49th Annual Nursing Research and Evidence Based Practice Conference

August 20-21, 2018 Tokyo, Japan

Factors associated with patient's recurrent visit with asthmatic attacks in Teaching Hospital, Kandy

Anuruddhika Iroshani Jayarathna Teaching Hospital Kandy, Sri Lanka

Background: Asthma is chronic inflammatory disease of the airways associated with bronchial hyper-responsiveness and reversible airflow obstruction and it is a leading cause of chronic illness in adult. It is affecting 334 million of global population. The estimated young adult prevalence is around 8.6% (aged 18-45) and the burden of asthma is highest for children aged 10-14 and the elderly aged 75-79. Asthma is the 14th leading cause for disability worldwide as classified by the world health organization in 2001. Several factors are co related with poor asthma control such as lack of asthma education, low in come, irregular clinic follow up and improper using inhaler technique and so on. However, recurrent hospital visits with asthmatic attack remain as a burden in Sri Lanka as well as global.

Aim: To examine the factors associated with patients' recurrent visits to the Teaching Hospital, Kandy, Sri Lanka with asthmatic attack. Three specific objectives are focused in this study: (1) Identify the type of living and working condition associated with recurrent visits, (2) identify the existing knowledge and attitudes regarding bronchial asthma among patients and (3) evaluate the practicing methods of inhaler used by these patients and its relationship with asthma control and frequent hospital visits

Methods: 250 patients were enrolled in a quantitative descriptive study comprising of patients who visited all medical wards, chest wards and chest clinic with bronchial asthma attacks over a 2 months period in the Teaching Hospital, Kandy. Each patient were assessed an existing knowledge and attitude regarding asthma and the inhaler technique for using an inhaler according to the check list. Information about demographic data and the type of living and working condition were noted and the associated with recurrent visits was identified. Data were analyzed by Statistical Analysis System version 9.1 (SAS 9.1) chi-squared tests were used to recognize association between the environment and working conditions and asthma control as well as recurrent visits.

Results: 246 asthma patients were enrolled and 124 (50.41%) were female and 122 (49.59%) were male. The amount of vulnerable group of patients who visited Teaching Hospital, Kandy for asthma therapy was 60 years (53.25%). Majority of asthma patients who visited was worked at private sector (30%) and 25% of old age men and women were visited recurrently. Patients from urban area (55.28%) and their living condition is common with dust (45%) and it has an association between recurrent hospital visit (p=0.005). Patients who lived with rural area (44%) was exposed to dust condition was 24% and poor knowledge of asthma was 41.95% and 60.08% think that asthma is negligible and can be treated at home and 37.4% patients had irregular clinic follow up. More patients (56%) had used dry powder inhaler. Improper use of inhaler device was observed 186 (75%). Patients with poor knowledge and technique has significant association (0.0001), associated with technique and type of device (p=0.0167), improper use of device and trainer had significant association (p=0.001).

Conclusion: Recurrent hospital visits are due to uncontrolled bronchial asthma caused by main factors such as poor knowledge and attitudes about asthma and improper use of inhaler devices. Moreover, identified dry powder inhaler is easier to use than pressurized meter dose inhaler.

Biography

Anuruddhika Iroshani Jayarathna is working as a Nursing Officer in Cardiothoracic Intensive Care at Teaching Hospital Kandy, Sri Lanka. Her research interest helped her to find what the obscured etiology of migraine pathophysiology is in 2010. Her ongoing work focused on the therapeutic aspects of reliving hypoxia to paranasal sinuses including reduces nitric oxide production in the related disorders settings.

jannuruddika@gmail.com