

EXPERIENCE OF ASTHMA PATIENTS IN MANAGEMENT OF ASTHMATIC STATUS

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ABSTRACT

This study aims to determine the experience of asthma sufferers in managing status asthmaticus. This research design uses a qualitative phenomenological study approach. The results of this research obtained 3 (three) aspects, namely the knowledge aspect of participants knowing that asthma is characterized by shortness of breath, wheezing, coughing and difficulty breathing, which is caused by allergies and hereditary factors. In the psychological aspect, the impact of the attack was felt by participants as anxious, silent, pain in the lungs and shortness of breath. In the aspect of home management during a recurrence, namely taking medication, spraying an inhaler, if it doesn't resolve, take him to the hospital. In conclusion, the experience of asthma sufferers in managing asthma in the knowledge aspect is good status, the psychological aspect of the impact of attacks is felt by anxiety and in the management aspect they have taken initial action during a relapse.

Keywords: Experience, Management, Status Asthmaticus

INTRODUCTION

Asthma is a lung disease in the form of an inflammatory process in the respiratory system which results in hyper responsiveness of the airways to various kinds of stimuli which can cause comprehensive airway obstruction resulting in reversible shortness of breath either spontaneously or with therapy. Patients will generally have symptoms of shortness of breath, wheezing or coughing which are aggravated by allergies, exercise and colds. There is often diurnal variation with symptoms worsening at night but appearing normal during the day. Patients may have a history of atopy such as eczema and allergic rhinitis. Chest pain may be felt if an acute exacerbation occurs (Pramesthi et al., 2022).

The increasing prevalence of uncontrolled asthma can be influenced by several factors including gender, age, genes, comorbid diseases, smoking, use of corticosteroid drugs, poor medical habits, and insufficient level of knowledge about the disease suffered. Patients who understand asthma will avoid asthma trigger factors such as allergens, smoke, dust, strong odors, emotions, viruses, stress, weather, pollution and heavy activity (Kalsum & Nur, 2021).

People do not understand how to prevent asthma attacks while at home, so this can result in recurrence in asthma patients. Information and knowledge about asthma is very important where patients must know and be taught about the factors that trigger asthma attacks in themselves as well as understanding about prevention, treatment and the work of asthma medication (Ningrum, 2018).

Repeated asthma attacks can reduce the quality of life of sufferers because they often cause difficulty sleeping, fatigue during the day which results in decreased productivity (Yuniasari & Saftarina, 2021). Therefore, asthma management must involve continuous monitoring so that asthma is controlled with minimal disruption (Neola & Bustami, 2022).

Several previous studies serve as comparisons for this research. First, research conducted by Wahyuni et al., (2023) with results in asthma sufferers in Sanggau Ledo Village, Bengkayang Regency which were included in the controlled pattern. Having a controlled pattern will have an effect on reducing the intensity of asthma recurrence in children and can enable asthma sufferers to live a better quality of life.

Second, research conducted by Yanuar et al., (2019) the results obtained were that the perception of asthma recurrence was the highest, so that the perception of asthma recurrence was mostly good, so that the anticipation of the trigger for asthma recurrence was also found to be mostly in the good category.

Based on the things above, the aim of this research is to determine the experience of asthma sufferers in managing status asthmatics. The benefit of this research is as a reference in increasing knowledge for the community, especially asthma sufferers, in managing initial actions when a recurrence occurs at home.

RESEARCH METHODS

Research Design

This research design uses a qualitative phenomenological study approach. Data collection using interview techniques. Data collection was carried out by researchers going directly to the residence of participants who suffered from status asthmatics. The themes obtained were about the experiences of asthma sufferers at RSUD Dr. M. Yunus Bengkulu namely, (1) knowledge aspect, (2) psychological aspect, (3) management aspect.

Population and Sample

The population in the study were patients suffering from asthma with data collection in Dr. Hospital M. Yunus Bengkulu. The sampling technique used purposive sampling, so that the sample in this study consisted of 5 people.

Location and Time

The research was conducted at RSUD Dr. M. Yunus Bengkulu in June-September 2023.

RESULT

As a result of interviews with 5 participants, researchers obtained 3 aspects that explain the research problem. The themes obtained were about the experiences of asthma sufferers at RSUD Dr. M. Yunus Bengkulu namely, (1) knowledge aspect, (2) management aspect, (3) emotional aspect. The following is an explanation of several of these aspects:

Knowledge aspect

Definition

Based on the results of interviews, four out of five participants knew that the definition of asthma is an inflammatory disease of the lungs that causes difficulty breathing or shortness of breath.

Signs and Symptoms

Based on the results of interviews, four out of five participants knew that the signs of status asthmaticus could be seen in the presence of "wheezing" breath sounds, severe shortness of breath, and relapses at night.

