Importance of Social Support for Adolescents With Asthma

Purpose:

Adolescents worldwide are increasingly affected by asthma and suffer substantial morbidity, emergency room visits, and missed school days. Families of children with asthma bear a heavy economic burden and struggle to control this chronic illness. As emerging adults, adolescents are increasingly practicing self-management and may be aided by family social support in addition to other management aids. Literature is limited on the association between social support and asthma control, particularly among adolescents, a notably vulnerable group. The purpose of this study was to examine the relationship of adolescents’ perceived social family support and their controller medication adherence as a reflection of their asthma control and overall health.

Methods:

Participants were recruited from U.S. metropolitan areas including Buffalo, New York (n=154), Baltimore, Maryland (n=100), and Memphis, Tennessee (n=119) through clinician referrals, self-referrals responding to school or community outreach, study flyers or word of mouth. Eligible criteria were (1) age between 12-20; (2) health provider-diagnosed asthma; (3) persistent asthma; and (4) ability to understand spoken and written English. Adolescent participants completed Horne’s 4-item Medication Adherence Report Scale (MARS) and a 20-item Perceived Family Support (PFS) scale during in-person enrollment meetings along with a demographic form. The Horne MARS includes items such as “I sometimes forget to take my medicines,” and “Some people …miss a dose of their medication or adjust it to suit their needs. How often do you do this?” The validated PFS measures individuals’ perception of their family fulfilling their needs for information, feedback, and support on a 2-point scale, “Yes” or “No”. The PFS includes items such as “Members of my family are good at helping me solve problems” and “I rely on my family for emotional support.” Data collection occurred between March 2015 and April 2017. Data from both the MARS and PFS were classified into 2 categories - high (score >10) and low medication adherence, and high and low (< 25th percentile) perceived family support, respectively. Contingency table analysis including chi-square statistic.
was performed to examine the relationship between medication adherence and family support.

**Results:**
The majority of adolescent participants (N=373) were younger (≤ 17 years, 96%), African American, Asian or Bi-racial (85%) and Medicaid insured (72%). Only 28% reporting controller medication use during 8 or more days over the past 2 weeks. Participants positively endorsed most social support items, however, receiving and providing social support from and to their family members were less often positively reported. Unadjusted results indicate that significantly more adolescents with low MARS scores reported lower social support (Low Social Support: Low MARS: 41.7%, High MARS: 27.9%; $\chi^2 = 5.55$, df=1, p=0.018).

**Conclusion:**
Asthma is a chronic condition that is challenging for many adolescents globally. It is important for nurses and other health care providers to understand that family social support may affect the wellness of these adolescents. Nurses who work with adolescents, such as school nurses, home health nurses, and pediatric nurses, are in a unique position to tailor their care to improve asthma control through adherence to controller medications. Giving additional support and education to these adolescents may effectively promote optimum health in this vulnerable population.

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**Title:**
Importance of Social Support for Adolescents With Asthma

**Keywords:**
adolescence, pediatric asthma and social support

**References:**


**Abstract Summary:**

Childhood asthma is a worldwide problem with increasing prevalence. Adolescents (N 313) completed the Perceived Family Support Scale. Data showed that lower social support was associated with low medication adherence. Nurses can identify adolescents who feel and experience a lack of family support and enhance their nursing care accordingly.

**Content Outline:**

1. Purpose
   1. Pediatric asthma in the US and worldwide
     2. Epidemiology
   2. Impact of social determinants
   3. Burden on family
   2. Importance of social support for adolescents with asthma
   3. Asthma self-management among adolescents

2. Methods
   1. Setting and sample
   2. Data collection and measurement
   3. Data analysis

3. Results
   1. Sample characteristics
   2. Factors associated with social support

4. Conclusion
   1. Adolescence as a period with unique challenges for those with chronic illness such as asthma
   2. Family social support in adolescence particularly those in difficult circumstances
   3. Nursing role in working with adolescents with asthma

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**Primary Presenting Author**

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