A randomized, controlled study on the effect of counseling session provided by pharmacist on MDI (metered-dose inhaler) technique among patients in GOPC

Presented by Eva LAI Wing Shan Pharmacist, UCH 15 May 2013

Methodology

- Prospective, randomized, controlled study
 - Jun 2011 Jan 2012
 - Ngau Tau Kok GOPC (KEC)
- Patient recruitment
 - Physicians' referral
 - Recruitment by pharmacist

Inclusion criteria:

Patients who

- MDI-users
- 2. >18 years old
- 3. Self-administered the medication
- 4. Hear voice and communicate properly
- 5. Can read

Exclusion criteria:

Patients who

- 1. Use volumatic spacer
- 2. First-time MDI users
- 3. Medical staff
- 4. Have cognitive impairment

Study design

Eligible patients were included (n=34)

Baseline measurement

- 1. Assess inhalation skill
- 2. Assess MDI knowledge

Randomization

Control group

- Verbal explanation of incorrect step
- Patient information leaflet

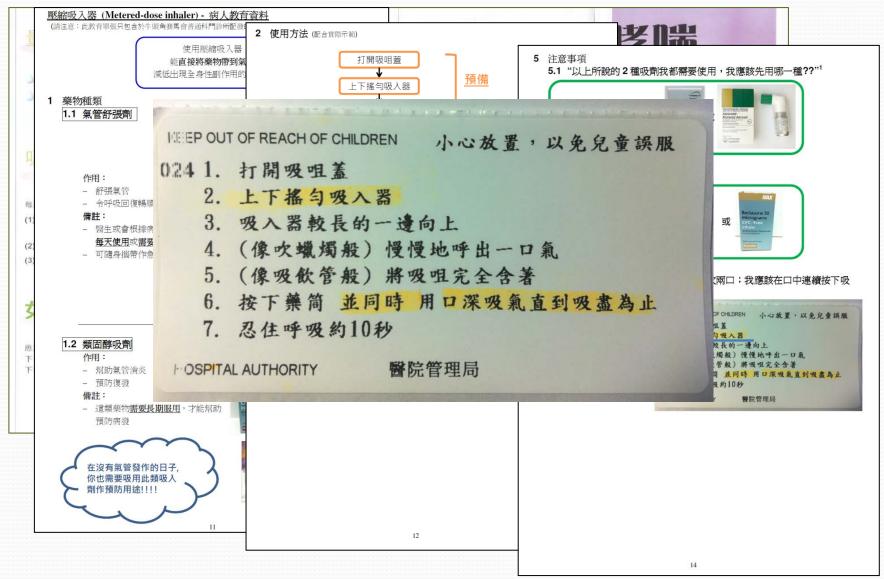
Intervention group

- "Usual care" in control group
 - 3 additional counseling tools
- 1. Education folder
- 2. Physical demonstration
- 3. Reminder label

Data collection immediately **after intervention** and during **Follow-up**

<u>ALL</u> patients received care as done in intervention group before the end of the project

Intervention group



Results

	Characteristics	(n=34))		n=17)	(n=	=17)			
A	Change in I	MD# tec	hnic	<u>ue</u>	7	1.8			
Fo (d	Outcome mes	isurement	<u>C</u>	Control g		g	rvention roup n=17)	Mean difference (95%CI)	<u>P value</u>
	MDI technique	e %correc	t						
Sı	Baseline			24%			6%		
_	Immediately interventi			59%	1	1	00%	41% (15%-67%)	0.004*
Di	Follow-up			29%			71%	42% (8%-74%)	0.016*
	ving Condition Live alone	9 (26.5%) VIDI3 Kinc	5 (29.4%) (dde	4 (2:	3.5%) (6.5%)			
D	agnosis	12 /29 20/3	, ,,,,,	/47 10/A)	5 (2)	0.4960			

Intervention Group Control Group

F	Outcome measurement	Control group (n=17)	Intervention group (n=17)	Mean difference (95%CI)	P value
Ŀ	MDI knowledge score				
	Baseline	5.88	5.24		
1	Follow-up	6.71	7.71	1.00 (0.42-1.58)	0.002*

^{*} Data are given as number (percentage) except where indicated.

