THE ROLE OF HEALTH COUNSELLING IN RELATION TO MDI USAGE FOR RURAL ADULT ASTHMATIC PATIENTS IN HULU SELANGOR

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Introduction

• The MDI has been available in Malaysia for over 25 years.

• In Malaysia, asthma affects approximately 10-13% of the total population. ¹

• That’s almost 3.25 million people suffering from asthma, a large majority of whom are under-treated and living very poor quality lives. ²

• The 2\textsuperscript{nd} NHMS 1996, indicated that up to 38% of asthmatic patients in Malaysia were on inhaler therapy. ³,⁶
• Zainudin and Sufarlan, 1989.  
 62% of patients followed up in their respiratory outpatient clinic did not use MDI correctly. 4

• Liam 1993 - only 21% of doctors in teaching hospital involved in instructing asthma patients on the MDI technique. 5
Objective

The purpose of the study is to determine the role of health counseling by healthcare providers (Family Physician, Medical Officer, Medical Assistant and Registered Staff Nurse) to rural asthmatic population in relation to the usage of MDI.
Methodology

1) Jan-Jun 2011 a total of 30,108 outpatients were treated at the 3 rural clinics:

- Kk Kalumpang (Jan-Jun 2011) : 13731 (223)
- Kk Sg Selisek (Jan-Jun 2011) : 8477 (158)
- Kk Soeharto (Jan-Jun 2011) : 7900 (160)

- 1.8% (541) were treated for asthma.
Cont methodology

2) 117 patients fulfill the inclusion criteria.

    Inclusion criteria:

    • Asthma Patients under regular follow up from Jan- Jun 2011.
    • Adult Patient with age group above 13 years old.
Cont methodology

• Exclusion criteria:
  • Patient default follow up.
  • Patient transfer in/out to other facilities.
  • Patient died during study.
3) A standard check list was used to gather data for this study from the OPD cards of these 117 patients were selected.

- KK Kalumpang - 47.
- KK Sg Selisek - 33.
- KK Soeharto - 37.
ASTHMATIC CARE PLAN CHECKLIST

1) Patient Education :-
- Explain Benefit of MDI Therapy
- Taught and Check use of MDI (7 Steps)
- Proper Self-Management

2) Communication :-
- Malay
- English
- Others................

• Patient’ Understanding :-
- Excellent
- Good
- Fair

• Give a Call ........................................... Date/Time
ASTHMATIC CARE PLAN CHECKLIST

3) Peak Expiratory Flow Rate.
   ❑ Morning ..................
   ❑ Evening ..................

4) Type of MDI
   ❑ Reliever .................................................................
   ❑ Controller ...............................................................

5) Tolerance
   ❑ Good
   ❑ Poor (refer MO)..........................
Canister adapter, Cap
Take off the cap. Shake the inhaler well.
For new device spray two doses in atmosphere
Breathe out through your mouth
Place the inhaler between your lips. As you start to breathe in, actuate the inhaler and keep breathing in steadily
Remove the inhaler from your mouth. Hold your breathe for 10 seconds.
Results

• 36 / 117 Patients on MDI
• 81/ 117 Patients not on MDI
• 68(83.9%) Patients converted to MDI post counseling.
• Total Patients on MDI post counseling: 104(88.89%)
Pre and Post Counseling

 KK Soeherto  KK Kalumpang  KK Selisek

Pre Counseling  Post Counseling
Total Patients On MDI Post Counseling.

- MDI: 89%
- Not On MDI: 11%
Discussion

• 36 patients (30.8%) were on MDI pre counseling compare to 81 (69.2%) who were not on MDI.
• Post counseling noted a shift from 36 to 104 (88.9)%.
• Thus, using our counseling techniques, we were able to convince 68 patients which is an 83.95 % improvement.
Conclusion

The study proves that effective counseling for rural population is needed in order to encourage the usage of MDI among asthmatic patients.
References

2. Tee.S.E. Council for asthma education. The Star online. 24.07.2005