Characteristics of Existing Asthma Self-Management Education Packages

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BACKGROUND: As the prevalence and burden of asthma continues to grow, so does the need to identify and invest resources in effective interventions. Asthma self-management education (AS-ME) packages facilitate knowledge and self-care for asthma patients and families. Many AS-ME interventions are widely studied, but uncertainty remains about optimal design, characteristics, and implementation. Heterogeneity in format, delivery mechanisms, target audiences, and other features complicates efforts to identify best practices in designing AS-ME packages. PURPOSE: To identify components of AS-ME packages, and examine, compare, and organize key characteristics and available research to improve understanding of current practice and future needs. METHODS: Existing AS-ME packages were identified, acquired, and reviewed. Major characteristics were evaluated, including population, audience, setting, delivery mechanism, and content. Key Informants were interviewed to identify contextual factors affecting development and implementation of AS-ME packages. A systematic literature review was conducted to identify and synthesize current research. FINDINGS: We reviewed 14 AS-ME packages for adults, adolescents, children, and parents, designed for use in schools, community-based sites, healthcare facilities, or patient homes. Most packages facilitate education in-person with an instructor, while a few are self-directed. Learning materials are typically paper based, and few packages incorporate audiovisual or online content. Most packages are available in English and Spanish, and most are free. Packages address asthma knowledge, medication and device use, symptom management, and asthma triggers. Most packages are generally up to date. Implementation of AS-ME packages varies widely. Most packages were developed or disseminated by a few professional or patient advocacy organizations. Instructors often tailor packages to local settings and many homegrown packages also exist. We reviewed 7 systematic reviews and 33 primary studies published since 2007. Half evaluated school-based packages, while the others examined home or community settings. Most studies were conducted in children or adolescents. Frequently reported outcomes include asthma control, asthma knowledge, symptoms, quality of life, hospitalizations, and emergency department use. AS-ME packages were generally associated with improved asthma control, reduced symptom frequency, increased asthma knowledge, and fewer school absences. Results were mixed when examining hospitalizations, emergency department visits, and quality of life. CONCLUSIONS: A robust choice of branded AS-ME packages exists for many patient populations and settings, although these vary in structure, delivery, and accessibility. Homegrown packages are also common but not widely shared. Further research on home-based and adult-focused packages is needed.

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