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APRILE
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La comunicazione
Medico Paziente

OTTICA RESPIRO

VERONA 2017
CROWNE PLAZA

Paolo Solidoro

SC Pneumologia, Ospedale Molinette

Le principali aspettative del MEDICO nella terapia della BPCO

Terapia mirata sul
paziente

Funzionamento
dell'erogatore facile da
illustrare

Prolungare la
sopravvivenza del
paziente

**Aspettative del
Medico**

Facilitare l'aderenza
alla terapia

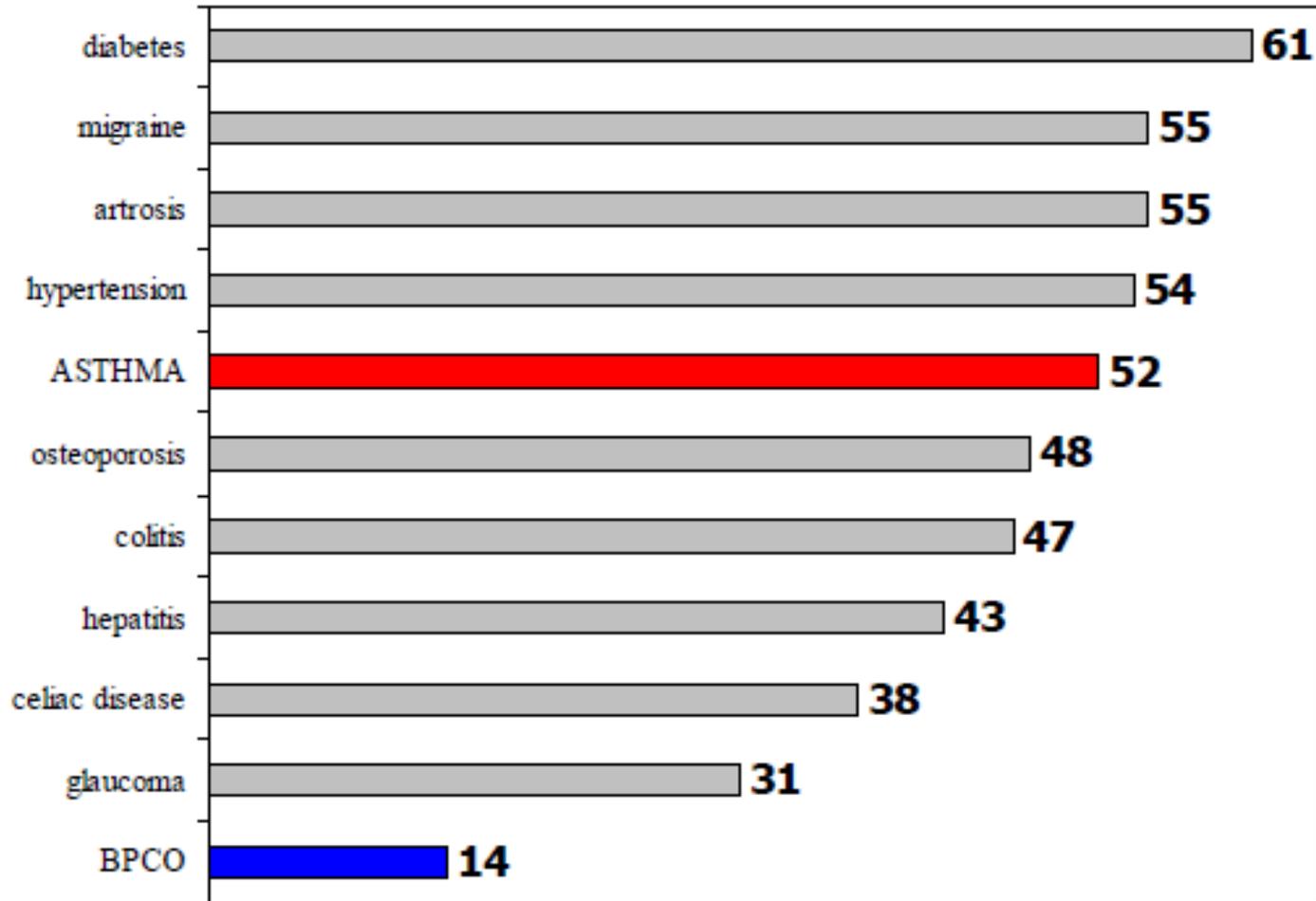
Ridurre le riacutizzazioni
(accesso in PS e
ospedalizzazioni)

