THE CORRELATION BETWEEN SATISFACTION WITH INFORMATION ABOUT MEDICINES AND CLINICAL OUTCOMES IN AN ETHNICALLY DIVERSE DIFFICULT ASTHMA COHORT

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Introduction It is thought that a common cause of poor asthma control is lack of information about medication and their use. This study aims to investigate the influence of satisfaction with information about medicines and its associated clinical outcomes in patients in a difficult asthma cohort.

Methodology Ethics approval was granted. All patients attending a difficult asthma clinic in a large tertiary centre were invited to participate. The Satisfaction with Information about Medicines Scale (SIMS) questionnaire was used.1 This validated 17 item questionnaire, explores various aspects of medication information with preventer inhalers and the associated patient satisfaction with this. Demographic and adherence information from the GP were also collected. SPSS version 22.0 was used to analyse the data.

Results The table shows that patients from non-Caucasian backgrounds had statistically significantly lower reported satisfaction with information about medicines. There was also a statistically significant correlation between low satisfaction with information and increased salbutamol use and rates of asthma exacerbations.

Discussion This study shows the importance of ethnicity to the level of satisfaction with information about medicines. Language barriers, lack of understanding or health beliefs could be contributing factors. Our study found no statistical significance found between GP prescription refill rates (adherence) and associated exacerbations and salbutamol use. However, it is worth noting that our study did not investigate whether patients who picked up their preventer inhalers were indeed using them as intended by their clinician, nor did it assess inhaler technique.

Conclusion We have shown that using a validated questionnaire can help identify patients who are at risk of having a lower satisfaction with their medicines and in turn a greater likelihood of having poorer clinical outcomes. Eliciting satisfaction with information about medication can help tailor interventions to support clinical outcomes in patients from ethnic minorities.

REFERENCE