Precipitating Factors (Causes)

Based on the results of interviews with the five participants, it can be concluded that the five participants knew the factors that trigger asthmatic status, such as heredity, allergies, cigarette smoke, dust, weather, fatigue and stress.

Psychological Aspect

Impact of Attack

Based on the results of interviews with the five participants, it can be concluded that the five participants' feelings when the attack occurred were anxiety, silence, pain, shortness of breath, difficulty breathing, sore lungs, cold sweat.

Family Support

Based on the results of interviews with the five participants, it can be concluded that the five participants received support from the family, such as when an attack occurred, the family helped the participant, such as giving massages and helping to administer medicine, paying attention to diet, the family also always accompanied the participant during control or treatment.

Management Aspects

Initial Actions During an Attack

Based on the results of interviews with the five participants, it can be concluded that when an attack or recurrence occurred, the actions taken by the participants were taking medication and being sprayed using an inhaler. If the shortness of breath did not resolve, the participants were immediately taken to the hospital and given measures such as oxygen and smoke or a nebulizer.

Lifestyle

Based on the results of interviews, four out of five participants changed and maintained their lifestyle, such as those who used to smoke, now quit smoking, paying more attention to food, weather and the surrounding environment. There are also those who do sports recommended by health officials, such as swimming and jogging.

Control Behavior

Based on the results of the interviews, three out of five participants always check up at the lung disease clinic once a month according to the schedule given by the health officer on duty at the lung disease polyclinic.

Treatment Guide

Based on the results of interviews with the five participants, it can be concluded that the five participants received guidance from health workers in the pulmonary disease clinic on how to use their medicine, such as using sprays (inhalers) and tablets. Long-term planning and administration of medication is also discussed by the doctor with the participant.

DISCUSSION

Knowledge Aspect

Based on the results of the interview, from the aspect of knowledge, participants know the meaning of asthma, namely inflammatory lung disease that causes difficulty breathing or shortness of breath. This is in accordance with opinion Yanuar et al., (2019) asthma is defined

as a chronic inflammatory disease of the respiratory tract. This chronic inflammation is associated with hyper responsiveness of the respiratory tract to various stimuli, which causes recurrence of shortness of breath (wheezing), difficulty breathing, chest tightness, and coughing, which occurs mainly at night or early in the morning.

Based on the signs and symptoms, participants knew that the signs of status asthmatics could be seen from the presence of "wheezing" breath sounds, severe shortness of breath, and recurrence at night. This is in accordance with the statement Farlina (2018) symptoms often experienced by asthma sufferers are feeling of pressure in the chest, feeling short of breath, often taking long breaths, feeling tense, not being able to rest soundly, shaking, restless, having difficulty sleeping, waking up at night, feeling restless and waking up early days.

Based on the factors causing participants' asthma, it can be concluded that knowing the factors that trigger asthmatic status such as heredity, allergies, cigarette smoke, dust, weather, fatigue and stress. This is in line with the statement Nursalam et al., (2017) factors that cause asthma frequency include dust, pollen, respiratory tract infections, stress, emotions and excessive exercise. Apart from that, it is based on research results Yuniarti & Rejo (2020) Asthma is caused by factors such as the environment (cigarette smoke, vehicle fumes and dust), food (preservatives, cold drinks, cold air) and emotions which cause asthma recurrence.

Based on the things above, it can be concluded that in terms of the participant's knowledge regarding asthma, it is classified as good. According to Kartikasari & Finishia (2023) good knowledge will reduce the incidence of asthma in adults. Lack of knowledge among patients and the public to prevent asthma recurrence means that asthma is an incurable disease. Efforts to prevent asthma at home alone are not enough because efforts to control and avoid the factors that cause asthma have not been carried out properly. This is what causes asthma recurrence.

This is supported by research results Sulistiani & Kartikasari (2021) there is a relationship between knowledge about asthma and efforts to prevent recurrence of asthma sufferers, obtained with a P-value <0.05. Knowledge about Asthma is insight into the signs and symptoms as well as the management that must be carried out when someone experiences an Asthma attack.

Psychological Aspect

Based on the results of the interview, from the psychological aspect the participants knew that the participants' feelings during the attack were anxiety, silence, pain, shortness of breath, difficulty breathing, sore lungs, cold sweat. According to Putra et al., (2018) when asthma recurs, the sufferer will experience anxiety resulting in confusion in making decisions. Anxiety is one of the factors that can influence the emergence of stimulation in the respiratory tract of asthma sufferers.

