

# Qualitative Understanding of Experiences on Teaching Inhaler technique QUETI

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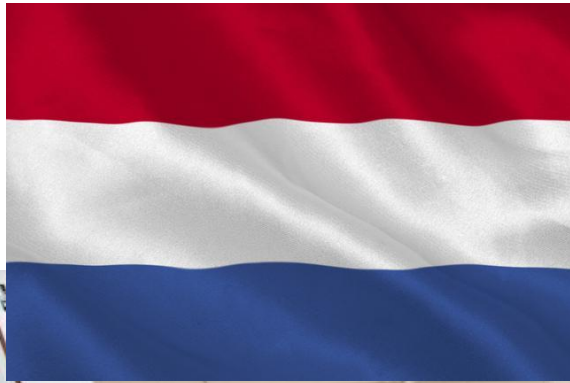
**University Medical Center Groningen  
The Netherlands**



# Disclosure slide

I declare that I have received funds from several Pharmaceutical companies for research projects, to perform educational activities or to attend to scientific meetings or Conferences

# Results from Health Care Professionals Focus group



# Results from Health Care Professionals Focus group



## 11 HCP

GP (2)  
PC nurse  
Pulmonologist  
Pulmonary nurses (2),  
Pharmacist  
Pharmacist assistant  
Laboratory assistant  
Lung function assistant



1 experts group (7)  
1 nurses group (7)  
1 pharmacists group (7)



## 11 HCP

GP (2)  
GP young trainee  
PC nurse (2)  
Pulmonologist  
Pediatric nurses  
Pharmacist (2)  
Pharmacist assistant (2)



# Medication



“... Most of them are marvellous. They need low inspiratory flows, they are easy to use, few steps and few possibilities to make a mistake...but you have 10 thousand !



# Choice of inhaler device

“... HCP would like to have clear guidance on how to make the choice depending on patient characteristics (age, inspiratory flow, motor skills or others)” “



” it should be a combination of which device you know better and patients’ capacity”



“... I used to say to the patient: Would you like me to offer you a choice? No, no I don't know. You shouldn't ask, you should give me the right option, the best option for me”



# Adherence

- It is difficult to assess
- Electronic prescription helps to detect non adherence
- Pharmacists should check adherence and communicate to the prescriber
- We must look for non adherence reasons:
  - Lack of confidence on inhalers differentially from pills,
  - Side effects,
  - No perception of chronic condition,
  - Use of medication just for rescue,
  - Giving up as symptoms disappear
- Importance of self-management plans

“... When the patient feels breathless he will be looking for the minutes to get his next inhalation but when he feels all right he will forget about it. It is related to the perception of the risk of a chronic condition”



” it is difficult to persuade patients especially parents about a continuous ICS use. They believe they are harmful and consider it a 'stigma' especially those of low educational level”

**Side effects**





# Inhaler instructions: highlights

- Education must be patient centered and based on their needs
- The importance of repetition
- Lack of HCP education

# Training Professionals

*“What you see in patients is what you see in practice nurses and I suppose respiratory nurses as well: they think they know...but they don't”*



*“It is important to give basic info about the disease, differences between rescue medication and maintenance medication is clue”*

*“We put the devices on the table, that's it, go on! “Take a PMDI and show me how you do it” and then you correct mistakes to improve” Which are the advantages? What do you think about?”*



*“the Greek NHS cannot support training because of the geographical particularities (many remote areas) ”*



# Training Professionals: Ideas for improvement

- Consciousness-raising
- Newly graduated physicians need to be trained
- Retraining and examination should be mandatory
- Accreditation/certification for pharmacies and practices
- Continuity
- More support from NHS
- The use of assessment devices
- To install webcams in to monitor the professionals and detect mistakes...!!!



# Inhaler instructions: highlights

- Education must be patient centered and based on their needs
- The importance of repetition
- Lack of HCP education
- Time for a good instruction varies from 2-3 to 10-20 minutes
- Lack of time

*"The patient arrives on crisis, he gave up his inhaler because of oral side effects While considering to prescribe a chamber you check the day list and you start cold sweat. Oh my God I have to explain how the chamber works and I have more than 20 patients still to be visited. I would shoot myself!"*



# Inhaler instructions: content

- The importance of a good technique
- Disease and medication

“Within primary care, relatively little information is provided... And when I have no information about my medical condition, I won't take medication myself.”



