Role of Different Health Care Professionals in the Management of Asthma Patients: The GEMA-FORUM IV Task Force

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There was consensus that the training of health professionals in the education of patients with asthma is deficient. This conclusion is relevant, since it was also agreed that education has clinical relevance, even in patients with mild asthma. Therefore, it was suggested that the content of the guidelines on patient education should be reinforced. The effective implementation of these education programs would be achieved within a national plan that would include asthma patients among chronically ill patients. New technologies are considered to play an essential role in asthma patient education. Moreover, their implementation in asthma patient education is cost-effective. However, despite being highly customizable technologies, application is limited by the possible lack of specific knowledge and skills in both patients and health professionals. It is important to remember that new technologies are not a complete alternative to face-to-face education but a complement. While the effectiveness of telemedicine remains unproven, the panelists felt that it did not offer the same educational capabilities as face-to-face education.

Regarding physicians’ knowledge, panelists agreed that the contents of knowledge improvement programs should be adapted to each level of care and integrated into a national strategic plan for asthma. Although knowledge of the techniques used in managing patients at different levels of care is specific, diagnosis and monitoring with peak expiratory flow was considered of interest at all levels of care, including emergency departments, and not only in specialized care. However, the panelists argued that its reliability depends on how it is used. Even so, it is contradictory that the reliability of peak expiratory flow is not entirely accepted, while the measurements made by the patients themselves via telemedicine are accepted. Physicians also consider spirometry to be interesting, although it was agreed that both primary care physicians and nurses should be adequately trained. Likewise, both questionnaires on asthma control and adherence were considered very useful in primary care.

There was no clear consensus on which type of nurse can perform clinical follow-up. However, most panelists argued that regardless of patient type, this should be the job of a qualified asthma nurse under medical supervision. The panelists agreed that nursing tasks should not be limited to educational tasks, which should be adapted to the profile and characteristics of the individual patient and applied regularly and, more specifically, after an exacerbation. Other tasks include the administration of asthma control questionnaires and follow-up of adherence. However, one of the most significant barriers to the success of asthma education is the lack of specialized nursing professionals.

There was broad consensus that the involvement of the community pharmacist in multidisciplinary teams caring for patients with asthma would improve health outcomes (especially concerning patient education), strengthen adherence, and alert to medication misuse. The high degree of consensus reached by the panel shows how the participation of various specialists in the follow-up of asthma can help to ensure optimal disease control. Their contribution is especially relevant in patient education. New technologies offer exciting opportunities in this regard, although they must be individualized, taking into account the patient’s characteristics and knowledge and the knowledge of the health professionals involved in care. In this context,
primary care physicians and nurses, and even community pharmacists, should reinforce their knowledge and skills in using procedures and questionnaires related to asthma control.

Acknowledgments

The authors wish to thank the Research Unit at Luzán 5 (Madrid) for assistance with design and coordination and Fernando Sánchez Barbero PhD for his support in the preparation of this manuscript.

Funding

Chiesi sponsored this project without participating in any way in the design, data analysis, or writing of the article.

Conflicts of Interest

Santiago Quirce has been on advisory boards for and has received speaker’s honoraria from AstraZeneca, GlaxoSmithKline, MSD, Novartis, Chiesi, Mundipharma, ALK, and Sanofi.

In the last 3 years, Juan Antonio Trigueros has received honoraria for speaking at sponsored meetings from Chiesi, GSK, Novartis, AstraZeneca, Mundipharma, Boehringer Ingelheim, Menarini, and Gebro Pharma.

Pilar Ausín has been on advisory boards for and has received speaker’s honoraria from AstraZeneca, GlaxoSmithKline, Menarini, and Sanofi.

In the last 3 years, Mercedes Ramírez Hernandez has received financial assistance for attendance at congresses, honoraria for participating as a moderator at meetings, and speaker’s honoraria from GlaxoSmithKline, Chiesi, TEVA, Menarini, and LETI.

