

## **Empowering people to get on with it**

Frances Guiney has been the backbone of the Asthma Society of Ireland's education service for many years. She explains why knowledge brings with it quality of life, writes **Sheila O'Kelly**

A new personal asthma diary and Action Plan will be launched this year. One of the main people behind this initiative is Frances Guiney, asthma nurse facilitator at the Asthma Society of Ireland.

Apart from her medical experience, Frances has personal insight into life with asthma, as one of her three sons has asthma and rhinitis. She feels strongly that people with asthma should be educated about their condition and how to control it. The idea behind the diary is to encourage people to monitor their asthma and have autonomy over their own condition.

"It has been shown that if a patient has autonomy over their own condition, it empowers them and the outcome is better," says Frances.

Autonomy means, says Frances, that people:

- Are educated about their condition
- Have the appropriate information
- Know about their medicines
- Know when to increase or step down their medicines
- Know when to get medical help.

When people have this autonomy the general outcome is better – mortality is reduced; admission to hospital is reduced; and they miss less school or work.

“The idea behind our new management diary is that people would know exactly what’s going on within their airways and they could introduce or step back their treatment accordingly; or get medical help early if they need to. People can undermine their condition or sometimes they don’t get medical help early enough. And we do have 80-100 deaths a year as a result of asthma in Ireland. This is very high and a lot of these deaths could be prevented”, says Frances.

The diaries will be available to members of the society from head office.

### **Schools policy**

The society is hoping to launch its Asthma Society’s Schools Policy in September with the co-operation of the Departments of Health and Education.

The number of children with asthma has risen dramatically and now one in five children has the condition.

“This means that in a class of 30 children, you may have six who have asthma. Schools need some policy about what they should expect, what they can do, the storage of drugs, when to administer treatment and when to get help”, says Frances.

Frances does a lot of work visiting schools and community centres and she has found that teachers’ main fear was not knowing how to handle an asthma attack. “They are very open and acceptable to being taught and gaining more knowledge in the area”, she says.

“The policy will be a framework for schools to work within”, says Frances.

Previous policies on prescriptive drugs in schools have not taken particular account of asthma. A small child can sometimes find it intimidating to have to ask their teacher for their inhaler and it can make the child afraid to go to school.

“Asthma is a condition that has to be treated *now*. Our Schools Policy stipulates that drugs have to be accessible and that they’re not locked away”, says Frances.

Eibhlín Mulroe, the Asthma Society's new CEO, says they hope that the relevant government departments, including the Health Promotion Unit, and the schools will adopt the policy as 'best practice'. The society wants the government to build its Schools Policy into the national strategy for asthma. There are 4,000 national schools around the country so the policy can only be introduced successfully if the relevant government departments work with the society.

### **Treatment changes with age**

The needs of people with asthma change as they go through life from childhood, to adulthood, middle age and old age. Frances recommends that people are regularly assessed and monitored.

"You can't put somebody on medication and expect that it's going to work for the rest of their lives. It's a self-adjusting condition so medication is either stepped up or stepped down, taken away or more medication added. Patterns of your asthma condition change: it may get better, it may stay the same or it may get worse", says Frances.

The government should focus investment on this area of assessment and monitoring says Frances. "There is no point people getting free medication if it is not the best one or they don't know how to use it".

"There should be proper GP services and proper assessment including lung-function assessment. Some 90% of care is provided by the GP and I would like to see regular nurse-led clinics in GP practices as well", says Frances.

### **Asthma Society helpline**

Along with two other asthma nurses, Sonya Corrigan and Marie Minnock, Frances manages the helpline which is available in the mornings on Mondays, Wednesdays and Thursdays.

The helpline is extremely busy and the society hopes to expand it to five mornings a week. People are well informed about asthma now through the internet, books and libraries.

“Despite this I find that the basics have to be stressed the whole time. I have to check if they are taking their inhaler; if they’re taking it the right way; do they stop taking it when symptoms improve. It’s frightening really that they can be taking their medication completely inappropriately. There’s a huge gap for down-to-earth information”, says Frances.

Some people like the anonymity of the helpline.

“They can say whatever they want because I can’t put a face on them and they don’t have to give me their names or anything and their time is unlimited. They appreciate the timespan – they’re not in and out in 10 minutes – the last call I had lasted 45 minutes”, says Frances.

People sometimes find it difficult to ask the relevant questions when they go to see their GP or to their hospital clinic. They will ring Frances and ask her what they should ask their GP.

“They will have felt rushed at their GP and say to me, ‘You know nurse how busy they are now; you don’t want to take up their time’, or ‘I can’t say that to him he would tell me where to go or say I’m the doctor, you’re the patient!’

“Sometimes they’ll ring up and say ‘They handed me this bag of equipment and I don’t know where to start’; or ‘How does he know I’m asthmatic, he’s done nothing about it, he just says I’m asthmatic – how does he know?’ ”

## **Hay fever**

At this time of the year the numbers of calls can increase due to a rise in the pollen count. People want to talk about rhinitis symptoms and Frances says that it is very important that people look after their noses which are part of the respiratory system.

“It is helpful if people keep a diary of their symptoms and monitor what provokes an attack and how long it lasts. Sometimes over-the-counter medications are useful, but if symptoms don’t improve it may be necessary to see their GP. It is very important to start treatment early and to persevere with it”, says Frances.

Frances has been with the society since 1996 and finds that her previous extensive experience in different nursing specialties is invaluable. Sometimes people ring with what they think is an asthma complaint but it can be something completely different. Frances has done specialised training in intensive care, cardiac care, and asthma and chronic obstructive pulmonary disease.

Most of her work is on the asthma helpline, but she also gives asthma study days and lectures, health awareness mornings in the workplace, and sessions in chemists.

Frances is also involved in producing the society's asthma information booklets including the recently launched 'Asthma in pre-school children'.

Frances hopes that hospitals will take advantage of World Asthma Day on May 3 to promote awareness about asthma and about the Asthma Society of Ireland.

**Asthma helpline (01) 878 8122, 9.30-1.00 Mondays, Wednesdays and Thursdays.**