# Inhaler instructions: content

- The importance of a good technique
- Disease and medication
- Preparation of the device
- Reasons behind steps



” the explanation is easier to remember if you know why you have to do something”



# Inhaler instructions: content

- The importance of a good technique
- Disease and medication
- Preparation of the device
- Reasons behind steps
- Demonstration

*"The HCP in the same practice is the right one to make the demonstration. It must be alive. The patient needs to see the demonstration. That's the right way"*



# Inhaler instructions: content

- The importance of a good technique
- Disease and medication
- Preparation of the device
- Reasons behind steps
- Demonstration
- Practice



*"Practicing is essential and immediate feedback provides the best results."*



*"I think the secret is to ask them to show you how they do it"*

# Placebos

*“placebos are given by industry delegates in Spain and they don't visit everyone. Moreover, they will drive you to the place they want and they will never offer the old inhalers in order to promote new ones !!”*

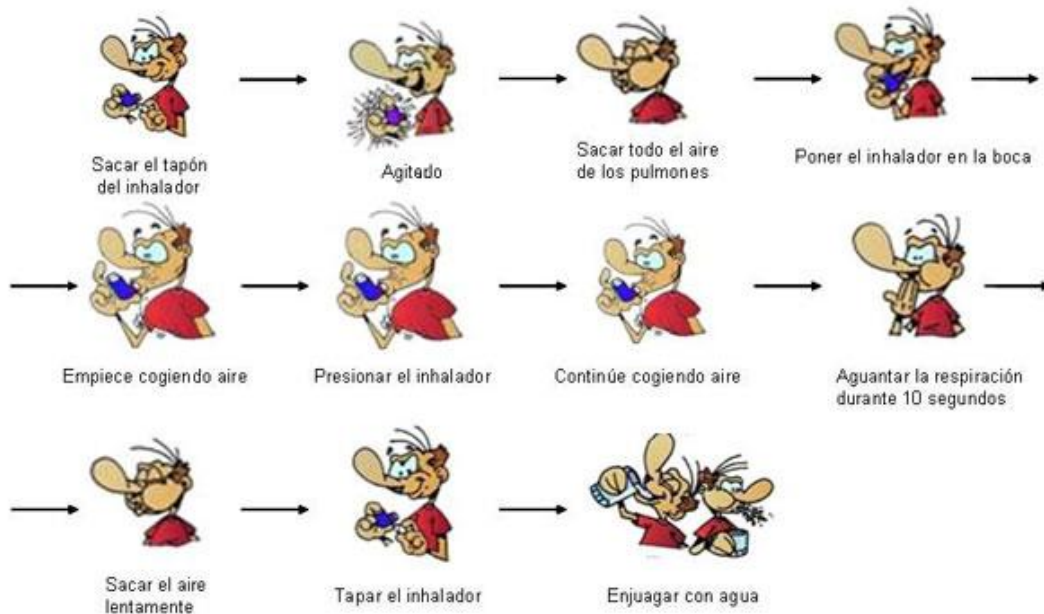


*“With no placebo we cannot do our work properly videos could be helpful but we need the placebo!”*



*“It took me years to collect all placebos and when they got empty I get nervous....”*



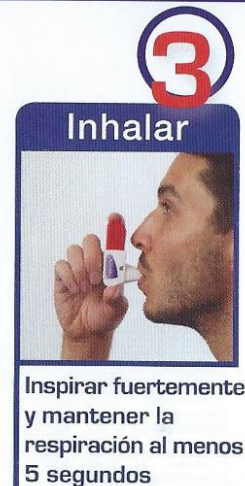


# Leaflets

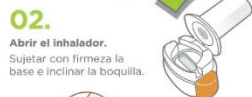
Para pacientes con asma o EPOC



Video de Bufomix Easyhaler  
<http://www.orionpharma.es/Nuestros-Productos/Bufomix-Easyhaler/>  
 Video-Video-Bufomix-Easyhaler-en-pacientes/



## Instrucciones de uso y manipulación de Breezhaler® en 13 sencillos pasos.



"As fas as it is too complicated to make an oral explanation it will be even more difficult to read these materials"



# Checklists

## Inhaler technique

### Device-specific checklists

Use these checklists to teach, check and/or confirm the way your patients use their inhalers. Assess patients' inhaler technique at every opportunity.

