Providing effective asthma care to people with learning disabilities

Patients who have learning disabilities and long-term respiratory conditions are often seen in routine clinics that are not adapted for their individual needs. In the case of asthma, this can lead to poor asthma control and a reliance on emergency services (Brown, 2005).

The service challenge
We knew the 28 patients with learning disabilities attending our asthma service often accessed emergency services. They used the 111 service, ambulance, out-of-hours GP service, walk-in centres and the emergency department 116 times for asthma-related issues between September 2015 and January 2016.

Our regular asthma review clinics had 10-minute review appointments but we found that people needed up to 30 minutes with these patients to establish good communications and help them understand their asthma.

Redesigning the service
We set up a specialist asthma clinic for people with learning disabilities, to:

- Tailor asthma education and management to people with varying degrees of learning disabilities;
- Aid adherence to treatment;
- Manage asthma more effectively and improve quality of life;
- Reduce use of emergency services and avoid hospital admission.

In February 2016 we set up a weekly clinic with six 30-minute appointment slots. Patients have enough time to discuss any issues; we have time to reinforce adherence to medication regimens.

The clinic is staffed by a respiratory nurse specialist and a healthcare assistant, both of whom work in our chest clinic. This is an extra service within existing resources with no extra funding. The specialist nurse completes a full patient assessment, including asthma control, and an anxiety and depression score. The nurse also assesses each patient’s level of understanding and literacy skills, and develops asthma management plans. The HCA helps the respiratory nurse, checks patients’ inhaler technique and reinforces self-management plans established during the visit.

To support patients, we have produced literature with help from Sunderland Action for Health, a local support agency for people with learning disabilities. This includes leaflets on asthma and how to manage an attack, as well as self-management plans in an easy-to-read format.

We are also in the process of providing a video link for inhaler techniques on our website, which is available to all patients and their carers.

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Implications for practice
• People with learning disabilities and asthma are frequent users of emergency services. They require asthma review appointment of up to 30 minutes to discuss issues
• Specialist asthma clinics for people with learning disabilities can facilitate adherence to treatment
• Patient-friendly monitoring and compliance equipment can help patients monitor and manage symptoms

Patient-friendly monitoring and adherence devices are used including peak flow meters with colour alerts for patients with literacy difficulties and spacers with masks to aid inhaler technique for those with more severe LD.

Outcomes
The project has been running for 10 months, during which the number of times this group of patients accessed emergency care services dropped by 25%.

Although the number of patients seen in the clinic is fairly low these are high acute/emergency care users. We hope to also roll out this model of care to patients with LD and sleep apnoea.

Future plans
Although the number of patients seen in the clinic is fairly low these are high acute/emergency care users. We hope to also roll out this model of care to patients with LD.

References