

TELEMEDICINE EXPERIENCE FOR SEVERE ASTHMA CARE: A DEVELOPING COUNTRY PERSPECTIVE



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BACKGROUND

Telemedicine can be defined as the provision of health care and services through information and communication technologies when distance is a critical factor. In developed countries, telemedicine is already well established as an integrated part of professional-patient care and is effective in preventing and controlling chronic diseases, such as asthma. However, in developing countries such as Brazil, where approximately 20 million people have the disease, telemedicine has not yet been widely adopted as a potential tool for asthma control.

AIM

To describe the experience of telemedicine use patients with severe asthma in a specialized center in the city of Salvador, Bahia, Brazil.

METHOD

Experience report on a clinical study that used a telemedicine tool to monitor patients with severe asthma. The clinical study was approved by the research ethics committee in Brazil.

A total of 129 severe asthmatic patients were followed for a period of 6 months to 1 year (2018-2019) by the telemedicine tool. A team of nurses was responsible for performing the procedures. The experience was divided into steps:

Usability of the telemedicine

- Telemedicine platform
- Guiding protocol: based on up-to-date scientific evidence
- Accessible and relatively inexpensive material resources
- Good practical use of the telemedicine

Health outcomes

After telemedicine intervention: the participants had an improvement in both the correct use of inhaler devices and knowledge about asthma, as well as a reduction in reports of hospitalizations and emergency visits

Ethical aspects

- The main ethical issues related to telemedicine processes were respected, ensuring the participant's data security and privacy
- Telemedicine platform : reserved, where only research nurses had access

Challenges and perspectives

- Developing countries: simple and easily accessible alternatives should be chosen
- Focusing on the patient and their individualities, based on current scientific evidence, especially in chronic conditions such as asthma

CONCLUSIONS

The use of telemedicine-based interventions is a complementary and clinically viable alternative for effective health care for asthmatic patients. For developing countries, experiences such as ours may be able to encourage self-management of asthma, reducing direct and indirect disease costs, as well as being an applicable and reproducible model for other chronic diseases.

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