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# THE MANAGEMENT OF CHILDHOOD ASTHMA IN THE GULF REGION

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A group of doctors interested in the management of childhood asthma met in Bahrain in May 1995. The purpose of this meeting was to try to identify problems related to the management of asthma in the Arabian Gulf region and to consider possible solutions.

The identified areas of concern were the current treatment regimens, healthcare delivery issues for asthmatics and traditional and cultural factors influencing management. Levels of education in general and specifically relating to asthma were considered to be the principle problem preventing the delivery of optimal asthma care. Consensus views are presented on education strategies, treatment protocols and healthcare factors. Bahrain Med Bull 1995;17(4):

In May 1995 a group of doctors interested in the management of children with asthma met in Bahrain. Representatives from five Arab Gulf states were present and their aim was to identify problem areas in the management of asthma and to formulate a common approach.

This paper reports the current consensus views of the group on these areas of concern and suggests strategies which may improve the standard of care of asthmatic children in the Arabian Gulf region.

Identified or Perceived Problems

1. **Treatment regimens**

The group felt that there was still an overuse of bronchodilator drugs in the region and

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the use of inappropriate modes of delivery. This is exemplified by the extensive use of oral preparations of broncho-dilators in the United Arab Emirates and thus the continued lack of recognition of the importance of inflammation in the pathogenesis of asthma. Specific drug treatment

guidelines, therefore, were thought to be very useful and their implementation should be encouraged. However, it was considered that a new protocol specifically designed for the Arabian Gulf region was unnecessary and that those available already were suitable, with appropriate adaptation[1,2-4].

2. **Issues in the delivery of healthcare**

It was agreed that the management of childhood asthma is best carried out in a primary or family oriented health clinic. While the family doctor should be a central figure, management is very much a team approach with nurses, educators and paramedical staff having important roles.

The widespread practice in the Arabian Gulf region of hospital paediatric clinics roviding piecemeal management and the emergency room providing care for those with acute attacks is unsatisfactory. Only a small number of children will require hospital assessment and inpatient care for asthma, which ideally should be provided by paediatricians with interest in respiratory diseases in childhood. Conversely, if care is to be provided to the bulk of asthmatic children by primary health care facilities it must be recognised that this care cannot be provided on the basis of a rapid 5-20 minute consultation. Asthma management is time consuming, as is the concomitant asthma education. Thus, in our area the team approach must involve the parents as the primary decision makers. While the day to day management of the child with severe asthma usually falls on the mother, it is paramount that the role of the father supporting the mother is promoted in our societies. We would encourage the concept of a "family" doctor rather than a general duty doctor or a health clinic doctor. The family doctor is supported by a team. Secondary care will be usually provided by general paediatrician and only a few children would need advice from a respiratory paediatrician.

3. **Traditional and cultural factors**

The non-homogeneous nature of the population in the Arab Gulf states which has developed particularly over the last twenty years has to be recognised. While there are strong cultural ties within the indigenous Arab populations, there are attitudes which are at times counter-productive to efficient asthma care. The concept of "rabu" or asthma may carry a significant stigma and this may be particularly relevant when we wish to encourage the use of inhalers and spacers in the management of the condition. These devices cannot be hidden easily and draw attention to the individual family as being asthmatic. This may account for the popularity of oral as opposed to inhaled medications in our area. There are many perpetuated myths associated with asthma care, such as the "addictive nature" of the medicines and an "infectious" background to the causation of asthma. The chronicity of the condition, the need for compliance in therapy and knowledge of the disease all present particular difficulties in our region. In the areas where education levels are low and health education is inadequate, these difficulties are compounded by family size. It was recognized that all these difficulties stem from traditional attitudes, and not from religious tenets. Health education is therefore of paramount importance but the number of languages in use, other than Arabic and English, does present major problems.

Herbal remedies appear to be widely used and examples were cited of certain toxic substances such as mercury and lead being used for asthma. It was generally felt that the promotion of anti-inflammatory medication was important and the tolerance to the use of herbal drugs when non-toxic) should be advocated.

4. **Education**

Above all, the meeting felt that education in its widest sense was the key to establishing good asthma care in the Arabian Gulf area. While enormous gains have been achieved in general education, there are still many people who lack basic education, indeed, most problems related to tradition could be addressed by general education. Specific asthma education was regarded as a cornerstone to establishing and promoting asthma management. It was considered that modern methods of delivery of treatment, e.g. spacers and inhalers, required specific training and knowledge.

5. **Specific asthma education**

Asthma education is directed at the professionals as well as the parents and patients. For the doctors and nurses the aims should be directed at; (a) Improving doctor and nurse awareness of asthma, (b) Enabling them to make a correct diagnosis, (c) Highlighting the importance of teamwork,(d) Introducing a structural approach to management, and
(e) Promoting the importance of patient education

In terms of the education requirements for parents of asthmatics (and patients), there are several goals to be achieved: (a) An understanding of different treatments,
(b) Importance of taking regular preventive treatment,
(c) Correct use of inhaler devices, (d) Avoidance of trigger factors, (e) Recognition of deterioration and loss of control, and (f) An action or emergency plan.

In addition, asthma education should cover the more general aspects of the condition, e.g. What is asthma? How common is asthma? and should also address, when appropriate, severe disease and life-threatening episodes.

## CONCLUSION

The establishment of good asthma education, using modern techniques such as problem-based learning, the team approach to care, the availability of modern drugs and educational tools and peak-flow meters, enormous gains can be made in the care of children with asthma in the Arabian Gulf countries. In many towns and cities of the Gulf, we still have the worst scenario of crisis management of acute asthma, an absence of guidelines, a lack of a team approach to long-term management and no formal educational programme for parents and children about asthma.

The consensus view of the meeting was that quality asthma care for all children in the Arabian Gulf region can be obtained, in due course, if the strategies outlined in this paper were adopted.

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