Addressing Neglected Lung Health: A Call to Action for Asthma Patients

Section Section

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Dear Editor,

We write to express a pressing concern about the health-seeking behaviour of asthma patients. As healthcare professionals, we have observed a troubling trend among individuals with asthma who often neglect their lung health and fail to seek appropriate treatment. This is concerning, since a chronic condition like asthma requires careful risk reduction management and improved quality of life.

Asthma, a prevalent non-communicable condition, poses a significant public health burden, especially in low and middle-income nations [1,2]. The Global Burden of Disease report (2019) indicates 262 million individuals are affected, with 455,000 deaths annually [1,3,4]. Despite its widespread impact, asthma is often both underdiagnosed and overdiagnosed [1].

Non adherence to prescribed medication leads to an increased risk of attacks and undermines lung health. Patients discontinue medication when they feel better, neglecting the vital step of consulting their healthcare provider. Jin J et al., summarised various factors affecting patient compliance, such as their understanding of the condition, social support, health literacy, and social and economic circumstances [5]. Fear of side effects from medication, often driven by misinformation and inadequate education about asthma medication deters asthma patients from appropriate treatment. Cost of medications, household income, and time constraints also hinder asthma treatment [5]. Additionally, alternative therapies such as naturopathy, herbal therapy, Ayurveda, and Homeopathy, appeal to asthma patients and claim to offer treatment without adverse side effects and at a lower cost, often leads to a lack of commitment to regular treatment plan. Alternative medicine approaches to chronic disease are especially attractive because they focus on selfhealing and health promotion rather than disease treatment [6].

Stressing prompt medical attention, patient education, and treatment adherence is vital for managing asthma. Healthcare providers are pivotal in raising awareness about asthma, especially in high-prevalence communities. They should inform, educate, emotionally support, and consider patients' finances, utilising strategies like clear drug labels to improve compliance. On the other hand, it is also equally important to understand how patients perceive the "meaning" of their condition [7]. In conclusion, the current health-seeking behaviour in asthma patients is a cause for concern. Neglecting lung health, non adherence to medication, fear of side effects as well as cost of

treatment and lack of awareness contributes to this issue. The Indian government is committed to addressing Non-communicable Diseases (NCDs) through resource allocation, capacity building, mobilisation, and multi-sectoral collaboration. For the first time, respiratory disorders like Chronic Obstructive Pulmonary Disease (COPD) and asthma are included in the operational guidelines of The National Programme for Prevention and Control of NCDs (2023-30). The programme aims to train 40,000 Primary Health Care Medical Officers on Standard Treatment Workflow for NCDs, including asthma, through the Systematic Assessment of Health care providers Knowledge and Training (SASHAKT) Portal to bring healthcare closer to the community [8]. Healthcare providers must educate patients about the importance of managing their condition and seeking proper treatment. Additionally, raising public awareness about asthma is crucial to prevent further neglect of lung health in affected individuals. Working together, doctors, nurses, community leaders, and others can make a big difference for asthma patients and create a healthier and more informed society.

REFERENCES

- [1] Asthma [Internet]. World Health Organization; 2023 [cited 2023 Oct 25]. Available from: https://www.who.int/news-room/fact-sheets/detail/asthma.
- [2] Asher I, Haahtela T, Selroos O, Ellwood P, Ellwood E; Global Asthma Network Study Group. Global Asthma Network survey suggests more national asthma strategies could reduce burden of asthma. Allergol Immunopathol (Madr). 2017;45(2):105-14. Available from: http://dx.doi.org/10.1016/j.aller.2016.10.013.
- [3] GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: A systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396(10258):1204-22. Available from: http://dx.doi.org/10.1016/S0140-6736(20)30925-9.
- [4] GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. Lancet. 2017;390(10100):1211-59. Available from: http://dx.doi.org/10.1016/S0140-6736(17)32154-2.
- [5] Jin J, Sklar GE, Oh VMS, Li SC. Factors affecting therapeutic compliance: A review from the patient's perspective. Ther Clin Risk Manag. 2008;4(1):269-86. Doi: 10.2147/tcrm.s1458. PMID: 18728716; PMCID: PMC2503662.
- [6] Sasi Kala M, Kumar VS, Gauthaman K. Relevance of the use of alternative medicine for bronchial asthma: A review. J Young Pharm. 2009;1(2):184-89. Doi: 10.4103/0975-1483.55754.
- [7] Bidad N, Barnes N, Griffiths C, Horne R. Understanding patients' perceptions of asthma control: A qualitative study. Eur Respir J. 2018;51(6):1701346. Available from: http://dx.doi.org/10.1183/13993003.01346-2017.
- [8] Press information bureau [Internet]. Gov.in. [cited 2024 Jun 11]. Available from: https://pib.gov.in/PressReleseDetail.aspx?PRID=1924730.

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