



Over view related Self-care management for asthmatic patients

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Asthma is a chronic condition that affects both children and adults. It is also a prevalent reason for trips to the emergency room and hospitalization. So many efforts done for decreasing the effects of this disease on health and population. These efforts aimed to improve asthmatic patient knowledge related to their illness condition.

Keywords: self-care management, asthma, educating patients.

INTRODUCTION

Asthma is a major non-communicable disease that has serious public health implications for both children and adults, including substantial morbidity and death in severe instances. Between 2011 and 2013, 235–300 million individuals globally suffered with asthma, with that number anticipated to rise to 400 million by 2025 (Ghaffari and Aarabi, 2013). About 7–9% of individuals suffer from asthma. As a result, it is a major public health concern in many nations throughout the world. The majority of deaths caused by this disease occur in developing nations (Elbanna, Sileem, Bahgat, Ibrahim, 2017).

Asthma is a heterogeneous disease usually characterized by persistent inflammation of the airways. It is one of the commonest non-communicable diseases. Asthma is also defined by a history of respiratory symptoms that fluctuate in time and intensity, such as wheezing, shortness of breath, chest tightness, and cough. More than one respiratory symptom, worsening of symptoms at night and aggravation of symptoms by a viral illness, exercise, allergens, changing weather, or smoking is all required for an asthma diagnosis (Becerir et al. 2014).

Although the specific cause of asthma is unknown, it is thought to be caused by hypersensitivity to elements in the environment that cause an allergic reaction. Dust mites, cockroaches, cat and dog dander, and pollen are some of the triggers that might provoke an asthma attack. Emotional distress, exercise, drugs (aspirin, beta-blockers), and gastro-esophageal reflux are among the other factors (GERD) (Williams and Hopper, 2015). Good health is believed to be attained, and asthma eliminated or treated, through balancing hot and cold energies

interacting with the body. Asthma is perceived as a cold illness triggered by exposure to cold elements/temperatures causing an imbalance in hot and cold energies in the body, implying that asthma should be treated with hot remedies, for example, hot food and applying heat to the body (Ahmed, Pinnock and Steed, 2021).

Furthermore, according to etiology, there are two forms of asthma: the first is allergic asthma (extrinsic), which is caused by allergens such as pollen, dust, spores, and animal dander. Second, non-allergic asthma (intrinsic) is linked to upper respiratory infections, emotional disturbances, and physical activity. Many of our patients have mixed asthma, which includes both allergic and non-allergic symptoms (Ahmed et al. 2014).

Self-management, including education, personalized asthma action plans (PAAPs), and supportive interactions, according to asthma recommendations, improve results. Among other criteria (e.g., behavior modification approaches, intervention delivery modality, and targeting participant characteristics such as asthma severity), explicitly basing treatments might help predict whether they would be beneficial (Ahmed, Pinnock and Steed, 2021).

Self-management is a complicated process that requires people to first notice symptoms, understand how to manage symptoms, and then participate in particular actions to avoid, monitor, and manage acute symptoms, as well as successfully communicate about their asthma requirements with a range of others (Ibrahim, Shahin, Abdelkadr, 2019).

Although asthma cannot be cured, proper care can help patients control their symptoms and live a normal and

healthy life free of asthma attacks GINA, (2017). Patients must utilize drugs appropriately and maintain controls for a long time in order to achieve this. This might be accomplished if patients are given proper instructions on how to take drugs and are given sufficient information about the condition, followed by some exercises on how to utilize equipment like inhalers and nebulizers (Elbur, Alharthi and Alharthi, 2017).

Indeed, there is a significant 'communication gap' between what healthcare practitioners do and what asthmatics believe they do. The patient interview leads to a discussion on asthma management objectives. Reduced health-care usage, favorable evaluations of care quality, greater medication adherence, and asthma self-management were all predicted by certain clinician communication practices (Frag, Abd El-Wahab, El-Nimr and Saad El-Din, 2018).

