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the study compared a) usual care for the face-to-face consultation with a specialized nurse; b) usual care for the face-to-face consultation with a specialized nurse plus booklet; c) usual care for the face-to-face consultation with a specialized nurse plus the asthma cat. the independent variables are: intervention group: pe vs pa the dependent variable is the outcome variable measured at baseline, and at 2, 4, and 12 months after treatment

initiation. the outcomes were as follows: total asthma-related emergency department (ed) visits; ed visits associated with uri; ed visits for an emergency room or urgent care department (er/uc) that is not a hospital or clinic; ed visits for asthma; hospitalizations (in-patient stays in a hospital or clinic); er visits or office visits (not for asthma); hospitalizations for asthma; pregnancy-related admissions for asthma; pregnancy-related hospitalizations for asthma; total outpatient visits (not for asthma); outpatient office visits for asthma (not an er or urgent care visit); outpatient office visits for an asthma diagnosis other than asthma (pulmonologists, cardiologists, family practice, etc.); outpatient office visits for

an asthma diagnosis other than asthma (primary care, specialist, etc. episodic counseling: participants were made to know the importance of taking daily doses of their medications. a pill organizer was suggested to enhance adherence. the patients were given counseling at each clinic visit on the importance of their treatment for the next month. the clinical visit content was not preplanned in any systematic manner and involved the nurse in a standard fashion. the patient was offered a pill organizer, which was a product that was specifically designed for this purpose. this was a pill organizer in which the patient kept and opened daily. at each monthly visit, a nurse checked whether the patient had taken

his/her medication, any new medical problem had occurred, and the patient's adherence was evaluated. all of these consultations took place in a standardized fashion, and were recorded in an appropriate documentation system which included medication-related data. the period of the intervention was from 1 month to 3 months in duration. (n = 170)

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probability sample of 105 general practitioners from south-east asia. questionnaires given to them before and after an educational program lasting 3 months. 9 different countries were represented: sri lanka, bangladesh, malaysia, maldives, philippines, vietnam, thailand, indonesia and myanmar. the sampling was performed by random selection of 68 postgraduate trainees from 56 medical schools in different provinces within each country. the ethics committee of kanta subramanyan memorial institute for medical research research and development approved the protocol. all participants signed a

consent form before they could proceed to the phase of data collection. each country was dealt with by a local team of two or three researchers. data analysis was carried out by south-east asia region with a representative of each country taking part. (n = 105) post-intervention and final follow-up were conducted in the clinic where the physician, nurse, and social worker provided standard medication adherence education at the clinic appointments generally scheduled at 3month intervals. phone followups and a single home visit were planned if the staff felt they were needed. patients found to be 95% or more adherent according to their chart data were assigned to the control group. patients found to be less

than 95% adherent were assigned to the intervention group. a detailed workbook prepared by chest physicians was used for each session. the asthma education program covered 4 topics taught in sequence in 3 1hour sessions offered during monthly clinic visits (at months 1, 2, and 3).

topics covered were: (1) definition, etiology, diagnosis, disease progress, and complications of asthma; (2) instruction to monitor disease severity, especially skills needed to use the peak expiratory flow (pef) meter and the format to record symptoms in a diary; (3) introduction on medications for asthma therapy, including protocol of a stepwise treatment plan, pharmacology of leading

asthma drugs and correct inhaler techniques; and (4) guidelines for self management, including understanding potential environmental triggers and irritant factors, environmental control and standard procedure for coping with asthma attacks (n = 15) nurse administered asthma education program: patients participated in the standard nurse administered asthma education program. topics covered were: (1) definition, etiology, diagnosis, disease progress, and complications of asthma; (2) instruction to monitor disease severity, especially skills needed to use the peak expiratory flow (pef) meter and the format to record symptoms in a diary; (3) introduction on medications for

asthma therapy, including protocol of a stepwise treatment plan, pharmacology of leading asthma drugs and correct inhaler techniques; and (4) guidelines for self management, including understanding potential environmental triggers and irritant factors, environmental control and standard procedure for coping with asthma attacks (n = 15) 5ec8ef588b

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