

Postponing care can result in serious consequences for asthma patients

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Waiting to seek emergency medical care for asthma exacerbations can result in worse outcomes, including hospitalization, according to a study conducted by researchers from New York. Patients who delay regular medical care also were sicker when finally seen by a doctor than patients who sought care when asthma exacerbations first occurred.

The study will be presented at the ATS 2011 International Conference in Denver.

"An important aspect of managing [asthma](#) is for patients to realize when they can handle exacerbations with help from their regular doctors, and when they need the more intense treatment the emergency room provides," said lead author Carol Mancuso, MD, associate professor of medicine at the [Hospital](#) for Special Surgery, Weill Cornell Medical College in New York City. "It is preferable to get help early from regular doctors and avoid the emergency room. However, when intense treatment is necessary, then the sooner patients present to the emergency room the better, because then they are not as sick and are less likely to be hospitalized.

"In this study, we wanted to find out if patients who waited longer before going to the emergency room had tried effective methods to manage asthma themselves," she said. "We also wanted to determine if patients who waited longer were sicker and had worse outcomes."

For the study, 296 patients in two New York City emergency

departments were asked about their duration of symptoms and self-management attempts before they came to the [emergency department](#) for asthma. Two out of three patients reported waiting 5 days or less before seeking treatment. One in three waited longer than five days.

Patients who reported waiting longer were as likely to have insurance as those who sought treatment earlier, and 80 percent of each group reported having [physicians](#) for asthma. Patients who postponed treatment were not more likely to consult physicians before coming to the emergency department compared to those who sought early treatment (23 percent vs. 18 percent). They also were not more likely to have used beta agonists, medications which are typically prescribed to treat asthma flare-ups. But they were more likely to be sicker on arrival to the emergency room, and more likely to be admitted to the hospital for asthma than patients who sought earlier care. Patients who waited longer also were as likely to come to the emergency room by ambulance as those who came to the emergency sooner.

Dr. Mancuso said the study's findings were unexpected.

"We had anticipated that patients who waited longer, and thus had more time, would have been more likely to seek care from their regular doctors and would have used techniques to treat asthma that are known to be helpful," Dr. Mancuso said. "We also thought that patients who had taken more time would have made arrangements for transportation to the emergency room and not used costly ambulance transport."

These results underscore the need for patient education aimed at recognizing when self-management techniques are effective, and when emergency medical care should be sought, Dr. Mancuso noted. Because patients who use the emergency room for asthma tend to do so repeatedly, education could be delivered to these patients when they visit the emergency room for the first time, she added.

"Emergency room care and ambulance transport are expensive types of medical care that should be minimized," she said. "Our findings emphasize that patients need to be taught how to gauge when exacerbations are serious and unlikely to get better with [self-management](#) only. This way, patients who need the [emergency room](#) can come sooner and increase the chances that their flares can be controlled and they will not need to be hospitalized. And, by recognizing symptoms early, patients can also avoid the need for transportation by ambulance."

Provided by American Thoracic Society

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