Elevata Efficacia e
Sicurezza

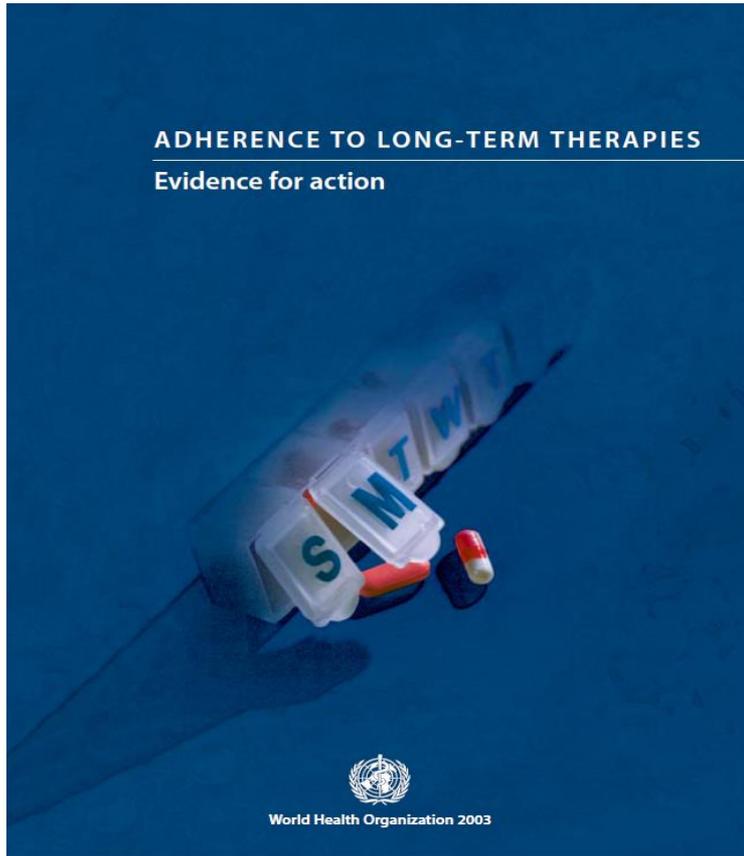
I principali bisogni del PAZIENTE con BPCO



AWARENESS OF RESPIRATORY DISEASES



La definizione di aderenza



the extent to which a person's behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider.

Quanto i comportamenti di un paziente – assumere farmaci, seguire una dieta, modificare stili di vita - corrispondono alle raccomandazioni di un medico

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

DRUG THERAPY

Adherence to Medication

Lars Osterberg, M.D., and Terrence Blaschke, M.D.

