

Asthma in adolescents health promotion nursing essay



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Asthma is a chronic and complex disorder characterized by variable and recurring symptoms such as airflow obstruction, inflammation and bronchial hyper responsiveness.(Morris, 2010, p. 19). According to the Institute for Clinical Evaluative Sciences (ICES, 1996),(80%) of asthma-related deaths could have been prevented with proper asthma management and a National survey in Canada showed that more than 6 in 10 individuals with asthma (62%) were poorly controlled. (RNAO, 2008, p. 25). Therefore, the statistics indicate the importance of asthma prevention and education in controlling the chronic disease mainly in adolescents. This paper will explain the issues and the impact of asthma in adolescents' physical activity and their nonadherence in disease management. Finally, the paper will focus on nursing interventions for the education, prevention and promotion of self-efficacy in the adolescent group.

Asthma affects adolescents physically and cognitively. Firstly, physical activity is important at any age, but even more so in adolescents. Asthma symptoms from poorly or undermanaged asthma can affect learning, physical activity, and even sleep in children and adolescents. (Morris, 2010, p. 19). There also has been a correlation with environmental factors such as air quality, including indoor and outdoor environmental conditions that can be affected by pets, house dust, mold, and secondhand smoke which can trigger an asthmatic attack. (Morris, 2010, p. 20). adolescents who are obese and have asthma generally suffer more severe asthma than normal-weight adolescents with asthma. Short breaths may be perceived as symptoms of obesity when they are actually due to asthma. (Morris, 2010, p. 22).

Self-efficacy has been recognized as a central feature of asthma self-management. Negative attitudes may make individuals become more susceptible to cognitive barriers (e. g., forgetfulness or difficulty in keeping track of or

following treatment regimens) which leads to poor adherence. It appears that negative attitudes may limit individuals' mental capacity to direct their attention to specific management plans and to effectively accommodate these plans within their daily life. (Rhee, Belyea, Ciurzynski & Brasch, 2009, p. 2)

- Collaboration between the NP and the adolescent is essential to develop an asthma management plan that allows optimal physical activity and prevents asthma exacerbations during exercise. (Morris, 2010, p. 19)

An important component of pharmacologic treatment in asthma is patient education. The adolescent should receive instruction on proper device technique including return demonstration of any medications that are prescribed. This improves compliance with inhaled asthma medications, leading to decreased asthma exacerbations. (Morris, 2010, p. 22).

Some students may feel awkward or embarrassed using their inhalers in front of others, and some misinformed school personnel may also contribute to a child's noncompliance with inhaler usage (Morris, 2010, p. 19)

NPs should teach adolescents about their medications while establishing goals for physical activity. Adolescents

should understand the need to use medications appropriately and that quick relief medications should be used as

needed to prevent EIB or during episodes of acute distress. The controller medications should be used daily to prevent

exacerbations and decrease the inflammation in the lungs.

Nonpharmacologic treatment to avoid an attack includes

performing warm-up exercises before the activity, choosing an appropriate activity level for the patient, and switching from breathing through the mouth to breathing through the nose. Education regarding control of indoor allergens should be included in any asthma management plan and reviewed with the parents at regular intervals, especially if there is an increase in the frequency of asthma exacerbations. (Morris, 2010, p. 23) swimming (in a warm, humid environment) would be a

better choice than ice hockey (in a cold, dry environment). (Morris, 2010, p. 23)

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action plan gives adolescents the tools they need to manage their asthma and promotes self-efficacy. (Morris, 2010, p. 25)

Asthma action plans based on personal best peak expiratory flow have been found to decrease ED visits and hospital admissions. The plan should be collaborative, easy to use, and sensitive to any cultural or literacy needs. The NP has a key role in routine assessment, modification of the treatment plan, and patient education. Inhaler techniques and asthma control should be assessed at each visit. The asthma management plan and asthma action plan must be developed in collaboration with the adolescent, parent, and NP. Special attention should be given to the desired level of physical activity so the adolescent can participate to the fullest extent of his abilities and continued reinforcement of the importance of controlling asthma symptoms may help to maintain adherence to medication in the adolescent (Morris, 2010, p. 25)

Asthma control is the degree to which signs and symptoms, risk of future episodes, and loss of lung function are reduced through treatment and environmental control. (Corbridge & Corbridge, 2010, p. 31). Asthma action plans based on personal best peak expiratory flow have been found to decrease ED visits and hospital admissions. The plan should be collaborative, easy to use, and sensitive to any cultural or literacy needs. The NP has a key role in routine assessment, modification of the treatment plan, and patient education. Inhaler techniques and asthma control should be assessed at each visit. The asthma management plan and asthma action plan must be developed in collaboration with the adolescent, parent, and NP. Special attention should be given to the desired level of physical activity so the

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Repetitive teaching with return demonstrations improves technique, medication delivery, and asthma control. (Corbridge & Corbridge, 2010, p. 35).

Adolescents who have a good support system of family and health professionals tend to be more adherent to treatment plans, research has demonstrated that adherence declines over time without regular evaluation of symptom management, patient education, and reinforcement of asthma treatment plan. The asthma action plan gives adolescents the tools they need to manage their asthma and promotes self-efficacy. (Morris, 2010, p. 25). To assist adolescent in overcoming the social barriers, therefore, it is important to alter adolescents' overall perspectives about asthma and foster self-confidence in managing asthma. (Rhee, Belyea, Ciurzynski & Brasch, 2009)