

Healthcare professionals as bad as patients at good respiratory inhaler technique

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Healthcare professionals are as bad as patients when it comes to knowing how to use inhalers prescribed for asthma and other respiratory conditions correctly, says an editorial in *Drug and Therapeutics Bulletin* (DTB).

They therefore can't be relied on to teach patients how to use these devices correctly, says DTB.

But as 45 million [prescriptions](#) for respiratory inhalers were dispensed in 2011 in England alone—at a cost of £900 million to the NHS—everyone needs to be more clued up on correct inhaler technique to make sure these drugs work well for patients and offer the best value for money for the NHS, it says.

Four of the top 10 most expensive NHS drugs last year were reliever or preventer inhalers for [asthma](#) and other [respiratory conditions](#).

But even when the correct technique is applied, only around a third of the drug reaches the lungs, so when these inhalers are being used incorrectly, there's a good chance that the patient will get none at all, says DTB.

"Numerous studies over the past 30 years have shown that many patients cannot use inhalers correctly and over 50% of [them] struggle to use a metered dose properly," says DTB.

"Of perhaps more concern is the fact that many [health professionals](#) also do not know how to use inhalers correctly and are therefore not in a position to coach patients effectively," it continues.

Little attention is paid to teaching, checking and rechecking inhaler technique, says DTB. And this applies to everyone involved—from those who prescribe, to those who review patients, to those involved in the dispensing and supply.

The editorial cites National Institute for Health and

[Clinical Excellence](#) (NICE) guidance, which emphasises how neglected inhaler technique is, and recommends that it should be regularly reassessed and re-taught, because it is so important.

Spending a bit more time on this can reap dividends for both patients and the NHS, says DTB, which describes several small scale initiatives, aimed at boosting inhaler technique. These have not only helped curb the impact of respiratory disease, but have also cut the amount of medicine used, and even the number of visits made to see a GP, DTB points out.

There are also several system prompts which doctors, nurses, and community pharmacists could use to review a patient's inhaler technique, it says.

"However, there is a persuasive argument that such services should only be delivered by those who are able to demonstrate and teach the correct inhaler technique," concludes DTB.

"Only when [healthcare professionals](#) are competent and confident to use inhalers can we be sure that patients and the NHS will be getting best value for money," it says.

Provided by British Medical Journal

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