I farmaci non funzionano nei pazienti che non li assumono

C. Everett Koop, M.D.



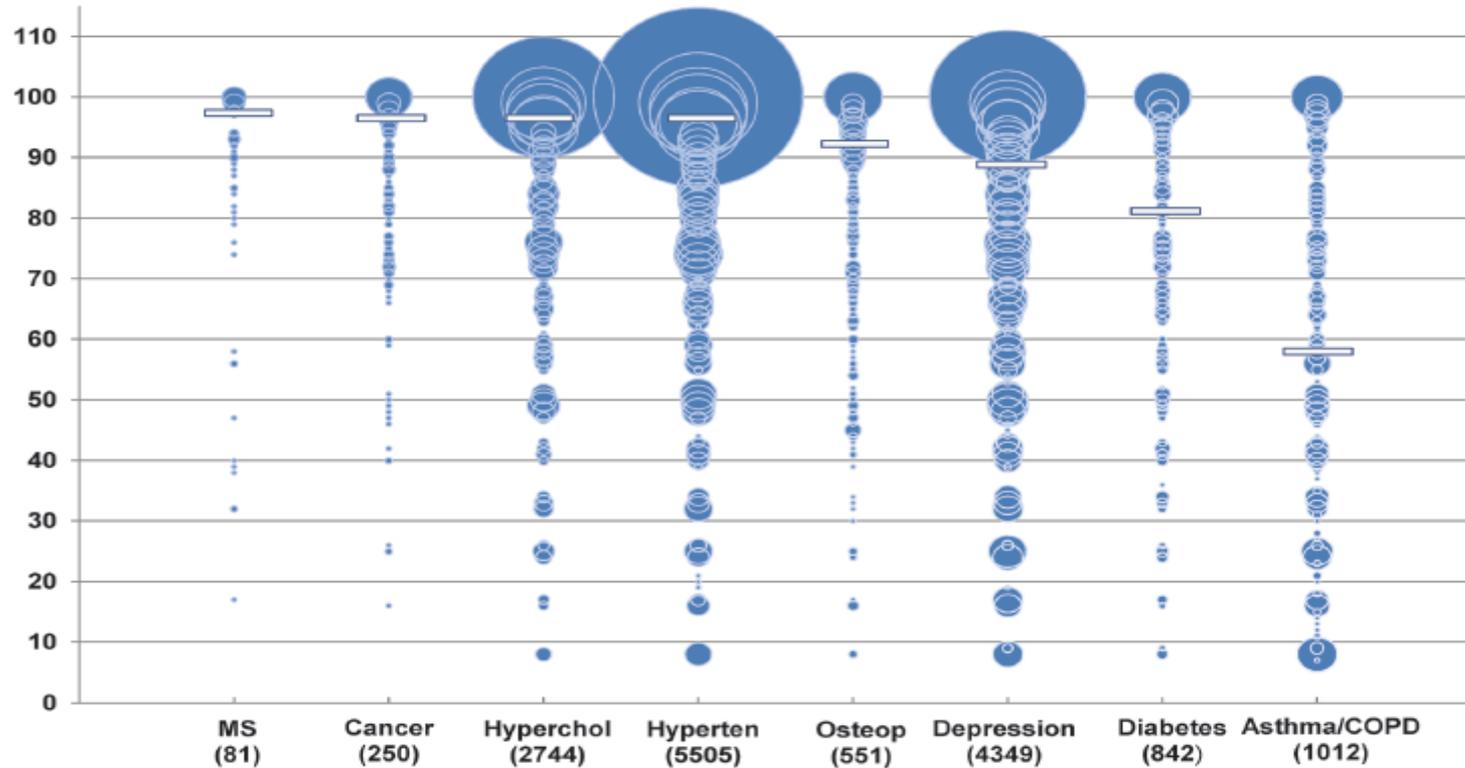
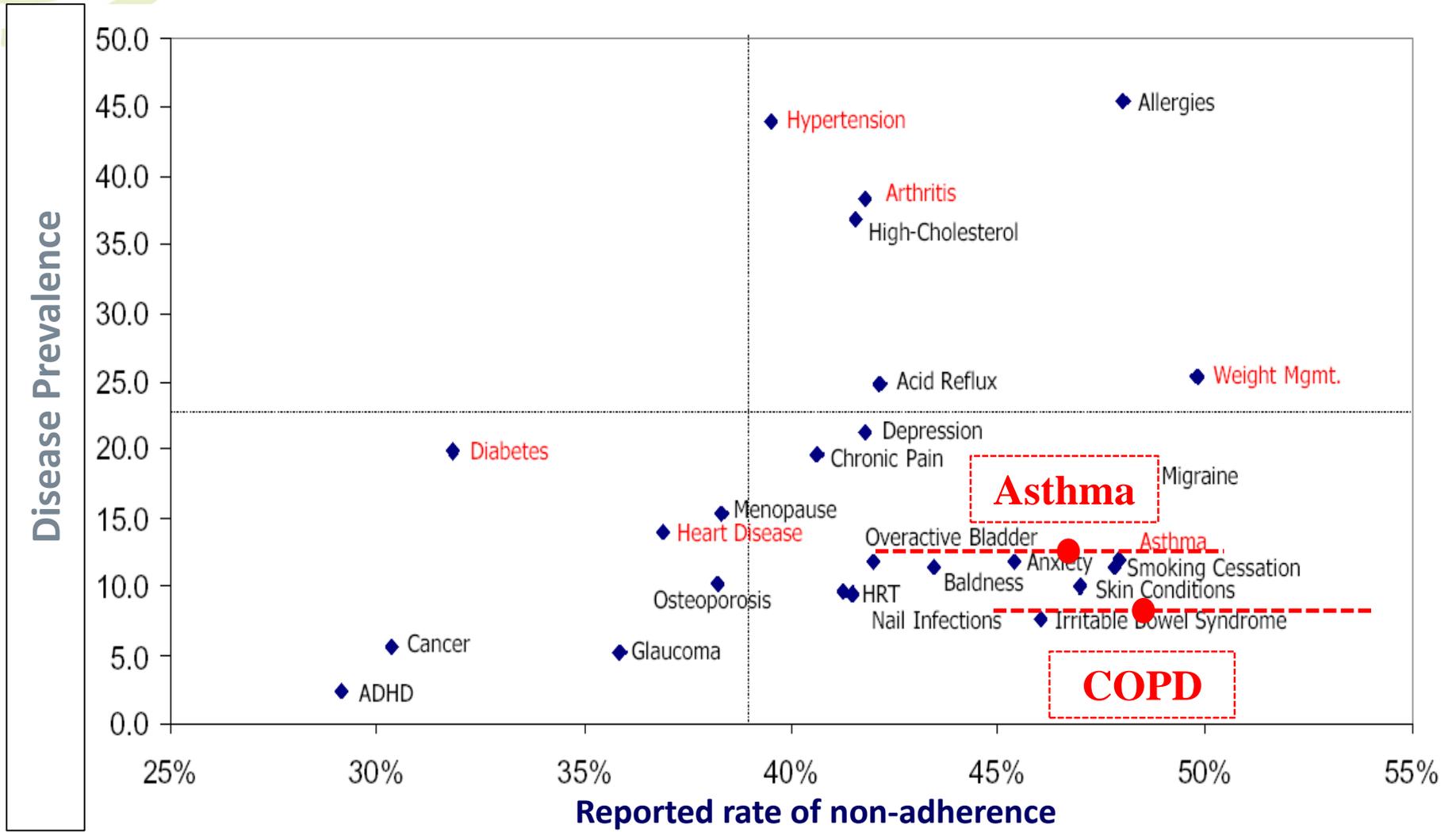