In the last 3 years, Francisco-Javier González-Barcala has received honoraria for speaking at sponsored meetings and assistance for travel to meetings from and has acted as a consultant or been involved in research projects for ALK, AstraZeneca, Bial, Chiesi, Gebro Pharma, GlaxoSmithKline, Menarini, Novartis, Rovi, Roxall, Sanofi, Stallergenes-Greer, and Teva.

In the last 3 years, José Gregorio Soto declares having received fees for participating as a speaker in meetings sponsored by AstraZeneca, Boehringer, Sanofi, TEVA, and Novartis and as a consultant for Sanofi, AstraZeneca, GlaxoSmithKline, Chiesi, Novartis, TEVA, and Bial. He has received financial support for attending conferences from TEVA, Boehringer, and Novartis and received grants for research projects from Novartis, GlaxoSmithKline, and Boehringer Ingelheim. He declares that he has not received, directly or indirectly, financing from the tobacco industry or its affiliates.

In the last 3 years, Alicia Padilla Galo has received fees for participating as a speaker in meetings sponsored by ALK-Abelló, AstraZeneca, GlaxoSmithKline, TEVA, Zambon, Boehringer Ingelheim, Chiesi, Mundipharma, and Novartis. She has also received honoraria as a consultant for AstraZeneca, TEVA, Orion, and GlaxoSmithKline and financial assistance for attendance at congresses from ALK-Abelló, Chiesi, Menarini, Zambon, and Novartis.

In the last 2 years, Carolina Cisneros Serrano has received assistance for attending congresses, and honoraria for speaking at meetings or participating on advisory boards from AstraZeneca, GlaxoSmithKline, Novartis, Chiesi, Mundipharma, Menarini, Sanofi, and Pfizer.

In the last 3 years, Javier Domínguez-Ortega has received fees as a consultant for and as a speaker at meetings sponsored by ALK-Abelló, AstraZeneca, Chiesi, GlaxoSmithKline, LETI, Novartis, Mundipharma, Stallergenes, and TEVA.

In the last 3 years, Ana Pueyo Bastida has received assistance for attending congresses and honoraria for participating as a speaker at meetings in advisory boards from AstraZeneca, GlaxoSmithKline, Novartis, Chiesi, Mundipharma, Menarini, Gebro, and TEVA.

Silvia Pascual Erquicia has received speaker’s honoraria from AstraZeneca, GlaxoSmithKline, TEVA, and Sanofi.

In the last 3 years, Ignacio Dávila has received payment for lectures, including service on speaker’s bureaus from Allergy Therapeutics, AstraZeneca, Chiesi, Diater, GlaxoSmithKline, Leti, MSD, Novartis, Roche, and Sanofi. He has also received payment for consultancy from Allergy Therapeutics, ALK-Abelló, AstraZeneca, GlaxoSmithKline, Immunotek, Merck, MSD, Novartis, Sanofi, as well as grants from ThermoFisher Diagnostics.

Eva Martínez Moragón has received grant/research support from AstraZeneca and GlaxoSmithKline and speaker’s bureau fees from Novartis, TEVA, Chiesi, Sanofi, AstraZeneca, GlaxoSmithKline, Gillead, Pzifer, and ALK. She has also served as a consultant for Novartis, TEVA, Boehringer-Ingelheim, Chiesi, BIAL, Mundipharma, AstraZeneca, GlaxoSmithKline, ALK, and Sanofi.

Francisco Javier Plaza Zamora has received payment for lectures about inhaled therapy from AstraZeneca, Boehringer Ingelheim, Chiesi, Mundipharma, and Teva.

In the last 3 years, Vicente Plaza has received honoraria for speaking at sponsored meetings from AstraZeneca, Chiesi, GSK, and Novartis. He has also received assistance for travel to meetings from Chiesi and Novartis and served as a consultant for ALK, AstraZeneca, Boehringer Ingelheim, Mundipharma, and Sanofi. He has received funding/grant support for research projects from a variety of government agencies and not-for-profit foundations, as well as from AstraZeneca, Chiesi, and Menarini.

The remaining authors declare that they have no conflicts of interest.

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Manuscript received April 6, 2022; accepted for publication June 1, 2022.

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