

Randomized study on the effects of patient centred communication in the follow-up of children and adolescents with asthma.

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To study the effects of changing consultations by starting with the patients agenda on the enablement of children with asthma and their parents to bring forward their questions, worries, problems and beliefs.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Bronchial disorders (excl neoplasms)
Study type	Interventional

Summary

ID

NL-OMON34297

Source

ToetsingOnline

Brief title

Patient centred communication and asthma

Condition

- Bronchial disorders (excl neoplasms)

Synonym

asthma

Research involving

Human

Sponsors and support

Primary sponsor: Isala Klinieken

Source(s) of monetary or material Support: met uitzondering van de analyse van de video-opname zijn de kosten van het onderzoek minimaal en worden uit eigen middelen betaald. De videoanalyse vindt alleen plaats als financiering hiervoor wordt gevonden. Hiertoe is een aanvraag ingedient bij mogelijke subsidieverstrekkers.

Intervention

Keyword: adolescents, asthma, doctor-patient communication, patient-centred care

Outcome measures

Primary outcome

The patient's agenda such as questions, worries, problems or beliefs brought forward by children or their parents during the consultation.

Secondary outcome

The amount of time children and their parents are talking during the consultation

Verbal and non-verbal characteristics of the physician-patient communication

duration of consultations

patient report of communication

self-management: attitude and adherence

asthma control

Study description

Background summary

Nonadherence to medication is common among children and adolescents with asthma. Physician's communication skills are positively correlated with patient adherence. Effective communication improving adherence is characterized by patient-centeredness, such as addressing patient's beliefs and expectations. Physicians' consultations are frequently medically oriented without addressing the patient's perspective. This is caused by consultations being limited in time and the priority the patients perspective is given by physicians. Changing

consultations by starting with the patient's perspective addresses these both causes, as physicians who start consultations with the patient's perspective do not need more time for such consultations. Therefore, putting the patient's agenda in front of the consultation could be an effective way to come to more patient-centered communication.

Study objective

To study the effects of changing consultations by starting with the patients agenda on the enablement of children with asthma and their parents to bring forward their questions, worries, problems and beliefs.

Study design

This study is a randomized controlled trial to an intervention aiming to improve the communication about the patient's perspective during consultations with children with asthma and their parents. The intervention is conducted by 2 pediatric lung physicians and is characterized by different variations in starting the consultation. The effect of the intervention is primarily measured by a qualitative and quantitative analysis of the topics brought into the consultation by the children and their parents. This trial is located at the pediatric outpatient clinic of the Isala Clinics. We expected to include all children and their patients in 1,5 years. Participants will have a follow up of 1 year, to enable for measurement of effects on self-management and health outcome.

Intervention

The intervention is characterized by starting consultations with explicit addressing the patient's agenda. Consultations with patients from the control group will be started by the physician's agenda: the control of asthma.

Study burden and risks

This trial is conducted in children, because the study is aimed at improving asthma care in children. The study does not include any risk for participating children and their parents and the load is minimal. The most important contribution of the participating children is to fill up some questionnaires, taking approximately 10 minutes.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

age 8 - 16 Years
diagnosis of asthma, using maintenance medication with inhaled corticosteroids
no longer than 1 year receiving treatment by the current doctor

Exclusion criteria

comorbidity
Inadequate knowlegde of Dutch language

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Other

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-11-2010
Enrollment:	60
Type:	Actual

Ethics review

Approved WMO	
Date:	30-09-2010
Application type:	First submission
Review commission:	METC Isala Klinieken (Zwolle)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register

CCMO

ID

NL32947.075.10