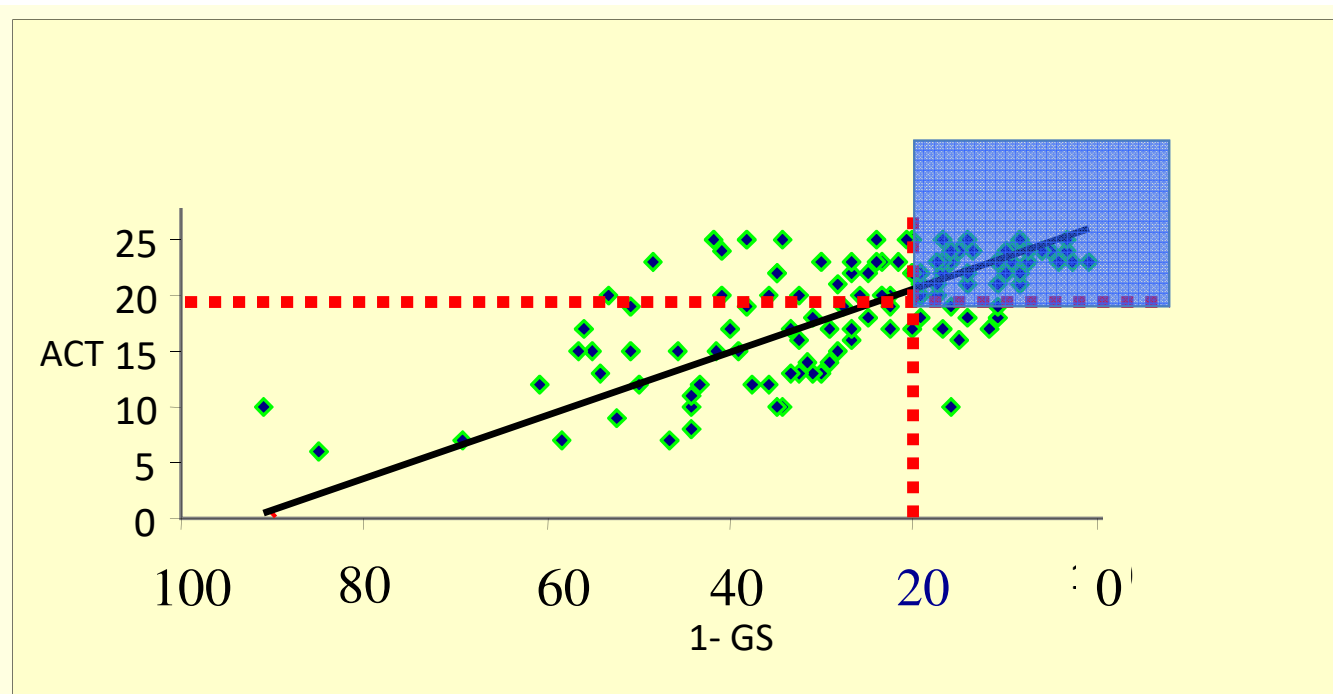
F. Braido¹, I. Baiardini¹,
S. Balestracci¹, V. Ghiglione¹,
E. Stagi², E. Ridolo³, R. Nathan⁴,
G. W. Canonica¹



Correlation between ACT and
Quality of Life
(Global Summary of RHINASTHMA)