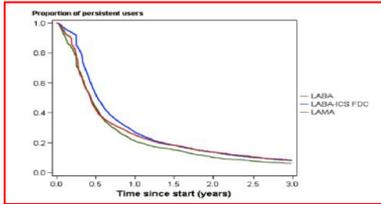
Figure 1. Distribution of medication possession ratios for eight conditions among 15334 patients with one condition and one medication (Bubble area is proportional to sample size. Median MPR indicated by horizontal bar.)

Non-Adherence is a significant issue in asthma and COPD



Restrepo et al *Int J Chron Obstruct Pulmon Dis* 2008; Bourbeau and Bartlett *Thorax* 2008; Makela et al *Respir Med* 2013; Manhattan Research 2004 data

L'aderenza garantisce l'efficacia clinica



Aderenza



The NEW ENGLAND JOURNAL OF MEDICINE

Combined salmeterol and fluticasone in the treatment of chronic obstructive pulmonary disease: a randomised controlled trial

The Prevention of Chronic Obstructive Pulmonary Disease Exacerbations by Salmeterol/Fluticasone Propionate or Tiotropium Bromide

The New England Journal of Medicine

EFFECT OF INHALED TRAIAMCINOLONE ON THE DECLINE IN PULMONARY FUNCTION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

THE LUNG HEALTH STUDY RESEARCH GROUP*

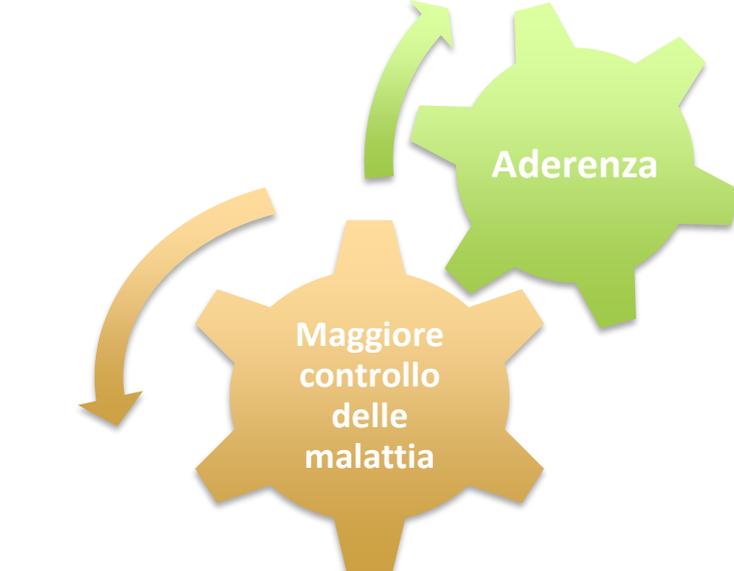
Abstract Chronic obstructive pulmonary disease (COPD) results from a progressive decline in lung... (text continues)

Background Inhaled... (text continues)

Methods 1407... (text continues)

Results 1407... (text continues)

Conclusion... (text continues)



Negli studi randomizzati, dove l'aderenza è alta, otteniamo maggiore controllo degli outcomes clinici

Aderenza alle linee-guida

Why do doctors and patients not follow guidelines?