This is because anxiety will trigger the release of histamine which causes smooth muscle contractions and increased mucus formation, making the diameter of the respiratory tract narrow (bronchoconstriction), where when this bronchoconstriction occurs, the sufferer will find it very difficult to breathe and trigger asthma attacks. The results of the study stated that there was a relationship between anxiety and recurrence of shortness of breath in asthma sufferers in the UPTD Working Area of the Sukabumi Health Center, Sukabumi City (Nurhalisa et al., 2022).

Based on the results of interviews with the five participants, it can be concluded that the participant received support from the family, such as when an attack occurred, the family helped the participant, such as giving massages and helping to administer medicine, paying attention to diet, the family also always accompanied the participant during control or

treatment. This is in accordance with the statement Litanto & Kartini (2020) in asthma sufferers, the attitude of treatment from the family also greatly determines the recurrence of asthma because based on experience, the knowledge possessed by the family can determine the action that will be chosen to overcome this problem.

According to Afton (2021) in nursing implications, patients who need a lot of family support are asthma sufferers. Asthma sufferers generally experience fear about the disease they suffer from. This fear will certainly affect the person's psychology so that the asthma will get worse. If this continues for a long time, it will actually endanger the person due to the asthma they suffer from.

Management Aspects

Based on the results of the interviews, it can be concluded that when an attack or recurrence occurred, the actions taken by the participants were taking medication and being sprayed using an inhaler. If the shortness of breath did not resolve, the participants were immediately taken to hospital and given measures such as oxygen and smoke or a nebulizer. Then the participant received guidance from health workers at the pulmonary disease clinic on how to use the medicine.

Physiotherapy as part of the medical team has an important role in providing intervention for asthma. The intervention given is in the form of a Nebulizer to reduce bronchial secretions, Infrared to reduce spasms in the respiratory muscles. As well as providing breathing exercise, effleurage,, and vibration to help reduce the work of breathing in asthma sufferers (Amanati et al., 2020). Based on research results Dwiarindi (2022) management using the nebulizer modality and Chest Physical Therapy resulted in a reduction in shortness of breath and an increase in the ability to expel sputum.

Usually, the main treatment for asthma is inhalation of medication at the location of the disease. Administration of these respiratory medications via inhalation achieves high concentrations in the airways, more rapid onset, and fewer systemic side effects than systemic delivery. Inhalers are the most preferred device for delivering medications in Asthma and Chronic Obstructive Pulmonary Disease (COPD) (Ariza et al., 2022).

This is in line with the results of research conducted Klijn et al., (2017) shows that inhaler use interventions are considered effective, at least in the short term. The results of the study showed an improvement in lung function with 95% showing statistical significance and an average follow-up of five months.

Based on the results of interviews, four out of five participants changed and maintained their lifestyle, such as those who used to smoke, now quit smoking, paying more attention to food, weather and the surrounding environment. There are also those who do sports recommended by health officials, such as swimming and jogging. According to Kartikasari et al., (2019) non-pharmacological actions that can be taken for asthma patients include stopping smoking, healthy diet, avoiding allergens, reducing strenuous activities, losing weight, avoiding pollution, vaccination, reducing stress, avoiding foods and chemicals that cause allergies, and maintaining fitness such as physical activity and breathing exercise.

Suryantoro et al., (2017) adding overweight and obesity increases the risk of asthma incidence by up to 50%, both in men and women. Obesity causes the work of breathing to increase due to decreased chest wall compliance and decreased respiratory muscle strength, so asthma sufferers need to pay attention to their diet.

Based on the results of the interviews, three out of five participants always check up at the lung disease clinic once a month according to the schedule given by the health officer on duty at the lung disease polyclinic. Astuti & Darliana (2018) believes that asthma control is

asthma management which is one of the indicators or parameters of the success of asthma therapy received by the patient. The number of patients with uncontrolled asthma is influenced by various factors, of which various factors can influence the level of asthma control, which was originally good and can turn bad.

One of the determinants of the success of efforts to prevent asthma is the existence of various sources that have been implemented, especially those carried out by health workers. Many errors were made by respondents due to lack of information about predisposing factors for asthma (Handayani et al., 2023).

CONCLUSION

Based on the research results and discussion description, it can be concluded that the experience of asthma sufferers in managing status asthmaticus in RSUD. Dr. M. Yunus Bengkulu is obtained from asthma participants regarding the knowledge aspect, 4 of them had good knowledge, in terms of aspects of management of status asthmaticus from 5 participants take initial action at home when facing an attack or relapse as well as regarding the emotional aspects of 5 participants stated that the impact of the attack on all participants was anxiety, panic and pain, severe tightness in the lungs and paying attention to the food consumed participant.

SUGGESTION

It is hoped that the results of this research can provide additional discourse for hospitals and health centers in treating asthmatic status, for example by providing regular health education for sufferers.

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