Conclusion

- Additional counseling tools were used in this project to compare pharmacist's intervention with usual care
- Statistically significant increase in MDI technique and knowledge was found between control group and intervention group
- Baseline incorrect MDI techniques and misunderstandings were identified
- On-going education should be provided

Recheck & re-educate on regular and on-going process

Focus more on misunderstandings found in this project

Set up pharmacist-led counseling session to MDI-users in GOPC

Thank you!



Data collection

Type of data	During 1 st visit		ring 1 st visit Follow -up Tool used		Measurement	
	Baseline	Immediately after intervention	Follow-up			
Inhaler technique	Yes	Yes	Yes	8-point checklist (Dutch Asthma Foundation)	Difference in proportion of patients who demonstrated correct MDI technique * between groups	
Inhaler knowledge	Yes		Yes	Knowledge questionnaire (Self-developed)	Difference of mean score of questionnaire between groups	

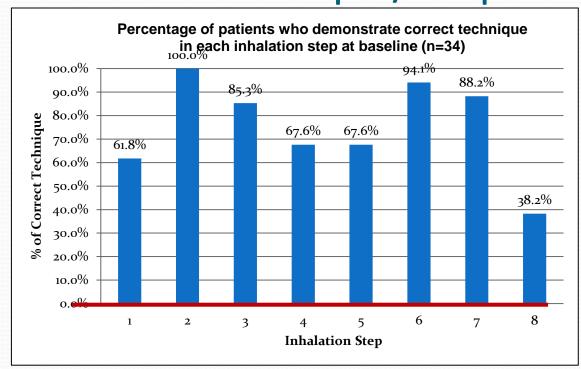
* "Correct MDI technique" = perform 8 steps correctly

		病人回應			
	問題	正確	不正	不知道	正確
		(T)	確(F)	不知道	答案
1.	使用類固醇吸劑能幫助氣管消炎。				T
2.	如需同時吸服氣管舒張劑及類固醇吸劑,應根據以下哪種吸	(1)	(2)		
	服次序?				(1)
	(1)先用氣管舒張劑、然後才用類固醇吸劑				(1)
	(2)先用類固醇吸劑、然後才用氣管舒張劑				
3.	氣管舒張劑吸入器應該隨身攜帶。				T
4.	每次使用氣管舒張劑後,應用清水漱口以減低副作用。				F
5.	每次使用類固醇吸劑後,應用清水漱口以減低副作用。				T
6.	清洗吸入器時應該將金屬容器和塑膠吸入器一起清洗。				F
7.	每次使用吸劑前應該將吸入器搖勻。				T
8.	假如醫生要求我每次吸入2劑量(2下),我應該在同一次呼吸				F
	中按2下藥筒。				r
				線分	}

- 1. Shake the inhaler
- 2. Remove the protective cap
- 3. Hold inhaler upright
- 4. Exhale to residual volume
- 5. Place mouthpiece between lips and teeth
- 6. Inhale slowly and simultaneously activate the canister
- 7. Continue slow and deep inhalation
- 8. Take inhaler out of mouth and hold breath for 5-10 sec



Percentage of patients who demonstrated correct technique/ step at baseline



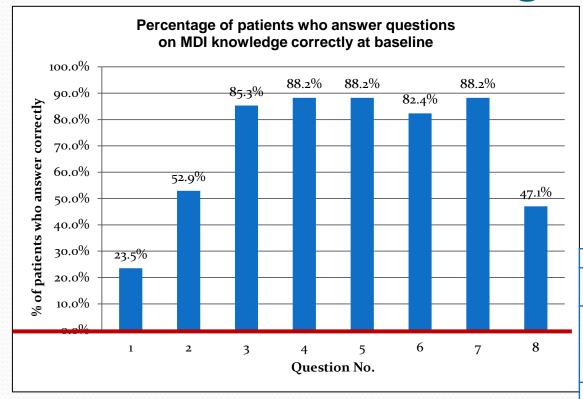
MDI step:

Step 8: Take inhaler out of mouth and hold breath for 5-10 sec.

