Developmental context may reveal explanations for poor asthma medication adherence among emerging adults.

Illness perceptions and treatment adherence among emerging adults with asthma: Bringing in a developmental perspective

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THE PROBLEM

- 10.3% of the asthma population in the U.S. are between 18-24 years old (Centers for Disease Control and Prevention [CDC], 2013).
- Only ~15-40% of adolescents and emerging adults (EAs; ages 18-29) are adherent to preventive asthma medication.

THEORETICAL BACKGROUND

- The Common-Sense Model of Illness (CSM; Leventhal, Phillips, & Burns, 2016): Asthma representations including “no symptoms, no asthma”
- Theory of Emerging Adulthood (Arnett, 2015): Developmental tasks - Feeling in-between, Quest for autonomy, Greater self-focus, Optimism

AIM

To understand belief systems and sociocultural factors that influence medication adherence for emerging adults with asthma

PROPOSED METHODS

- Design: Qualitative study
- Participants:
  - 30 EAs from an undergraduate population
  - Current asthma diagnosis
  - Prescribed preventive asthma medication (see chart on right)
- Procedure:
  - 1 hour semi-structured interview covering four domains
  - Self report questionnaire of medication adherence, coping strategies, and illness and medication beliefs
- Analyses: thematic abductive approach with Dedoose

PROGRESS TO DATE

- Reasons for non-adherence are expected to align with CSM and highlight developmentally-relevant factors for asthma management during emerging adulthood
- Current stage of work: recruitment and enrollment has begun and will continue through the 2019-2020 academic year (N = 2)

DISCUSSION

- Study addresses an at-risk chronic illness population
- Understanding EAs’ perspectives may enhance current research on the CSM and suggest intervention targets

“I remember towards the beginning when I got the nebulizer. It was advertised like... there was like old people and I felt like I was like only 16 so I was like, wow like I’m...something is wrong with me”

- Female, age 18

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