



Asthma UK Centre
for Applied Research



Topic: Introduction
1. Are you happy to continue with the interview?
Topic: Context, beliefs and behaviours
1. Can you tell me about your experience of working with people with asthma, and in what context?
2. What do you think brings people to the Emergency Department for their asthma? Probe: non-clinical reasons (culture, deprivation, out of hours, challenges with accessing GP) Probe: anxiety Probe: escalation management – action plan? Probe: UTC vs ED
3. What do you think are the attitudes of the patients you see to their asthma? Probe: seriousness? Probe: their sense of control?
4. What do you think their attitudes are to their asthma medications in particular? Probe: reliever/preventor Probe: necessity? Probe: adherence
Topic: Beliefs and behaviours on current asthma management
1. How confident do you feel with your asthma care? Probe: educating Probe: action plans? Probe: technique? Optimise devices?
2. What things do you consider/do when you make changes? (are you a prescriber?) Probe: guideline use Probe: device type Probe: regime – ie OD or BD? Probe: technique? Probe: aftercare/follow-up? Probe: SABA use?
Topic: Acceptability and feasibility of MART in the ED
1. How do you/would you feel about ED making a change to a patient's long-term management for a chronic condition when seeing them in the ED e.g. changing preventer inhalers? Probe: capability? Probe: knowledge/skills Probe: appropriateness of timing? Probe: accessing different groups of patients?



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2. What are your thoughts on MART?

Probe: what is your experience of stopping the salbutamol inhaler and moving to a MART regime?

Information for those who need it: MART is a single inhaler containing the combination of an inhaler corticosteroid and formoterol, a specific long-acting bronchodilator, for both maintenance and quick relief therapy – and is currently recommended by the Global Initiative for asthma in from step 1 in asthma management.

Fundamental to MART is that this inhaler provides quick relief of asthma symptoms, similar to salbutamol. This means many people may not need a separate blue/reliever inhaler if they were on the MART regime MART also reducing the risk for severe asthma exacerbations and at a lower ICS exposure.

Examples of MART inhalers are: the Symbicort turbohaler; fostair or duoresp spriromax.

3. How would you feel about ED changing a patient to MART?

Probe: capability?

Probe: knowledge/skills

Probe: resources provided

Probe: linking primary care/ED

4. What might support you to prescribe MART in ED / support you if MART was prescribed in ED?

Probe: TDF domains

Topic: Discharge from ED

1. What is your role when patients are discharged from the ED following their asthma presentation?

Probe: education, safety-netting, action plan, resources

2. What do you think is important to people when they are discharged from ED following an asthma exacerbation?

Topic: Conclusion

1. Do you have anything further you would like to add?