

'Exacerbations' an exasperation for asthma sufferers

A recent Australian study into the language used by asthma sufferers to describe worsening asthma has highlighted the lack of universal terms to describe the condition as well as a limited understanding of the common medical term exacerbation.

Indeed almost half the study participants weren't familiar with the term exacerbation, and those who were, felt it was not a useful communication tool. This is despite the word exacerbation being regularly used by the medical fraternity to describe asthma that has worsened to the stage where it requires a change in treatment.

Dr Helen Reddel, Research Leader at Sydney's Woolcock Institute of Medical Research and one of the authors of the study, said the research findings highlighted the risk of delays in treatment for asthma sufferers due to a possible breakdown in communication between doctor and patient.

Asthma self-management education, including plans to help patients identify and manage episodes of worsening asthma, has been shown to be very effective in improving health outcomes for sufferers, she said.

Unless we use readily understood words in educational material and asthma education plans, communication breakdowns may occur, impeding appropriate and timely management of worsening asthma.

Dr Reddel said the research found there was no term or phrase which was universally used by patients for episodes of worsening asthma. The term asthma attack was regularly used by study participants; however, this could mean anything from relatively minor symptoms to a life-threatening episode one.

The study illustrates the challenge faced by GPs to find out how each patient describes their worsening asthma so communication can be accurate and action plans clearly understood, said Dr Reddel.

The study, which was conducted by the Woolcock Institute of Medical Research and the Monash Institute of Health Services Research, also set out to discover how people with asthma varied their descriptions of worsening asthma according to the severity of the episode or the person they were talking to.

The extent to which the social context influenced the choice of language when describing an incident was striking. With family members, study participants tended to downplay the severity of episodes to avoid causing alarm or attracting criticism. At work they either felt the need to use strong words like attack to legitimise sick leave or alternatively, they concealed their asthma from employers to avoid discrimination.

Interestingly, when visiting their doctor, participants didn't want to use diagnostic labels for worsening asthma, instead assuming it was the doctor's role to provide these.

The results of the Australian study are published in the May issue of *Medical Journal of Australia* - http://www.mja.com.au/public/issues/184_09_010506/vin11134_fm.html