

Emergency packs for asthma: the simplicity is appealing but overlooks the complexity

The suggestion from Duncan Keeley and Martyn Partridge that people with asthma should have an emergency pack comprising a metered dose inhaler and a spacer enabling them to act promptly to an imminent attack is appealing in its simplicity.¹ Based on overwhelming evidence,² national and international asthma guidelines have long recommended that everyone with asthma should be offered an action plan that advises them how to recognise and respond to a deterioration in control, and any initiative that facilitates supported self-management deserves to be considered and evaluated carefully.

The IMP²ART (improving implementation of asthma self-management as routine) programme of work is developing and evaluating an implementation strategy to embed supported self-management in primary care practice. We recognise that effective implementation strategies are complex (although individual initiatives might be considered simple) because patients, professionals, and practices are being asked to change their habits and routines.³ The factors underpinning adherence to asthma management strategies are various and complicated.⁴

A pack with emergency inhalers sounds like a simple strategy to facilitate, for example, quadrupling

of the dose of inhaled steroids but patients need to recognise deterioration and decide in a timely manner that they need to use the pack. As Keeley and Partridge note, a pack is not a substitute for a supportive self-management conversation tailored to the clinical context and recognising individual patients' experience of successful (or unsuccessful) actions. Organisational strategies will be needed to avoid inappropriate overuse of these packs—a situation that becomes complicated if individuals request multiple packs to ensure they have emergency medication available even when not at home.

In the UK, self-management education can be provided by non-prescribing clinicians who might not have accredited asthma training.⁵ An approved pack with a high-dose inhaler might help to overcome professional reservations about advising patients to initiate short bursts of (inhaled or oral) steroids but will only be implemented effectively and safely if the clinician has the skills—and time within asthma consultations—to support patients to self-manage. Patients need the confidence to use a potentially unfamiliar inhaler in an emergency situation and to avoid unintended consequences such as delays in seeking help with worsening symptoms.

Asthma is a variable condition and supported self-management must facilitate prompt response to deteriorating control. Issuing a pack might—or might not—streamline emergency action, and before adoption is considered, its role as

part of a complex behaviour change implementation strategy needs to be understood and evaluated.

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