

In the eye of the patient

Key words: Editorial, adherence, asthma, African Americans, health beliefs, inhaled corticosteroids, qualitative research, focus groups, minority

Abbreviation used

ICS: Inhaled corticosteroid

This month's report by George and colleagues¹ gives new insight into an old problem: poorly-controlled asthma in African Americans. New surveys in the past 5 years have clearly established that medication adherence is particularly problematic among low-income and minority patients with asthma.²⁻⁴ In some cases, inhaled corticosteroid (ICS) adherence in minority patients was one half or less than that of Caucasian patients,^{4,5} and this is often accompanied by overuse of β_2 -agonists,² absence of a peak flow meter,⁵ and high smoking rates among parents of children with asthma.⁶ Prescriptions for oral corticosteroids were filled within 7 days of an emergency department visit or hospitalization for asthma for fewer than one half of 6000 Medicaid-covered children in Tennessee; refill rates were even lower among African American patients than among white patients.⁷ In some cases, adherence rates among minority patients were low even after socioeconomic status was accounted for,^{4,5} suggesting that affordability and accessibility of health care alone might not completely explain underuse of asthma medication in African Americans.

Such studies have led to speculation that African American patients might not trust their health care providers or the medications that they prescribe; however, epidemiologic data alone cannot explain the experiences, feeling, and beliefs underlying patient behavior. Understanding of patients' views of their asthma, medications, and physicians is achieved by asking patients to share their perceptions and thoughts, a task often attempted with paper-and-pencil questionnaires that unfortunately are frequently met with low response rates and provide no opportunity to explore the unique experiences of individual patients.

Qualitative research in the form of focus groups, as explained by the authors, allows the investigator into the personal world of the patient to increase understanding of the complex set of medical, emotional, and social experiences that shape that patient's view of his or her disease and the means of controlling it. There are, of course, shortcomings to such qualitative research. The expressed

perceptions of a small group of patients might not represent those of the entire population of patients. Nevertheless, they do bring to light experiences and beliefs that can increase our understanding of how asthma medical care is seen in the eye of the individual patient.

Focus group results from the article by George and colleagues¹ confirm some factors previously believed to undermine medication adherence among African American patients, including financial cost, insurance barriers, misinformation about dose timing, social disruptions, and mistrust of the medical establishment. New findings also emerged. Participants voiced concerns about a wide range of potential side effects of ICS, including cancer, fatigue, weight gain, elevated blood pressure, hyperactivity, and addiction, suggesting confusion with adverse events associated with other drugs and a suspicion that potential side effects are not always reported to patients. Despite a general distrust of the medical establishment, focus group members voiced positive opinions about the benefits of medical research.

Most striking was the finding that many participants expressed trust in their health care providers and placed particular value in caregiver kindness, empathy, and good listening skills. Similar results emerged from individual interviews with 19 African American men with high blood pressure who reported greater regard for and willingness to follow the instructions of physicians who communicated an attitude of caring by making eye contact, sitting down while talking with the patient, addressing drug addiction problems, giving information in a straightforward way, and holding the men accountable for their behavior between visits.⁸ The authors conclude that efforts to enhance the relationship between African American men and their health care providers, including mutual goal-setting and conveyance of an attitude of respect and understanding, will lead to greater treatment adherence and disease control. George and colleagues¹ similarly emphasize that improved treatment adherence in low-income African American adults with asthma is most likely to occur when a strong physician-patient partnership is established. Once trust and communication are developed, other strategies to improve adherence, including providing more information about controller medication safety and simplifying regimens, can be introduced. Physicians might feel caught between a desire to communicate with patients and the reality that large patient loads limit the time available for each patient. However, Clark et al⁹ developed a program to train physicians in communication skills, and it resulted in improving asthma treatment outcomes without requir-

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ing more time spent with patients. Commitment to effective communication and respect for patient individuality, not time, appear to be the essential ingredients for improving treatment adherence and disease control in African American adults with asthma.

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