

## EDITORIAL

### TEACHING PATIENTS: ROLE OF SUMMER CAMPS FOR ASTHMATIC CHILDREN

*The degree of patient adherence to treatment prescribed for chronic or long-lasting illnesses varies according to the severity of the process, and is dependent upon whether the symptoms are persistent or intermittent, whether they reappear on interrupting or reducing the medication, and particularly on patient awareness of the importance of continuing the treatment even in the absence or presence of only mild symptoms when the instructions of the supervising physician are not followed.*

*These considerations also apply to asthma, where the manifestations may be mild or sporadic despite the fact that the pathogenic substrate of the disease (i.e., inflammation) is present. In turn, the etiological agents (allergens or other environmental elements) are often only present in certain seasons of the year (as in the case of pollen), or in concrete circumstances (as in professional asthma). A lack of treatment compliance is therefore a problem often facing clinicians, who must make their patients understand the reasons for maintaining the medication and the necessary environmental measures for a long (and perhaps indefinite) period of time, in order to reduce the causes and consequences of the illness and prevent its progression - the latter implying a great risk of suffering reductions in respiratory capacity to the point where quality of life is affected<sup>1-3</sup>.*

*It is understandable that asthmatic individuals who suffer symptoms only sporadically, even becoming accustomed to them and assuming that "it is its normality" - as is often the case in adolescents - may refuse to continue the medication with several doses a day, or immunotherapy for years. They may easily forget about the treatment and make use of it only "on demand", as is typical practice with the use of bronchodilators, in the presence of acute or more bothersome symptoms. In such situations good patient information is required regarding the nature of the disease, its causes and consequences, and the progressive character of the process if not treated on a continuous basis - even in the absence of symptoms. Further aspects of importance comprise the correct use of inhalers, the need for periodic controls of respiratory function (peak expiratory flow in the home, where required, or spirometry in the clinic), and the correct use of medication "on demand", or the need to visit the specialist or emergency service in accordance to the intensity of the symptoms - taking care not to fully rely on self-medication in the event of the more intense asthma crises. All this requires good clinical control; periodic visits to*

*the specialist therefore are a necessity often neglected by some patients who believe they have improved of their illness. These problems have been addressed by Rodríguez-Pacheco et al. in this same issue of Allergologia et Immunopathologia<sup>4</sup>.*

*The degree of patient understanding and acceptance will depend on the quality of the information supplied in relation to the nature of the disease, the presence and intensity of the symptoms, mood state, confidence in the supervising physician and, to an important degree, the capacity to understand and the intellectual level of the patient<sup>5</sup>. When the asthmatic patient is a child, it is particularly the parents who receive the information that must be transmitted to the patient, stressing the need to follow all the instructions of the physician (medication, environmental measures, physical activities). In addition to the information that may be received from the physician or auxiliary personnel, and depending on the age of the child, other fundamental considerations for adherence to the prescribed treatment are the capacity of the patient to understand the information, and the influence of the parents<sup>6,7</sup>.*

*In certain cases and situations, summer camps for asthmatic children can play a decisive role for the future of the patients, provided they meet a series of requirements. A first consideration in this sense is the location and conditions of the facilities. Rural settings are sometimes used, though this does not seem to be the best option, due to the presence of animals or their wastes on the grounds or in the vicinity of the camp. For those allergic to certain pollens, places with abundant vegetation may not be a suitable option; very careful patient selection is thus required. In some cases the proximity of the seashore would be more recommendable than the countryside, and in this sense higher altitude mountainous regions would also be adequate, due to better climatic conditions.*

*The duration of the stay also should be taken into consideration. Brief stays of only one week may not be enough for ensuring that the child receives full information. In effect, it is not sufficient to give a talk about each of the aspects of the disease; rather, insistence in words and deeds is needed, over and over again, to ensure that the children become fully aware of their illness. In this sense, perhaps two weeks would be the ideal summer camp duration.*

*Information should be provided on the characteristics of the disease, its evolution, and the need to adhere to the medication and other measures - in order to improve the prognosis. Emphasis must be placed on the fact that the course of the disease can depend on adequate compliance.*

*It is very important to adequately select the children for such summer camps. These are not just holidays but have a concrete objective. Cohabitation among children with the same illness may prove fundamental for psychological support, particularly in the more serious cases. These are the patients that require the most information, though they are also*

*the most reluctant to follow treatment and tend to accept the personal suffering involved, provided it does not affect their activities and social relationships too much.*

*In order to correctly implement all these measures, different professionals are required, in addition to the pediatric allergologist: psychologists, nurses, physiotherapists and auxiliary personnel with training in the illness of the children. These professionals will offer psychological support, promoting optimum cohabitation, training in correct inhaler use and, in sum, will be close to these patients which greatly need such help.*

*The effectiveness of summer camps for asthma has been confirmed in different countries, with improved understanding of the problem among the patients, better treatment compliance, and improved physical activity<sup>8-12</sup>.*

*A different option in relation to these brief stays is offered by Climatic Centers located in mountainous regions, and which are able to house children for longer periods of time. Such centers consequently supervise schooling, and are therefore indicated for more severe asthma cases. In effect, the mountain climate is better suited to these patients, since there is a lesser risk of exposure to allergenic pollen or dust mites, supposing that this climate is not appropriate to its development<sup>13</sup>.*

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