Asthma Control vs QoL related to Asthma & Rhinitis

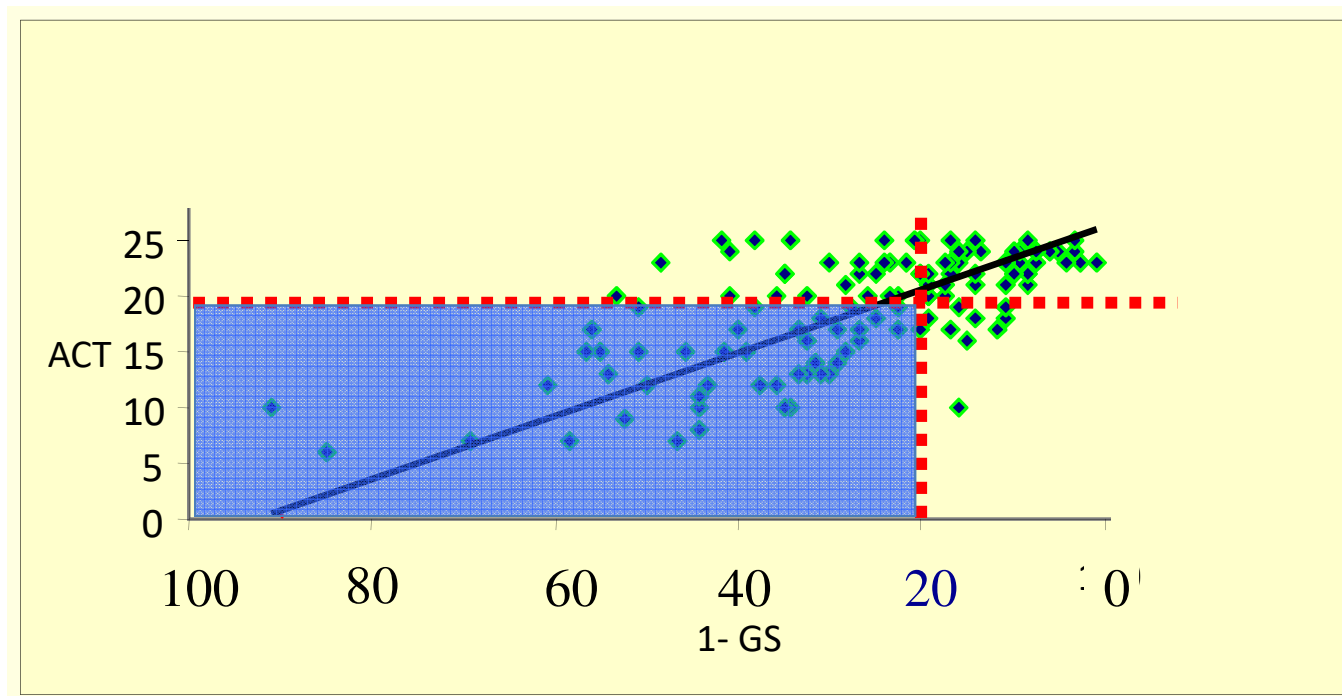
Optimal control – Optimal QoL



Monitoring control and/or QoL

Asthma Control vs QoL related to Asthma & Rhinitis

No control – Non optimal QoL

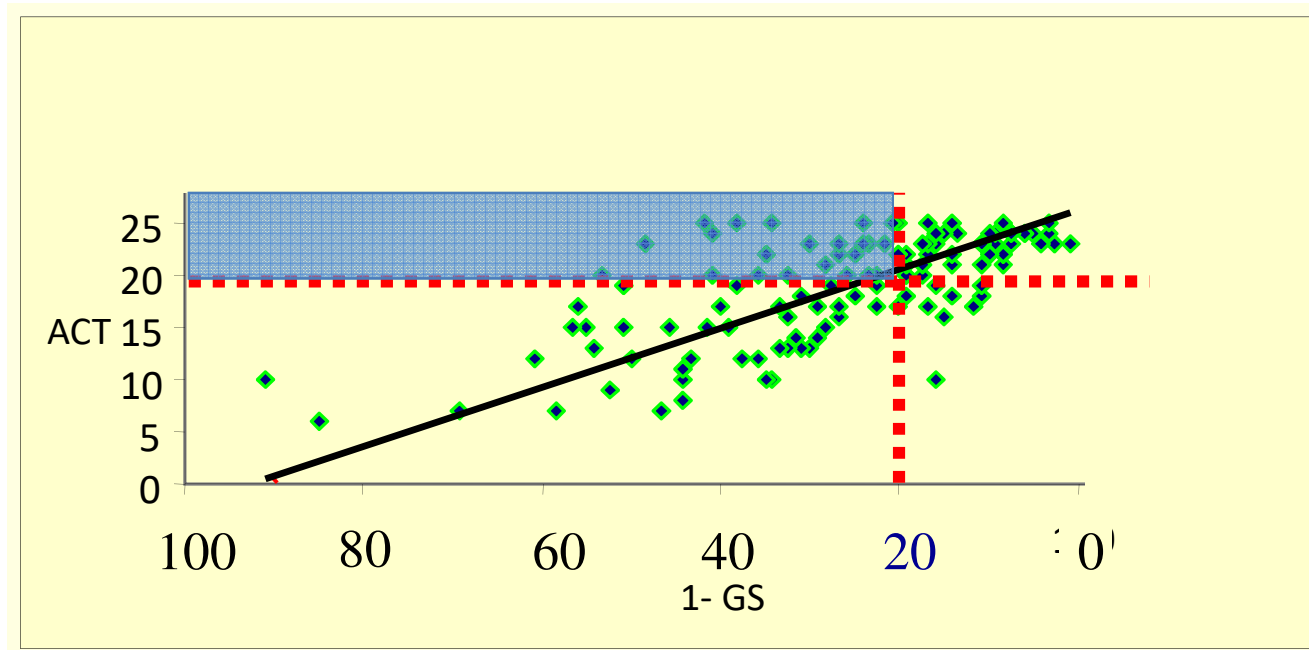


Assess the possible reasons of uncontrolled asthma patient related. Check

- knowledge
- Illness perception
- Expectations
- adherence
- coping
- patient's behavior (i.e.smoking, inhaler technique)

Asthma Control vs QoL related to Asthma & Rhinitis