Ilaria Baiardini, Fulvio Braido, Matteo Bonini, Enrico Compalati and Giorgio Walter Canonica

Current Opinion in Allergy and Clinical Immunology 2009, 9:228–233

Summary

Guidelines are recommendations regarding clinical behaviour, and their implementation is a complex process that is influenced by different factors, related both to the characteristics of guidelines themselves and to the social, organizational, economic and political context or to implementation strategies. During the last few years, different studies and theories have tried to explain the reason why doctors and patients do not follow the guidelines. **Following the guidelines most of all depends on the characteristics linked to the doctor's and patient's subjectivity, which can be a real obstacle. Knowledge, attitude, skills, experiences, beliefs and values play a fundamental role both in physician and patient. By addressing these issues to physician's and patient's adherence, more exhaustive approaches to guidelines development and spread can be applied in order to improve care and outcomes.**

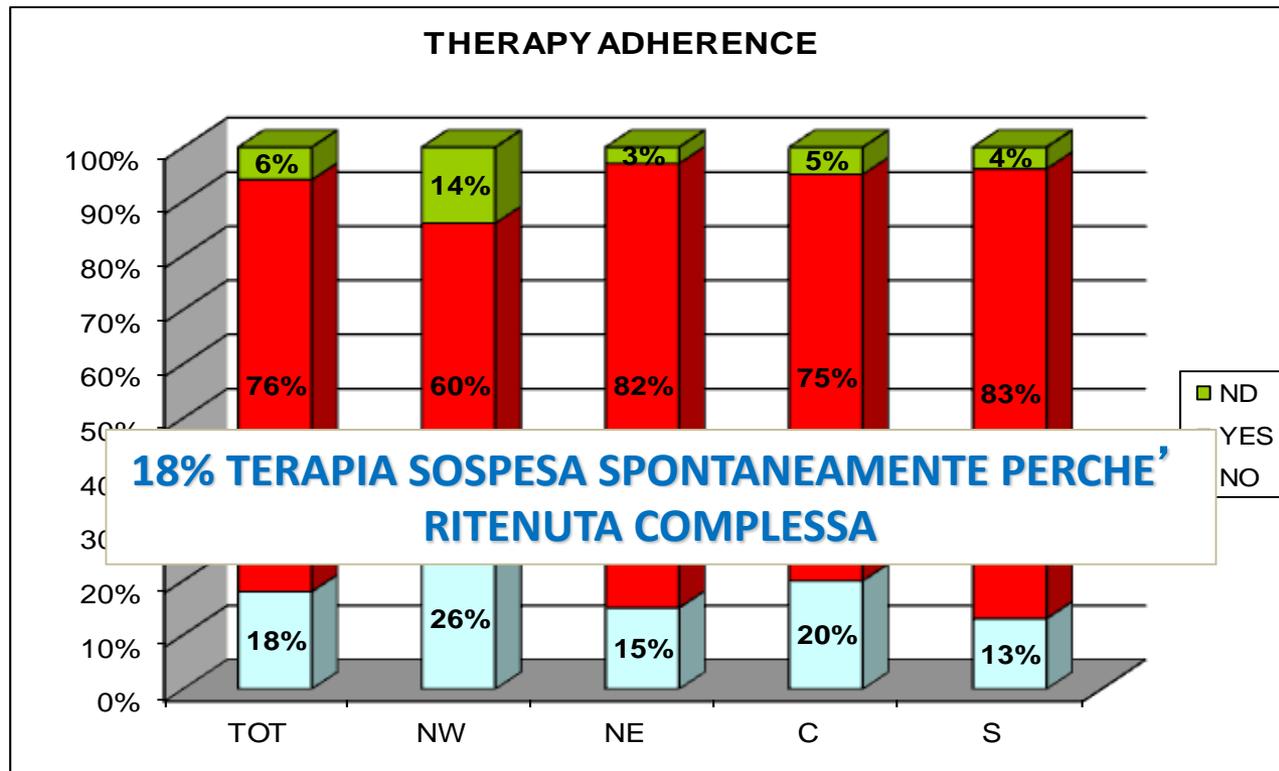


Original article

[European Journal of Internal Medicine 23 \(2012\) 442–446](#)