Pressurised metered-dose inhaler (pMDI)	pMDI & spacer (single breath)	pMDI & spacer (tidal breathing)**	Accuhaler	Aerolizer	Autohaler
<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>1. Remove cap</div><div>2. Check dose counter (if applicable)</div><div>3. Hold inhaler upright and shake well</div><div>4. Breathe out gently, away from the inhaler</div><div>5. Put mouthpiece between teeth without biting and close lips to form good seal</div><div>6. Breathe in slowly through mouth and, at the same time, press down firmly on canister</div><div>7. Keep breathing in slowly and deeply</div><div>8. Hold breath for about 5 seconds or as long as comfortable</div><div>9. While holding breath, remove inhaler from mouth</div><div>10. Breathe out gently, away from the inhaler</div><div>11. If an extra dose is needed, repeat steps 2 to 10</div><div>12. Replace cap</div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>1. Assemble spacer* (if necessary)</div><div>2. Remove inhaler cap</div><div>3. Check dose counter (if applicable)</div><div>4. Hold inhaler upright and shake well</div><div>5. Insert inhaler into spacer</div><div>6. Put mouthpiece between teeth without biting and close lips to form good seal</div><div>7. Breathe in slowly and deeply</div><div>8. Hold breath for about 5 seconds or as long as comfortable</div><div>9. Breathe in slowly and deeply</div><div>10. Hold breath for about 5 seconds or as long as comfortable</div><div>11. Remove inhaler from spacer</div><div>12. Breathe out gently, away from the spacer</div><div>13. If an extra dose is needed, repeat steps 2 to 12</div><div>14. Replace cap and disassemble spacer</div><div>15. Replace cap and disassemble spacer</div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>1. Assemble spacer* (if necessary)</div><div>2. Remove inhaler cap</div><div>3. Check dose counter (if applicable)</div><div>4. Hold inhaler upright and shake well</div><div>5. Insert inhaler into spacer</div><div>6. Put mouthpiece between teeth without biting and close lips to form good seal</div><div>7. Breathe in slowly and deeply</div><div>8. Hold breath for about 5 seconds or as long as comfortable</div><div>9. Breathe in slowly and deeply</div><div>10. Hold breath for about 5 seconds or as long as comfortable</div><div>11. Remove inhaler from spacer</div><div>12. Breathe out gently, away from the spacer</div><div>13. If an extra dose is needed, repeat steps 2 to 12</div><div>14. Replace cap and disassemble spacer</div><div>15. Replace cap and disassemble spacer</div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>1. Remove cap</div><div>2. Hold inhaler upright and shake well</div><div>3. Push lever up</div><div>4. Breathe out gently, away from the inhaler</div><div>5. Put mouthpiece between teeth without biting and close lips to form good seal</div><div>6. Breathe in slowly and deeply</div><div>7. Hold breath for about 5 seconds or as long as comfortable</div><div>8. While holding breath, remove inhaler from mouth</div><div>9. Breathe out gently, away from the inhaler</div><div>10. Push lever down</div><div>11. If an extra dose is needed, repeat steps 2 to 10</div><div>12. Replace cap</div></div></div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>1. Remove cap</div><div>2. Hold inhaler upright and shake well</div><div>3. Push lever up</div><div>4. Breathe out gently, away from the inhaler</div><div>5. Put mouthpiece between teeth without biting and close lips to form good seal</div><div>6. Breathe in slowly and deeply</div><div>7. Hold breath for about 5 seconds or as long as comfortable</div><div>8. While holding breath, remove inhaler from mouth</div><div>9. Breathe out gently, away from the inhaler</div><div>10. Push lever down</div><div>11. If an extra dose is needed, repeat steps 2 to 10</div><div>12. Replace cap</div></div></div>	

*“Lets solve the other problems first and then we think about the checklists. The question is how we reassure that a HCP demonstrates and check....not the checklist”*

*"Let's solve the other problems first and then we think about the checklists. The question is how we reassure that a HCP demonstrates and check....not the checklist"*



\* New plastic spacers should be pre-washed in warm water and disinfecting detergent (without rinsing), and air-dried before first use.  
 \*\* Tidal breathing can be used for young children, or during acute flare-ups.  
 † Not generally recommended.

