

Study: Getting patients to take their asthma meds

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Armed with the right information, physicians can play a stronger role in ensuring asthma patients don't waver in taking drugs proven to prevent asthma attacks, according to researchers at Henry Ford Hospital in Detroit.

The study finds patients are more likely to routinely take inhaled corticosteroids (ICS) for [asthma](#) control when physicians kept close watch over their medication use and reviewed detailed electronic prescription information, including how often patients fill their prescriptions and the estimated number of days each prescription would last.

"Better inhaled corticosteroid adherence means better overall [asthma control](#), and less hospitalization," says lead study author L. Keoki Williams, M.D., MPH, Center for Health Services Research and Department of Internal Medicine at Henry Ford Hospital.

"Unfortunately, overall patient adherence to ICS medication is poor, accounting for an estimated 60 percent of asthma hospitalizations. So it's important, as we move forward with [health care reform](#), to look for more effective ways to make sure patients stay with their prescription regimens."

The study - the first large-scale, controlled study to test the effectiveness of routinely providing patient medication adherence information to physicians - appears online in the [Journal of Allergy and Clinical](#)

[Immunology.](#)

ICS, taken using an inhaler, help prevent and reduce airway swelling, and are considered the cornerstone therapy for controlling persistent asthma in patients, says Dr. Williams.

The Henry Ford scientific team set out to design an intervention that would provide physicians information on the most recent national asthma guidelines and methods for discussing medication non-adherence with their patients.

The intervention also offered physicians electronic access to patients' medication prescription fill/refill information via Henry Ford's ePrescribing application, part of its electronic [medical](#) record system that allows physicians to prescribe and review patient medications electronically.

The study enrolled 193 Henry Ford primary care physicians (family medicine, internal medicine, pediatrics). Eighty-eight were randomly assigned to the intervention group, while 105 were assigned to the control group (no intervention).

Physicians in the intervention group used ePrescribing to track medication fills and refills. The application also offered physicians the option to take it one step further: To review detailed adherence data, including estimates of the proportion of time that the patients took their medication.

Medication adherence for both groups was measured by using both electronic prescriptions and pharmacy claims for medication fills and refills.

Researchers found ICS adherence to be very similar among patients in

the intervention group and those in the control group (21.3 percent vs. 23.3 percent).

But adherence was significantly higher in the intervention group (35 percent) when the patient's physician elected to view detailed adherence information via the ePrescribing application.

Few physicians, however, in the intervention group accessed the detailed adherence information. "Going forward, one of the obstacles will be finding time for physicians to review and discuss this information with patients in their typically busy practices," says Dr. Williams.

More information: *Journal of Allergy and Clinical Immunology* - www.jacionline.org

Provided by Henry Ford Health System

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