



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
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INTEGRATED CARE NEWS

Periodic Updates and Information for the Sandhills Center Provider Network

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For most people, taking an easy and effective breath is primarily an involuntary action. But for those with asthma, it may require a more conscious effort. Breathing can be painful and cause varying degrees of discomfort and anxiety. In this edition of "Integrated Care News," we want to share an overview of asthma with the expectation that it will assist you in treating this condition, therefore, improving patients' lives.

LIVING WITH ASTHMA

Sandhills Center recognizes that asthma is a chronic disease that affects people with or without psychiatric conditions, resulting in a decreased quality of life that can become very serious. In 2014, asthma affected more than 25.7 million adults and 7.0 million children under the age of 18. Managing the treatment of asthma through an integrated care approach will assist in improving the quality of life for patients, decrease symptom severity, and reduce healthcare costs.

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DEFINITION

Asthma is a chronic medical inflammatory condition of the airways that often results in a person experiencing breathing difficulties. It is considered a chronic condition because it interferes with daily functioning for more than three months a year and/or may cause prolonged hospitalization.

Asthma is incurable, but manageable. Here are some important facts to consider:

- Asthma attacks can be mild, moderate or serious, and sometimes can be life-threatening without effective and timely treatment.
- Asthma is one of the most common disorders for children ages 5 through 14.
- Adults with mental illness have higher rates of chronic physical illness.
- In 2014, about 8.6 percent of children and 7.4 percent of adults were diagnosed with asthma.
- Adults and children with asthma are more likely to develop pneumonia after getting sick with the flu.
- Symptoms may include wheezing, chest tightness, shortness of breath, coughing and repeated episodes of bronchitis.



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Adults, adolescents and children with mood and anxiety disorders have significantly higher rates of comorbidity with asthma. This especially is important as it relates to older adults. Children who have asthma and live in inner cities tend to have a higher burden of the disease.

Symptoms of anxiety and depression can increase the severity of asthma attacks, just as asthma attacks can intensify symptoms of mood and anxiety disorders.

Individuals who receive outpatient services face multiple barriers to engaging in primary care services. Because of this, interventions to support routine health monitoring must be performed by psychiatrists. Early intervention, informative education and ongoing assessments are primary components of effective management of asthma.

ASK THESE QUESTIONS

In following the integrated care approach to wellness, asking some of the following questions during contact with patients may result in reduction of severity of symptoms, improve medication compliance, enhance quality of life, and reduce costs:

- Have you spoken to the patient to see if they received a flu shot? If no, what is your plan to address this?
- Has the patient developed a plan to ensure compliance in refilling their inhalers and prescriptions? If no, what is your plan to meet this goal?
- Have you provided smoking cessation education to your patients who smoke? If no, what is your plan to achieve this goal?
- Have you educated parents/caregivers about early asthma attack symptoms relevant to their child? If no, what is your plan to do so?

RECOMMENDATIONS FOR TREATMENT

The National Asthma Education Prevention Program (part of the National Heart, Lung and Blood Institute) has developed evidence-based practice guidelines for initial and ongoing treatment:

SHORT-TERM INTERVENTIONS

When a patient reports asthma symptoms, it is important to obtain a clear understanding of the severity of symptoms.

- Assess asthma severity
 - ✓ Mild, moderate, serious --> life-threatening.
 - ✓ Assess frequency of asthma attacks.
 - ✓ Moderate to severe asthma requires a screening for those with depression, panic and anxiety disorders.
 - ✓ Refer as appropriate.
- Pharmacotherapy
 - ✓ Acute --> rescue medications -> inhaled corticosteroids/bronchodilators
 - ✓ Long-term --> controller medications --> bronchodilators/oral corticosteroids
 - ✓ Evaluate psychotropic medications --> need to distinguish symptoms of asthma with agitation during manic episodes.
 - ✓ Steroids can induce symptoms of mania, anxiety and depression.

LONG-TERM INTERVENTIONS

It is important to educate patients and caregivers that asthma is a manageable condition. Encouraging compliance through education and support likely will enhance treatment outcomes. Sometimes, lifestyle changes need to be made, such as smoking cessation.

- Develop an action plan to guide patient self-management
 - ✓ Involve family/caregivers when possible.
 - ✓ Utilize Cognitive Behavioral Therapy, relaxation techniques, deep-breathing skills and biofeedback tools to reduce anxiety, enhance mood and self efficacy.
 - ✓ Assess and revise as needed.
- Identify triggers
 - ✓ Allergens, air pollution, exercise, genetics, tobacco smoke, airway infections.
- Flu vaccination is the first and most important step in protecting against influenza.