# E-Health

Reliever inhalers are your emergency relief from asthma symptoms



If you need to use your reliever inhaler more often than twice a week, see your GP

*"...and I explain and draw and after that my patient says...aha, that's what I've seen on the internet. And then I think..uuff Thanks God I was right!!"*





# E-Health

*“...“ It is important to know what is validated online. You can mess it up if you show the wrong video”*



*“It is also a matter of health literacy. How can you ask a patient to go to the net and see a video when he cannot even read a leaflet?”*



The information used to develop product monograph. Please for more detailed information

# E-Health: Apps



*“...” if he can use an app  
he’ll be able to learn the  
inhaler without an app”*



to develop this video was obtained from the  
please refer to the product monograph  
mation.

# Same instructions for everyone?



HCP try to adapt the instructions to the patient in front of them



It is crucial to personalize depending on patient characteristics

- Age
- Educational level
- Language
- Social circumstances
- Economical level
- Living conditions
- Family
- Work

*“... we are use to common prescriptions  
but we should personalize”*

# Same instructions for everyone?



- Content is the same but speech adapted.
- Materials to stimulate them are used
- Parents are also involved
- E-health maybe better in this group



Inhaler education is better due to PC pediatricians.



- Memory can be a problem
- Inspiratory flow problems, so extra attention must be put on inhaling force.
- Follow up visits should be more frequent



HCP are likely to be more paternalist.



“... so you have to remember it all, also if you are older than seventy.”

# Follow up visits



1<sup>st</sup> in 15 days  
Then every 3  
months



*"Independently for how long the patient uses the device and how confident he feels, we should repeat, repeat and repeat continuously"*



*"I do it along the way, I don't have a specific consultation for that."*



*"Every time they come I find something possible to improve"*

# The role of Health Care Structure

- Difficult to determinate the direct responsible
- Main role of primary care as for other chronic conditions
- It should be integrated in day to day practice
- The role of pharmacists is also important
- NHS should pomote it
- Guideline based approach is needed
- Lack of comunication is widespread





# Finances

## **INSURANCE COMPANIES**

*“The insurance companies determine in the end which device the patient receives, while you choose this very carefully.”*

## **COSTS FOR PATIENTS**

*If the patient is prescribed with an inhaler that costs 40 euros, they sometimes say “I don’t want it”*

## **PREFERENCE POLICY**

*“If the GP nurse gave an instruction and put a lot of energy in it but the patient gets a different device from the pharmacy... Yes, I think, that should not be possible.”*



# Finances

## **INSURANCE COMPANIES**

*"Nearly 100% population are covered by NHS and get prescriptions from the GPs"*

## **COSTS FOR PATIENTS**

*"Chambers? The best ones work perfectly but they are expensive and they are not financed by NHS. Neither masks are financed"*

## **PREFERENCE POLICY**

*"I don't know in your county, but most new devices are banned in my territory, so we are still dealing with the 2 or 3 allowed ones"*





# Finances

## **INSURANCE COMPANIES**

*"75% is reimbursed independently of the patient needs only in very poor people 90% is reimbursed"*

## **COSTS FOR PATIENTS**

*" It is difficult for patients to pay even the 25% of an expensive medication especially with the current austerity"*

## **PREFERENCE POLICY**

*" 'Greek medicines have the lowest prices from Europe, so pharma often export them despite the national needs. That creates a shortage for some devices"*

# Conclusions

- Not a huge variation among countries but for healthcare system and finances
- Everyone involved should assume the responsibilities
- Time, protocols and validated methods are needed