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Baseline MDI knowledge



MDI knowledge questions:

Q1: Action of inhaled corticosteroid (ICS)

Q8: Correct inhalation method of "2 puff/dose"

Questions

- 1. Use of inhaled corticosteroid (ICS) can help to tackle the problem of inflammation.
- 2. If bronchodilator and inhaled corticosteroid(ICS) have to be used at the same time, what is the correct sequence? (1) bronchodilator first, then ICS (2) ICS first, then bronchodilator
- 3. One should bring bronchodilator all along when leaving home.
- 4. Mouth-rinsing is needed after using bronchodilator.
- 5. Mouth-rinsing is needed after using ICS.
- 6. I should clean both the metal canister and plastic mouthpiece.
- 7. I should shake the inhaler before use.
- 8. If doctor ask me to inhaler 2 puff each time, I should actuate inhaler twice in the same breath



Discussion – Compare with previous local studies

	Luk HH	Leung WY	This project		
Control group	No	No	Yes		
Education provided	VerbalPhysical demonstration	VerbalWritten material	 Verbal Physical demonstration Additional tools (Education leaflet, Reminder label) 		
No. of follow up	1 (1-2 months later)	1 (4-8 weeks later)	1 (mean follow-up: 67 days)		
Sample size	28	80	34		
Improvement in MDI technique *	61% → 82% (% of correct technique)	2.58 → 5.09 (Full score: 6)	41% (between intervention & control group)		

^{*} Different scoring systems are used.



References

- Fink JB, Rubin BK. Problems With Inhaler Use: A Call for Improved Clinician and Patient Education. Respiratory Care 2005;50:1360-74
- Giraud V, Roche N. Misuse of corticosteroid metered-dose inhaler is associated with decreased asthma stability. European Respiratory Journal 2002;19(2):246 251.
- Newman SP, Weisz AW, Talaee N, Clarke SW. Improvement of drug delivery with a breath actuated pressurised aerosol for patients with poor inhaler technique. Thorax 1991; 46: 712–716.
- Lindgren S, Bake B, Larsson S. Clinical consequences of inadequate inhalation technique in asthma therapy. European Journal of Respiratory Disease 1987; 70: 93–98.
- Basheti IA. Reddel HK. Armour CL. Bosnic-Anticevich SZ. Improved asthma outcomes with a simple inhaler technique intervention by community pharmacists. Journal of Allergy & Clinical Immunology 2007; 119(6):1537-1538
- Bosnic-Anticevich SZ. Sinha H. So S. Reddel HK. Metered-dose inhaler technique: the effect of two educational interventions delivered in community pharmacy over time. Journal of Asthma 2010; 47(3):251-256
- De Tullio PL. Corson ME. Effect of pharmacist counseling on ambulatory patients' use of aerosolized bronchodilators. American Journal of Hospital Pharmacy 1987; 44(8):1802-1806
- Petkova VB. Pharmaceutical care for asthma patients: a community pharmacy-based pilot project. Allergy & Asthma Proceedings 2008; 29(1):55-61
- Maggie Leung Wing Yan (UCH). A Study of Pharmacist's Impact on the Compliance of Metered-Dosed Inhaler Aged 60 or over at Shun Lee Government General Out-Patient Clinic. Resident Pharmacist Project.
- LUK Ho Hoi, Leo (TWH). Evaluation of a Health Education Program for Chronic Obstructive Airway Disease Patient Using Metered Dose Inhaler. Resident Pharmacist Project
- Basheti IA, Armour CL, Bosnic-Anticevich SZ, Reddel HK. Evaluation of a novel educational strategy, including inhaler-based reminder labels, to improve asthma inhaler technique. Patient Education and Counseling 2008; 72(1): 26-33
- Prabhakaran L, Lim G, Abisheganaden J, Chee CBE, Choo YM. Impact of an asthma education programme on patients' knowledge, inhaler technique and compliance to treatment. Singapore Medical Journal 2006; 47(3): 225-231
- Centre for Clinical Trials. The Chinese University of Hong Kong. Sample Size Calculator: Two Parallel-Sample Proportions. Available from: URL: http://www.cct.cuhk.edu.hk/stat/proportion/tspp_equality.htm. Accessed on 20Dec2010