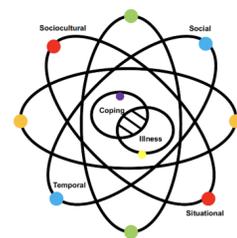


# Developmental context may reveal explanations for poor asthma medication adherence among emerging adults.



THE GRADUATE CENTER  
CITY UNIVERSITY OF NEW YORK



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

Caroline F. Zimmermann, MS<sup>1</sup>, Tracey A. Revenson, PhD<sup>1, 2</sup>, & Michael A. Hoyt, PhD<sup>3</sup>

<sup>1</sup> The Graduate Center, City University of New York (CUNY), <sup>2</sup> Hunter College, <sup>3</sup> University of California, Irvine

### 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

### SCREENING TOOL: PREVENTIVE ASTHMA MEDICATION

**Controllers**

**Inhaled Corticosteroids (ICS): Dry Powder Inhalers (continued from front)**

Amantra Twisthaler mometasone furoate 110mcg Merck	Amantra Twisthaler mometasone furoate 220mcg Merck	Flovent Diskus fluticasone propionate 50mcg GlaxoSmithKline	Flovent Diskus fluticasone propionate 100mcg GlaxoSmithKline	Flovent Diskus fluticasone propionate 250mcg GlaxoSmithKline	Pulmicort Flexhaler budesonide 90mcg AstraZeneca	Pulmicort Flexhaler budesonide 180mcg AstraZeneca
---	---	--	---	---	---	--

**Combination Therapies**

Advair fluticasone propionate, salmeterol 45mcg/21 mcg GlaxoSmithKline	Advair fluticasone propionate, salmeterol 115mcg/21mcg GlaxoSmithKline	Advair fluticasone propionate, salmeterol 230mcg/21mcg GlaxoSmithKline	Advair Diskus fluticasone propionate, salmeterol 100mcg/50mcg GlaxoSmithKline	Advair Diskus fluticasone propionate, salmeterol 250mcg/50mcg GlaxoSmithKline	Advair Diskus fluticasone propionate, salmeterol 500mcg/50mcg GlaxoSmithKline	Airbo RespClick fluticasone propionate/ salmeterol 50mcg/14mcg Teva
--	--	--	--	--	--	---

Note: Partial screener adapted from Minnesota Department of Health, 2017

### Interview Domains

- Experiences with Asthma
- Impact of Asthma on Quality of Life
- Illness Beliefs
- Medication Adherence

*"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

