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Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Provide Counselling to Patient on Asthma Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters.

Aim:

To Provide Counselling to Patient on Asthma Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 77 - 80

Theory :

Asthma :

Asthma is a chronic condition that needs lifelong drug therapy. The pharmacist plays an active role in advising the patient on self- monitoring of drug therapy, life style modifications, and use of special dosage forms such as metered dose inhalers, dry powder inhalers, etc.

Diagnosing Asthma

1) **Methacholine Challenge:** A well-known asthma trigger is methacholine. It will produce a small narrowing of airways when inhaled. A person is likely to have asthma if he/she reacts to the methacholine. This test may be utilised even if initial lung function test is normal.
2) **Imaging Tests:** A chest X-ray may detect any anatomical abnormalities or diseases (such as infections) that may contribute to or aggravate breathing problems

3) **Allergy Testing:** In this test, skin or body test is performed and reveals if a person is allergic to dust, mold, pollen, or animals The doctor might suggest allergy shots if allergy triggers are identified.
4) **Nitric Oxide Test:** In this test, the amount of nitric oxide gas is measured. Nitric oxide levels may be higher than usual when airways are inflamed, which is an indication of asthma. This test is not widely available.
5) **Sputum Eosinophils:** During this test, saliva and mucus (sputum) are examined for certain white blood cells (eosinophils) When stained with a rose-colored dye, eosinophils that are present when symptoms first appear become evident.
6) **Provocative Testing for Exercise and Cold-induced Asthma**: In these tests, the doctor measures the obstructed airway before and after performing vigorous physical activity or taking several breaths of cold air.

Patient Counselling Points

1) Non-pharmacological measures include safety measures to be taken while travelling, prophylactic use of drugs before exercise, avoiding allergens, quitting use of tobacco (smoking), etc.
2) The patients should also cooperate with the pharmacist in the management of asthma.
3) Specific counselling should be given on the drugs that relieve symptoms, drugs that prevent asthma attack, and drugs that are given as a reserve treatment for severe attacks.
4) The pharmacist should provide training to the patients on the use of metered dose inhalers.

Table 3: Drug Counselling Points in Asthma

Medications	Pharmacist Role
Beta-receptor	Short-acting medications in this category must primarily be

agonists	used for symptom alleviation The pharmacist should inform patients taking long-acting medications that the medication may take some time to show effect. He/she should check the patient for tremors and muscle discomfort.
Theophyllines	He/she should advise patients taking sustained-release drugs to not crush or chew their tablets.
Anticholinergics	He/she should check the patient for dry throat, nausea, headache, impaired vision, and painful urination.
Corticosteroids	Medications must be taken on a regular basis, and must not be abruptly halted. Before discontinuing, the dose must be tapered After using inhaled drugs, gargling of mouth is necessary.
Mast cell stabilisers	He/she should inform the patient that this medicine is only intended to prevent asthma attacks and does not treat existing bronchospasm.

Lifestyle Modifications

1) Food additives and intake of known toxins (ie., smoking) should be avoided.
2) **Stress Relief:**
   i) Psyche and ability to cope should be improved.
   ii) Exercise should be done daily.
   iii) Cardiovascular and abdominals should be focused.
   iv) Immune system strength should be increased.
3) **Breathing Manipulation:**
   i) Lund function and capacity should be improved.
   ii) A cycle of oxygen loss and increased asthma symptoms can be caused due to shallow breathing
4) **Diet Modifications:**
   i) Elimination diets have proven effective for reducing asthma symptoms
      a) Known allergens should be removed from daily intake .
      b) The possible culprits should be focused one week at a time.

ii) A Vegan diet (no animal products) should be followed because:
   a) Raw food contains a lot of enzymes that break down food more effectively to nourish cells.
   b) It changes the metabolism.
   c) It increases antioxidants and magnesium.
   d) It completely eliminates the majority of food allergens (milk. eggs, wheat, corn, soy).

Monitoring Parameters

1) The concept of severity, control, and treatment responsiveness are closely related to the functions of assessment and monitoring :
   i) **Severity:** It is referred to as intrinsic intensity of disease process When a patient is not undergoing long-term control therapy, severity can be determined most easily and directly
   ii) **Control:** The extent to which asthma symptoms, functional limitations, and risks of adverse events are minimised and treatment objectives are satisfied
   iii) **Responsiveness:** The ease with which therapy can control asthma
2) Future risk and existing impairment are included in both severity and control:
   i) **Impairment:** Frequency and intensity of symptoms and functional limitations the patient is experiencing or has recently experienced.
   ii) **Risk:** The chance of either asthma flare-ups, a progressive deterioration in lung function (or, in children, a reduction in lung growth), or the possibility of drug side effects.
3) Following strategies for managing asthma are based on the severity and control concept.

i) If a patient does not currently use a long-term control medication, the doctor will first evaluate the severity of their asthma in order to assist them in selecting the best treatment option.

ii) The evaluation of asthma control takes importance in clinical management once the course of treatment is started. Whether or not to continue or adjust treatment will depend on the level of asthma control.

iii) After determining the optimal therapy, asthma severity can be estimated for population-based evaluations, clinical research, or the subsequent characterization of the patient's overall severity by comparing severity levels to the least amount of treatment necessary. to keep the condition under control. However, evaluating the severity of asthma to start therapy and defining control to track and adjust medication are the main focus for clinical management

Result: Patient counselling on Asthma disease condition, medications, life-style modifications, monitoring parameters was provided.

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