Using a Home- or Clinic-Based Program to Help Older Adults Manage Their Asthma -- The SAMBA Study

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What was the research about?

Managing asthma can be hard for older adults who have several health problems, take multiple medicines, or don't know how to treat their asthma. Older adults may also find it hard to travel to a clinic for asthma care.

In this study, the research team tested an asthma self-management program called Supporting Asthma Self-Management Behaviors in Aging Adults, or SAMBA. The team wanted to learn if patients who received SAMBA at a clinic or at home managed their asthma better than those who received usual care for one year. The team also compared patients who received SAMBA at home with patients who received SAMBA at a clinic.

What were the results?

Comparing SAMBA versus usual care. Compared with patients who received usual care, patients who received the SAMBA program had

- Better asthma control and higher quality of life at six months but not at one year.
- Better medicine adherence and correct use of a metered dose inhaler at six months and one year. A metered dose inhaler uses pressure to push medicine out.
- Fewer emergency room, or ER, visits at one year.

Patients didn't differ in correct use of an inhaler that has medicine in a dry powder form, called a dry powder inhaler.

Comparing home- versus clinic-based SAMBA. After one year, patients who received SAMBA at home or at a clinic didn't differ in asthma management.

Who was in the study?

The study included 405 patients ages 60 and older with moderate to severe asthma from nine primary care clinics around New York City. Of these, 57 percent were Hispanic, 30 percent were black, and 7 percent were white. The average age was 68, and 85 percent were women.

What did the research team do?

The research team assigned patients by chance to receive SAMBA at home, at a clinic, or to have usual care. In the SAMBA program, trained coaches met with patients in person. At these meetings, coaches asked patients about things that made it hard for them to manage their asthma. Then, the coach and patient created a care plan to meet the patient's needs and goals. Follow-up meetings focused on asthma control, medicine use, the right way to use an inhaler, and progress with goals. The SAMBA program lasted one year. Patients who received usual care only had no special asthma care apart from regular treatment at their doctor's clinic.

The research team surveyed patients at the start of the study and again 3, 6, and 12 months later. The

surveys asked about asthma control, quality of life, medicine adherence, and inhaler technique. The team also looked at patients' electronic health records for ER visits.

Patients, clinicians, members of health departments, and health and patient organizations helped with all aspects of the study.

What were the limits of the study?

Fewer patients enrolled in this study than planned, which could have influenced results. The study took place in only one city. Findings may differ in other locations.

Future research could look at ways to maintain improved asthma control and quality of life beyond six months. Researchers could also include more patients from different regions.

How can people use the results?

Patients and clinicians can use the results when considering ways to help older adults manage their asthma.

To learn more about this project, visit www.pcori.org/Federman201.