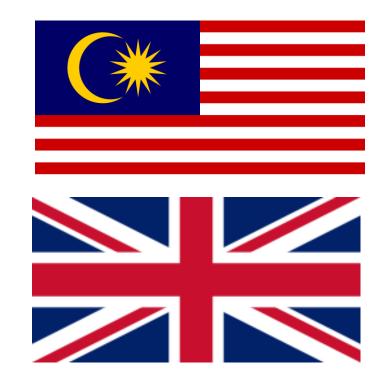


Abstract Presentations

2. Kamilla Ramdzan, UK



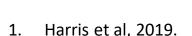


Rationale of CuT-AsthMa programme

 School-based intervention for selfmanagement of asthma improves asthma outcome¹

Childhood asthma in Malaysia

- Prevalence is one in every 11 children
- Poorly controlled asthma reported up to 90% ^{2,3}
- Universal Health Coverage and free treatment school children
- 2/3 of children with asthma had no regular follow-up²
- 12% had controller medication and 35% had rescue medication²
- Misperception of asthma and asthma medication⁴



- 2. Ahad, A. & Khoo, E.M., 2017.
- 3. Wong, G.W.K. et al., 2013.
- 4. Ramdzan et al., 2019









CuT-AsthMa: a feasibility study

AIM:

To assess the feasibility of implementing the CuT-AsthMa programme and estimate the effectiveness of the intervention to inform a future trial.

METHODS:

• This feasibility study will be conducted in a primary school in Port Dickson, Malaysia.



Development of CuT-AsthMa

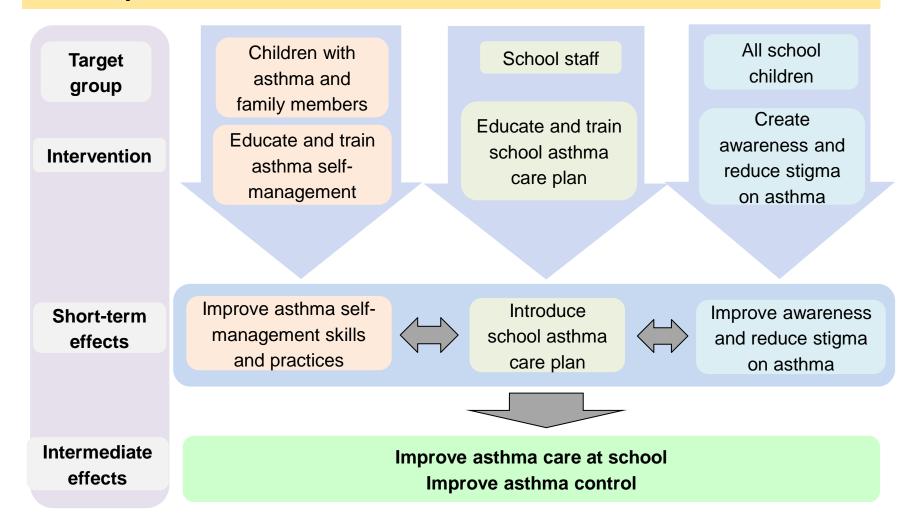


Figure 2: Logic model of the CuT-AsthMa intervention using socio-ecological theory

CuT-AsthMa programme

SAFE ZONE

School Asthma Action Plan



No asthma symptoms -Easy to breathe, no cough or wheeze

- · Children to bring rescue inhaler to school
- · Encourage children to do physical activities
- Some may need to use rescue inhaler (via spacer) before physical activities
- Avoid trigger factors e.g. haze, smoke

WARNING ZONE

Has asthma symptoms cough, difficulty breathing, wheeze or chest tightness

- · Sit the child up
- · Give rescue inhaler via spacer (2 puffs)
- Inform parents
- Stay with the child and watch for worsening symptoms
- If back to normal, allow child to resume activities after 30 minutes
- Call parent if no improvement
- Repeat use of rescue inhaler while waiting for parent to arrive after 30 minutes

DANGER ZONE

Danger signs difficulty talking, breathless, blue or pale

- Give rescue inhaler via spacer (6 puffs over 15 minutes)
- Call the ambulance (999) or send the child to nearest clinic/hospital immediately
- Inform parents and repeat use of inhaler until child gets medical attention

Key elements of the intervention are:

- A school asthma action plan disseminated using posters/pamphlets, social media and interactive training sessions.
- Frequent brief sound bites, tips and reminders to increase participation of the intervention and create awareness of asthma.
- Educational videos of selfmanagement to aid delivery and dissemination of the intervention

Feasibility study - Outcomes

Feasibility of CuT-AsthMa

- Quantitatively participation and dropout rates, reported adherence to school management plan
- Qualitatively interviews exploring the perspective of the school community and healthcare professionals regarding CuT-AsthMa

To estimate potential outcomes for a future trial

- Asthma control 3-months post-intervention using symptom scores and other asthma-related health outcomes e.g. school absenteeism, unscheduled medical visits, hospitalisation and reported involvement in physical activities.
- The documentation of the number of asthma attacks and adherence to the school action plan will also be assessed from school records.

Questions to discuss

- What is the most important outcome?
- How to attract parents to be involved in the intervention?
- How to link with primary healthcare services?
- How do you deliver school-based intervention remotely?

- Please email for suggestions/questions?
- Email: <u>sitinurkamilla@um.edu.my</u>

Can you please help me by answering this question...

