

WHAT ARE WAYS TO INCORPORATE/ENGAGE KIDS AND TEENAGERS INTO BEING ACTIVE PARTICIPANTS IN THEIR ASTHMA CARE?

Meet the Expert



Melissa R. Penkalski DNP, APRN, CPNP-PC, AE-C

Melissa is an Assistant Professor and Pediatric Nurse Practitioner at the Missouri State University School of Nursing in Springfield, Missouri. She is also a certified asthma educator and is dedicated to helping adolescents and teens maintain control of their asthma.

June 16, 2017

Expert: Melissa R. Penkalski DNP, APRN, CPNP-PC, AE-C

RESPONSE: Adolescents are a unique population. They are trying to find their individuality, as well as define their role. Peers have a big influence on adolescents. Teens don't want to stand out and look different. Often with asthma management teens are reluctant to adhere to a treatment regimen, or may stop taking their medication for fear others will view them as different. Peer pressure could influence them to stay in an environment that could trigger asthma symptoms, just to fit in with the crowd. Adolescents have a sense of omnipotence, believing "nothing bad is going to happen to them". This may lead to lack of impulse control, and taking risks such as smoking or doing drugs. Self-management skills are often lacking and impacted by psychosocial influences. Their asthma may be triggered by uncontrollable mood swings, depression, or anxiety.

The best approach with adolescents is to develop a plan of care based on their goals. It is essential to maintain an open discussion regarding what their beliefs and ideas about asthma control are, as well as their perception of symptoms. Parents or caregivers may not be aware of how often they are using their quick relief bronchodilator, or waking up in the night with asthma symptoms and needing to use their quick relief bronchodilator (SABA), or if they are using their controller everyday as prescribed.

It is essential to make sure teens understand how inhalers work; controller medications work on the inflammation associated with asthma, and should be taken every day to prevent symptoms, (Allergy & Asthma Network used analogy of brushing teeth every day to prevent cavities); and bronchodilators are used to treat asthma symptoms or pretreat before exercise. Discuss coupling controller medicine with something they routinely do twice a day to help establish a routine. For example; equating medication usage with: breakfast/and dinner, brushing teeth twice daily, setting alarms on phone, glasses or contacts going on/off, inhaler next to bedside table, etc.

Talk with the teen alone, they may not tell you they are smoking in front of their parent or caregiver. Tobacco use has been shown to be higher in teens with asthma. Involving teens in their healthcare decisions and asthma management plan will support their independence and their need to feel in control.

Sports is huge deal in the adolescent population. Many teens feel they are defined by the sport they play. Discussing premedicating prior to exercise is essential in managing asthma. It is also important to encourage involvement

of the coach and school nurse. Other activities such as choir, playing an instrument/band, or even work (which could be a motivator if they are missing hours due to poorly controlled asthma) also are important to teens. Asking teens about goals and plans for future can help discover ways to encourage adherence to controller medicine. I often use the example of an athlete who was unable to play an entire game of basketball, he had to sit out for most of the second half due to asthma symptoms. After providing asthma education, and developing a plan that encouraged him, he could play an entire game of basketball, which increased his adherence greatly since he could see the benefit of being in good control. I tell my teens that “You want to control your asthma; you don’t want your asthma to control you”.

Wong, Merchant, and Moreno (2014) note social media may serve as a catalyst to engage adolescents in managing their asthma. Technology is a mainstay for teens and is an important part of their lives. Social media has potential to generate an exuberant amount of information, enhancing teens’ understanding and perspective of their healthcare and perception of quality of life. Social media could also be a catalyst for additional information for what is provided during the clinic visit. Tools could be completed by the adolescent while they are waiting for the appointment or provider. Tools could be tailored to include peer-to-peer networking to allow teens to interact and share experiences to enhance their self-management of asthma. (Wong et al., 2014).

Technology and social media could also increase compliance utilizing customized mobile apps. Mobile apps set to provide information about asthma, customized asthma management calendars, alerts and reminders, symptom diaries, asthma trigger warnings, exercise regimens, and healthy diet choices could support the teen in maintaining asthma control while on the go (D’Auria, 2013).

In a study by Wambolt, Bender and Rankin (2011), focus groups of adolescents with asthma revealed increased adherence to asthma management plans were enhanced by the teens acceptance of their asthma as a serious condition, their understanding of asthma and proper treatment, embracing daily routines and use of appropriate medication, support and oversight from providers and parents, and a goal to attain optimal health. Parents and caregivers can encourage adherence by checking the dose counter on the controller (if available) at least weekly. Decreased adherence resulted from misinformation, misconceptions about asthma, and hectic lifestyles (Wambolt, Bender, & Rankin, 2011).

Education strategies should be geared toward the adolescents’ unique learning needs. Lifelong patterns of healthy habits and behaviors are developed in the adolescent period that impact adult life. Rhee, Wyatt, and Wenzel (2006) found over 70% of teens utilize the internet to obtain information about their health. More recently D’Auria (2013) noted, “Ninety-five percent of adolescents (ages 12 to 17 years) go online, with 74% using a mobile phone or tablet to access the Internet’ (p. e39). Rhee et al. (2006) also noted information technology is an essential tool for adolescent and addressing their learning needs. Participants were more receptive if the web sites were “entertaining” and “fun”, as well as informative (Rhee, Wyatt, & Wenzel, 2006). Participants in this study also preferred, and were more likely to use, web sites that were recommended by their health care provider (HCP), school teacher, or a trusted and reliable person (Rhee et al., 2006). Adolescents are dependent on their HCP offering tools and asthma resources that are efficient and proficient in addressing their learning requirements (Rhee et al., 2006). HCPs need to maintain the most up to date information pertaining to asthma management regimens and engage the adolescent early to maximize interest (D’Auria, 2013; Rhee et al., 2006).

Numerous professional organizations and governmental agencies provide Web-based resources about asthma that may be helpful to children, adolescents, and parents. HCP should always encourage children, adolescents, and parents to discuss any questions they have pertaining to online health information (D’Auria, 2013). Below is a list of online websites that offer great resources for children, adolescents, and parents.

Allergy & Asthma Network/Mothers of Asthmatics

www.aanma.org

American Academy of Allergy, Asthma & Immunology

www.aaaai.org

American College of Allergy, Asthma & Immunology

www.acaai.org

American Academy of Pediatrics

www.aap.org

American Lung Association

www.lung.org

Asthma and Allergy Foundation of America

www.aafa.org

Asthma Initiative of Michigan (AIM)

<http://getastmahelp.org/kids-teens-main.aspx> and <http://getastmahelp.org/teens-main.aspx>

Centers for Disease Control and Prevention

www.cdc.gov/asthma

Kids health

www.Kidshealth.org

National Heart, Lung, and Blood Institute

www.nhlbi.nih.gov

U.S. Environmental Protection Agency

www.epa.gov/asthma

Asthma education should be designed for adolescents with their development and learning needs in mind. Utilizing the internet, social media, peers, and other technological means will facilitate learning and enhance the teen's self-management of their asthma to attain control and optimize their outcomes and quality of life.