Control – non optimal QoL



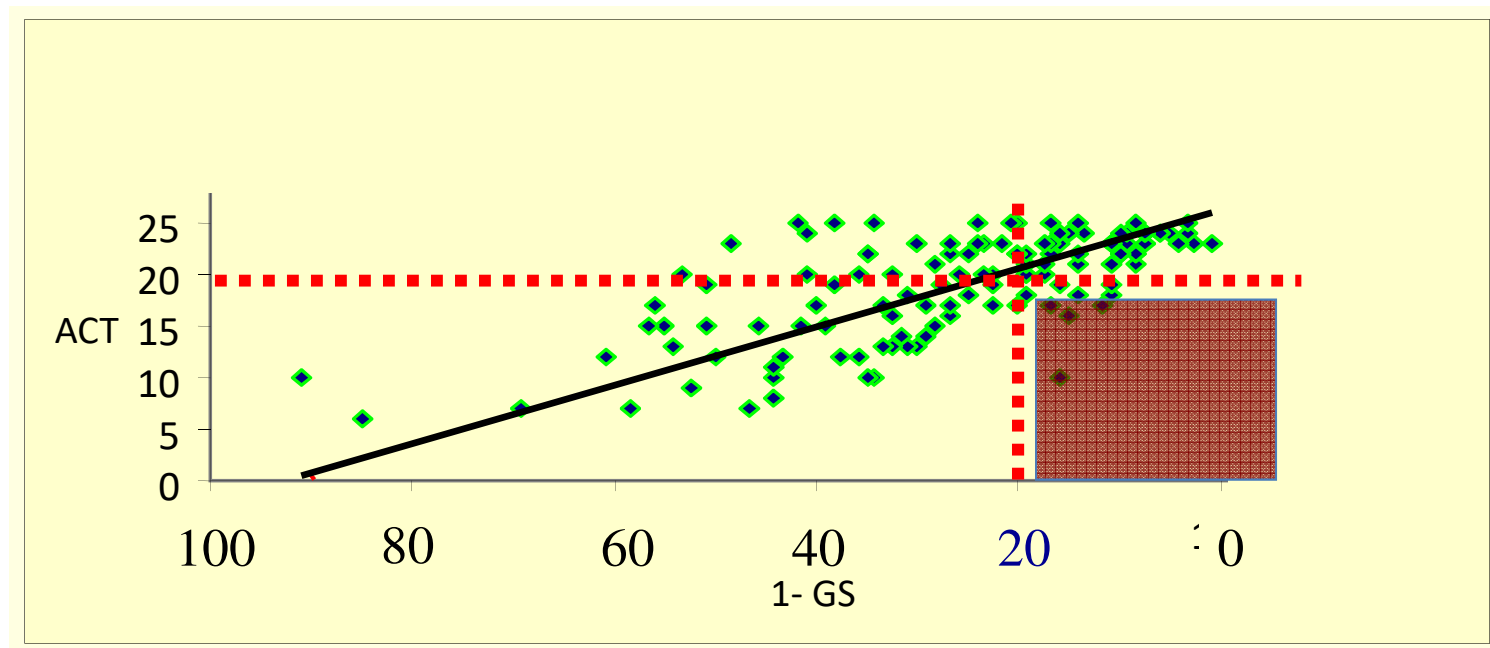
Risk of non adherence!

Check the possible reasons of unsatisfactory QoL

patient's expectations
treatment satisfaction

Asthma Control vs QoL related to Asthma & Rhinitis

No control – Optimal QoL



Check patients characteristic that could make it difficult to recognize or manage uncontrolled asthma (coping, illness perception, awareness, alexithymia → unusable PROs tools)

Plan disease follow up with medical parameters

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