

A primary care intervention promoting use of an online health community for adults with troublesome asthma: feasibility study results



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THE PROBLEM

- Among 5.4 million people receiving treatment for asthma in the UK, over 2 million experience suboptimal control, disrupting everyday activities and increasing the risk of an asthma attack.
- This costs the UK about £1.1 billion/yr in healthcare services and disability claims.
- Asthma control can be improved via interventions promoting self-management.
- Peer-driven learning and support via engagement with online health communities (OHCs) could complement NHS resources.

THE AIM

- To test the feasibility and acceptability of a primary care intervention for adults with troublesome asthma, in which clinicians promote engagement with the Asthma+Lung UK (ALUK) asthma OHC.

THE APPROACH

- Adult asthma patients were recruited via a survey link sent by text message from their general practice (GP).
- The intervention consisted of a consultation (consent, baseline data collection, demonstration of and sign up to the ALUK OHC), followed by OHC engagement during follow up.
- All participants received the intervention (no randomisation).
- After a 3-month follow-up period, participants were invited to complete an online follow-up questionnaire.

THE FINDINGS

- 423 asthma patients from 11 practices responded (response rate 10%), with 229/423 (54%) fully completing the survey.
- Asthma control was suboptimal, with a mean asthma control test score (ACT) score of 16 (SD 5.5, n=377).
- 78 patients were interested in and eligible for the study; 42 were recruited, 29 of whom completed the follow-up.
- ACT (+2.00, CI +0.53 to +3.46) and general anxiety and depression (GAD-7) scores (-1.71, CI -3.13 to -0.30) improved.
- No adverse events were reported.

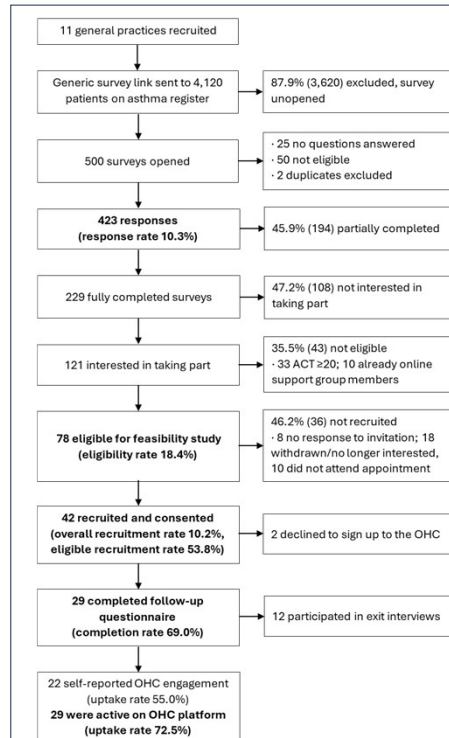


Figure 1. Flow of patients through the survey and feasibility study, indicating key participation rates.

Table 1. Key health outcomes for feasibility study participants at baseline and follow up.

Outcome	Baseline		Follow up	
	N (%)	Mean (SD)	N (%)	Mean (SD)
ACT score	42 (100)	14.7 (4.8)	29 (100)	17 (4.9)
EQ-5D-5L (weighted score)	42 (100)	0.6 (0.3)	29 (100)	0.6 (0.3)
EQ-5D-5L (visual analogue, 0-100)	42 (100)	58.4 (17.4)	29 (100)	58.8 (20.5)
GAD-7 score (range)	41 (97.6)	7.9 (6.2)	29 (100)	5.8 (5.6)
PHQ-8 score (range)	42 (100)	8.7 (5.7)	29 (100)	8.7 (6.6)
General self-efficacy score (range)	42 (100)	30.6 (7.3)	29 (100)	29.7 (7.2)
MARS score (range)	42 (100)	26.2 (4.7)	29 (100)	25.7 (5.7)
<i>Number experiencing asthma exacerbations in last 3 months:</i>				
Not requiring use of healthcare services	27 (64.3)		13 (44.8)	
Requiring visit to GP	14 (33.3)		8 (27.6)	
Requiring visit to A&E	1 (2.4)		2 (6.9)	
Requiring visit to hospital	0		1 (3.4)	

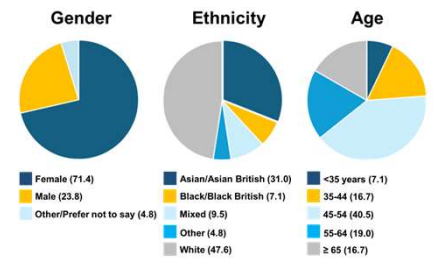


Figure 2. Demographic characteristics of feasibility study participants (n=42). Values in brackets are percentages. Mean (SD) age 51.7 (12.4) years.

Table 2. Levels of participant engagement across the HealthUnlocked platform during first 3 months after sign up and subsequently. 33/42 participants were identified within the OHC platform activity data.

OHC engagement level	Number of participants (% of all identified)
First 3 months	
High (> 50 activities)	6 (18.2)
Medium (5-10 activities)	17 (51.5)
Low (1-4 activities)	6 (18.2)
No engagement	4 (12.1)
Total	33 (100)
After 3 months	
High (> 50 activities)	1 (3.0)
Medium (5-10 activities)	4 (12.1)
Low (1-4 activities)	8 (24.2)
No engagement	20 (60.6)
Total	33 (100)

THE IMPLICATIONS

More than half of survey respondents would consider promotion of an asthma OHC by primary care clinicians, with 1 in 14 already participating in OHCs. The intervention was feasible and acceptable, and did not exacerbate existing inequalities, demonstrating its potential for equitable delivery across a diverse population. Trends towards improved health outcomes suggest that engagement with the OHC may support self-management of asthma.

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