Furthermore, Elbanna, Sileem, Bahgat, Ibrahim, (2017) concluded that, proper medication usage and traditional care of asthmatic patients are not enough for treatment, a brief educational intervention enhanced patients' comprehension of crucial areas such as drugs, asthma triggers, danger symptoms, how to deal with asthma and correct drug usage. Those programs provided within family health care centers have a positive impact on asthma morbidity and led to better adherence to medication and improved level of asthma knowledge of the patients. So it is an important component of therapy in asthma patients.

Whenever, Boulet et al. (2015), receiving instructional instructions from a certified educator for asthmatic patients resulted in a substantial reduction in unplanned physician visits, more appropriate medication usage, and higher development of an action plan. While Abegaz, Wassie, Azagew, (2021) stated that the proportion of poor self-care practice was high. Efforts need to be implemented for asthmatic patients with older age, having; comorbid illness, borderline anxiety, no social support, and a history of alcohol drinking.

Moreover, Ibrahim, Shahin, and Abdelkadr (2019) discovered that the majority of the patients investigated had uncontrolled self-management habits prior to receiving asthma education. This might be due to a lack of understanding about asthma management and early detection of asthma symptoms.

Conn, Fisher and Rhee, (2016) who reported that sitting down and resting was a common coping mechanism noted by an adult to cope with asthma exacerbation. Also, the study is confirmed by Mammen et al. (2020) who reported that higher proportion patients of dealing with symptoms of asthma could be due to better awareness of symptom identification in adults due to the development of the program.

Due to a lack of knowledge about dealing with asthma attacks appropriately. The patient didn't do a proper

exercise e.g. deep breathing and pursed-lip breathing during the current attack. Furthermore, Ahmed et al. (2014) declared that the level of asthma control during the attack was better among patients received education about asthma as a disease or about asthma medications and action during the attack.

Due to a major lack of understanding about healthy eating principles such as reducing food allergies, which can trigger asthma symptoms, the patient should be aware of any foods that cause allergies and avoid them to avoid asthma attacks. According to Kondo et al. (2014), each patient with food allergies has different sensitivity to allergens and clinical signs of allergies. For instance, one patient may be allergic to egg whites but not to cow's milk, whereas another may be sensitive to both cow's milk and egg whites. As a result, depending on the food allergy, each patient may exhibit unique allergic symptoms. Therefore, personalized medicine is very important in the treatment of food allergies.

Consequently, Ibrahim, Shahin, and Abdelkadr (2019) discovered that the majority of the patients had a lack of knowledge about how to use the inhaler that lead to exacerbation the symptoms of asthma (hyperventilation, increased heart rate, decreased lung function, difficulty speaking or breathing). While, after educated the patient the correct steps of use the inhaler the patient become control for the asthma symptoms.

The ultimate goal of health care and associated research is to enhance outcomes and allow individuals to enjoy a healthy, disease-free life. As a result, this involves assisting patients in developing, implementing, and maintaining successful asthma self-management methods, which are dependent on people' willingness and capacity to undertake certain self-management chores. As a result, understanding how individuals manage their asthma and why they do what they do is a critical first step towards optimizing self-management (Mammen et al. 2020).

Thus, patient education has become an important part of asthma care for people of all ages. Because of the rising prevalence of asthma, greater awareness of self-management, and growing interest in learning theories, the relevance of educational and behavioral approaches to asthma has grown. However, the impact of asthma patient education in Egypt is understudied (Eissa, Farahat, Hegazy, Barakat, 2020).

CONCLUSION

Asthmatic patients' needs high efforts to be done, self-care management is nowadays a high priority to them, most studies agreed that education for patients about the disease and how to deal with symptoms is important. Practicing exercise was given the second priority. Discovering and avoiding triggers was an important element in treatment. Adherence to the prescribed

medication must be given a great attention.

CONFLICT OF INTEREST

The authors declared that present study was performed in absence of any conflict of interest.

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AUTHOR CONTRIBUTIONS

Elsehrawy M.G. wrote the idea, selected the research design and methodology, reviewed the manuscript, and read and approved the final version.

Ibrahim D. I. writes the manuscript, collects the related literature review, read and approved the final version.

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