An audit of steroid treatment cards

Abstract

Aims
To evaluate the provision and impact of steroid treatment cards, and in particular to assess the levels of issuing, carriage and accuracy of them. To examine patients' understanding of the purpose of the steroid card and the information provided. To explore factors that influence the issue, carriage and accuracy of steroid cards.

Method
One-to-one interviews with 50 outpatients who were prescribed oral steroids, identified from outpatient clinics of a district general hospital. Patients' steroid cards were checked for accuracy. The dosage stated on the card was confirmed with the patient or a previous prescription. Levels of understanding of the steroid card purpose and the counselling points listed on the card were assessed.

Results
Although most patients had been issued with a card, only half carried it with them. One-quarter of cards had inaccurate information. Not all patients were aware of the five counselling points, with the least number of patients knowing about the chickenpox warning.

Conclusions
Education of patients and health care professionals about the steroid treatment card could be improved. Deficiencies identified in the current card, including limited space for dosing details and important health messages, are not adequately highlighted. They should include a message to urge patients to actively seek their immunity status against chickenpox. Whether our suggested improvements result in better patient understanding of steroid treatment will need further testing.

Introduction
The national steroid treatment card produced by the Department of Health highlights instructions for patients who are prescribed steroid treatment. It also includes a warning about the dangers of contracting chickenpox while taking systemic steroids. The inside of the card allows specific information to be entered, as well as details about a patient's specific treatment regimen. The card only becomes useful when the appropriate details are filled in accurately, especially in relation to dosing directions. Concern has been raised by our principal rheumatology consultant as to whose responsibility it is to issue and update steroid cards and to reinforce important health messages.

In addition to confusion over who should be issuing and updating steroid cards, there is concern about when to issue them. The Committee on Safety of Medicines suggests that patients receiving systemic steroids for three weeks or more should be given a card. However, there is no definitive guidance to address situations where patients' treatment is less than three weeks in duration, or when patients are prescribed topical, inhaled or nasal steroids — and in some cases steroid injections.

It is said that a card may be issued at the discretion of the doctor or pharmacist, but this may seem rather ambiguous for many health care professionals.

To date, little research has been undertaken to evaluate the provision of steroid treatment cards and their impact.

Objectives
The objectives of this audit exercise were to:
- Assess the levels of issuing, carriage and accuracy of steroid cards.
• Examine patients' understanding of the purpose of the steroid card and the information provided on it.
• Explore factors that affect the issue, carriage and accuracy of the cards.
• Suggest changes to improve understanding, issuing, carriage and accuracy of steroid cards.

Methods
Approval was sought from consultants whose patients were included in the study. The ethics committee was consulted, but the scale and nature of the study did not require full application for ethics approval.

The first 50 outpatients identified as taking oral steroids for longer than three weeks in the last 12 months were selected for inclusion. Patients were identified by reviewing the medical notes on the day of their appointment. Any patient taking oral steroid treatment was eligible. Receptionists at the outpatient clinics identified suitable patients and invited them for interview. A researcher (FG) was notified by the outpatient clinic when a suitable patient, who was willing to be interviewed, had arrived. Patients were chosen from a range of specialties including rheumatology, general medicine, surgical, respiratory and gastroenterology. This was done to ensure that a representative sample of patients who had been prescribed oral steroids was recruited from different specialties.

A questionnaire was designed and a
A two-week pilot was carried out to test its validity. The card was amended and a final version was produced.

Patients' steroid cards were checked for accuracy. The dosage stated on the card was confirmed by the patients or by comparison with a repeat prescription if this was available.

Levels of understanding of the purpose of steroid cards and of each counselling point stated on the card was assessed using open and closed

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<thead>
<tr>
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<th>Actual</th>
<th>Target</th>
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<tbody>
<tr>
<td>Issuing of card</td>
<td>46 out of 50 (92%)</td>
<td>100%</td>
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<tr>
<td></td>
<td>22 out of 46 (48%) issued by hospital pharmacists</td>
<td></td>
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<td></td>
<td>16 out of 46 (35%) consultants</td>
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<tr>
<td></td>
<td>2 out of 46 (4%) GPs</td>
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<tr>
<td></td>
<td>1 out of 46 (2%) community pharmacists</td>
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<tr>
<td></td>
<td>5 out of 46 (11%) others</td>
<td></td>
</tr>
<tr>
<td>Not more than one card issued</td>
<td>46 out of 50 (92%)</td>
<td>100%</td>
</tr>
<tr>
<td>Accuracy/ Up to date</td>
<td>20 out of 26 (77%)</td>
<td>95%</td>
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<tr>
<td></td>
<td>10 out of 20 (50%) updated by hospital pharmacists</td>
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<td></td>
<td>9 out of 20 (45%) consultants</td>
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<td></td>
<td>1 out of 20 (5%) patients</td>
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<tr>
<td>Carriage of card</td>
<td>26 out of 46 (58%)</td>
<td>95%</td>
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</tbody>
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Table I. Comparison of actual status of issuing, accuracy and carriage of steroid cards against agreed targets
Results
The usage and accuracy of steroid cards against a predetermined standard or target is shown in Table I. The number of correct responses from each of the two methods of questioning is shown in Figure I. Adding the top and bottom figures together gives the total correct response to a particular question. This provides a better reflection of the true understanding of the five counselling points given on the steroid card.

Discussion
The results indicate that there are still some patients who are not issued a card despite taking long-term systemic corticosteroid therapy. This is an issue for prescriptions initiated in both primary and secondary care. Not issuing steroid cards may partly be due to the confusion over how long treatment with oral steroid should be given before a card is required.

This study shows that the majority of steroid cards were issued by pharmacists and this clearly indicates that although a small number of doctors prefer to issue cards themselves, pharmacists play an important role in ensuring all patients on steroids have a valid steroid card.

Almost half the study population did not carry a steroid card. This can mean either the importance of carriage of steroid card is not highlighted at the point of card issue, patients' understanding of the need to carry a card is not confirmed, or patients choose not to carry one.

In addition some patients were carrying more than one card. This reflects poor understanding of the purpose of the steroid card.

A quarter of the cards issued had incorrect or wrong information. In addition only a minority of patients were aware of the five counselling points on the cards, with the fewest patients knowing about the chickenpox warning.

Education about the steroid treatment card and its relation to steroid treatment is an issue. This education applies not only to patients but also to health care professionals who are in a position to issue and update steroid cards.

The study had a number of limitations. The sample size was small and was restricted to secondary care patients, not exclusively managed by GPs and community pharmacists. In addition sampling was restricted to one hospital. Therefore the results might not fully reflect the wider use of steroid cards in the UK.

Future work should be undertaken with a larger patient sample from primary and secondary care and from different geographical locations.

This study has resulted in the development of newsletters for hospital doctors and community GPs, posters on wards and in patient waiting areas and a guide to help health care professionals decide when to issue a steroid card based on the latest evidence. A report of the deficiencies identified in the current card, with suggestions for improvement has been sent to the Department of Health. The deficiencies identified include limited space for including dosing details and important health messages that were inadequately emphasised. We feel that the card should include a message to urge patients who are unsure of their immunity status against chickenpox to check it.

References

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At the time of conducting this research Flora Cheung was a pre-registration pharmacist. The research won the pre-registration pharmacist award for the East Anglia Region.