



Education interventions for adults who attend the emergency room for acute asthma

Año	Revista	FI	Tema	Autores	Volumen/Páginas
2007	Cochrane Database of Systematic Reviews		Exacerbación asmática	Tapp S, Lasserson TJ, Rowe BH	3. CD003000. DOI: 10.1002/14651858.CD003000.pub2

Texto en inglés

BACKGROUND:

The use of educational and behavioural interventions in the management of chronic asthma have a strong evidence base. There may be a role for educative interventions following presentation in an emergency setting in adults.

OBJECTIVES:

To assess the effectiveness of educational interventions administered following an acute exacerbation of asthma leading to presentation in the emergency department.

SEARCH STRATEGY:

We searched the Cochrane Airways Group trials register. Study authors were contacted for additional information. Searches are current to November 2006.

SELECTION CRITERIA:

Randomised, parallel group trials were eligible if they recruited adults (> 17 years) who had presented at an emergency department with an acute asthma exacerbation. The intervention of interest was any educational intervention (for example, written asthma management plan).

DATA COLLECTION AND ANALYSIS:

Two review authors independently assessed trial quality and extracted data. Study authors were contacted for additional information.

MAIN RESULTS:

Twelve studies involving 1954 adults were included. Education significantly reduced subsequent admission to hospital (relative risk 0.50; 95% confidence interval 0.27 to 0.91); however, did not significantly reduce the risk of re-presentation at emergency departments (ED) the study follow up (relative risk 0.69; 95% confidence interval 0.40 to 1.21). The lack of statistically significant differences between asthma education and control groups in terms of peak flow, quality of life, study withdrawal and days lost were hard to interpret given the low number of studies contributing to these outcomes. One study from the early 1990s measured cost and found no difference for total costs and costs related to physician visits and admissions to hospital. If data were restricted to emergency department treatment, education led to lower costs than control.

AUTHORS' CONCLUSIONS:

This review found that educational interventions applied in the emergency department reduce subsequent asthma admissions to hospital. The interventions did not significantly reduce ED re-presentations; while the trend in effect favours educational interventions, the pooled results were not statistically significant. The impact of educational intervention in this context on longer term outcomes relating to asthma morbidity is unclear. Priorities for additional research in this area include assessment of health-related quality of life, lung function assessment, exploration of the relationship between socio-economic status and asthma morbidity, and better description of the intervention assessed.

Intervenciones educativas para adultos que asisten al servicio de urgencias por asma aguda

presentarse en los servicios de Urgencias durante el seguimiento del estudio (riesgo relativo 0,69; IC 95 %, 0,40-1,21). Debido al bajo número de estudios que contribuyeron a estos resultados fue difícil interpretar la ausencia de diferencias estadísticamente significativas entre los grupos con educación para el asma y los grupos de control en el flujo espiratorio máximo, la calidad de vida, las retiradas del estudio y los días de trabajo o estudio perdidos. Un estudio a principios de los años 90 midió el coste y no encontró ninguna diferencia en los costes totales y en los costes relacionados con las visitas al médico y los ingresos al hospital. Si los datos se restringen al tratamiento en el servicio de urgencias, la educación tiene costes más bajos que el control.

Conclusiones de los autores: esta revisión halló que las intervenciones educativas aplicadas en el servicio de Urgencias reducen los ingresos posteriores por asma en el hospital. Las intervenciones no disminuyeron significativamente la repetición de las visitas al servicio de Urgencias; aunque la tendencia favorece las intervenciones educativas, los resultados agrupados no fueron estadísticamente significativos. La repercusión de la intervención educativa en este contexto sobre los resultados a más largo plazo en relación con la morbilidad por asma es incierta. Las prioridades para la investigación adicional en esta área incluyen la evaluación de la calidad de vida relacionada con la salud, la evaluación de la función pulmonar, la exploración de la relación entre el nivel socioeconómico y la morbilidad por asma, y una mejor descripción de la intervención evaluada.