Doctor–patient relationship: A resource to improve respiratory diseases management ☆

Pierachille Santus ^{a,b,*}, Stefano Picciolo ^c, Alfio Proietto ^c, Franco Falcone ^d, Antonino Mangiacavallo ^e, Giulia Pellegrino ^b, Francesca Sereno ^f, Dejan Radovanovic ^{a,b}, Francesco Blasi ^g, Giuseppe Girbino ^c, Stefano Centanni ^b



Le leve per migliorare l'aderenza alla terapia

- **Educazione del paziente:**
 - per comprendere la natura **dell'asma come malattia cronica** e i potenziali benefici del trattamento
 - per affrontare il timore degli eventi avversi (**corticofobia**)
 - per apprendere l' **uso corretto dei dispositivi inalatori**: gli errori d'uso sono molto frequenti, i dispositivi non sono tutti uguali e adatti a tutti i pazienti
- **Monitoraggio del paziente (es. ACT)**
- **Semplificazione della terapia** (monosomministrazione, device di facile utilizzo)

Educazione del paziente per ridurre il timore di eventi avversi legati ai trattamenti (corticofobia)

Education

Education includes aspects such as explaining the pathomechanisms, reducing corticophobia, offering parents and/or patients improved self-management with the help of educational programmes. If patients understand the mechanism of their disease, e.g. that allergy is an overreaction of the immune system and not a kind of immunodeficiency, they may be more motivated to relieve their symptoms, or even an underlying cause (such as bronchial hyperresponsiveness) by following advice.

Reducing corticophobia (e.g. in the treatment of bronchial asthma) is possible by explaining that steroids reverse the deleterious changes of the respiratory tract mucosa induced by asthmatic inflammation. By this, they allow the mucosa to become normal again – instead of



...knowledge

Treatment compliance increases with increased patient education

Patient treatment compliance

	<51%	51-80%	81-99%	100%
Amount of time spent on patient education	15%	27%	29%	30%



Increase in compliance (%) 

Problems With Inhaler Use:
A Call for Improved Clinician and Patient Education

Respir Care 2005;50(10):1360-1374.

James B Fink MSc RRT FAARC and Bruce K Rubin MEngr MD MBA FAARC

***"Management of chronic airway disease is
10% medication and 90% education"***

**L'educazione del paziente sull'uso dei Device è
fondamentale per aumentare Aderenza e quindi
Efficacia**

L'importanza dell'interfaccia











Inhaler mishandling remains common in real life and is associated with reduced disease control

Andrea S. Melani ^{a,*}, Marco Bonavia ^b, Vincenzo Cilenti ^c, Cristina Cinti ^d, Marco Lodi ^e, Paola Martucci ^f, Maria Serra ^g, Nicola Scichilone ^h, Piersante Sestini ⁱ, Maria Aliani ^j, Margherita Neri ^k, on behalf of the Gruppo Educazionale Associazione Italiana Pneumologi Ospedalieri (AIPO)



Critical mistakes:

- 12% for MDIs
- 35% for Diskus
- 35% for HandiHaler
- 44% for Turbuhaler.



Strongest association between inhaler misuse and:

- older age ($p = 0.008$)
- lower schooling ($p = 0.001$)
- lack of instruction received for inhaler technique by health caregivers ($p < 0.001$).

Inhaler misuse was associated with:

- increased risk of hospitalization ($p = 0.001$)
- emergency room visits ($p < 0.001$)
- courses of oral steroids ($p < 0.001$) and antimicrobials ($p < 0.001$)
- poor disease control evaluated as an ACT score ($p < 0.0001$)

Conclusioni

1. Il 50% dei pazienti con BPCO non è diagnosticato
2. Il 50% dei pazienti in terapia non assume la terapia consigliata
3. Il 30% dei pazienti che assume la terapia inalatoria non la assume correttamente
4. Stiamo trattando correttamente secondo le nostre prescrizioni il 17% dei pazienti!
5. Aderenza alle raccomandazioni (Prescrizioni gravate da possibili errori)

Asthma **adherence**: how can we help our patients do it better?

Marissa R. Shams, MD^{*}; and Stanley M. Fineman, MD, MBA[†]

Communication tools to improve adherence

Assess language barriers: language, illiteracy, hearing impairment

Active listening with improved nonverbal communication

Open-ended questions

Affirmations and summaries of patient statements

Clear medication instructions

Demonstrate medication administration

Shared decision making

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