

Original article:

George M, Abboud S, Pantalon MV, et al. Changes in clinical conversations when providers are informed of asthma patients' beliefs about medication use and integrative medical therapies. *Heart Lung*. 2016 Jan-Feb;45(1):70-8.

Author of Review: Gregory Metz, MD, AE-C

A large portion of patients with asthma remain poorly controlled despite the availability of effective controller therapies. A contributing factor to this is the low rate of consistent and daily use of an inhaled corticosteroid. There are many reasons why patients are not using their controller therapies as directed and often patients do not openly disclose these reasons unless directly asked. The objective of this study was to evaluate whether patients' personal beliefs about inhaled corticosteroids and integrative medicine practices (both of which are associated with uncontrolled asthma) were discussed at primary care visits for asthma.

Adults with asthma were enrolled in the study at three unrelated primary care sites. Patients were assigned to complete a questionnaire (CAM-A instrument) that helps identify negative inhaled corticosteroid (ICS) beliefs and integrative medicine use. The patients were given this survey either before their visit or afterward. When administered before the visit, the provider was given a summary of the results before seeing the patient. The encounters between the providers and patients were audiotaped and evaluated for content. A total of 33 encounters were analyzed.

Interestingly, the content of the dialogue between the provider and patient was different depending on knowledge of the CAM-A questionnaire results. When the providers knew of the patient's negative ICS beliefs or complementary and alternative medicine (CAM) use, they initiated conversations about these modifiable beliefs. Without knowledge of the CAM-A results, the providers did not address negative ICS beliefs but rather focused on other topics such as asthma self-management and healthy lifestyles. This study highlights the importance of open communication between providers and patients. By directly asking about patients' health beliefs, the provider can better align educational efforts with knowledge gaps or misunderstandings that are negatively impacting asthma control.