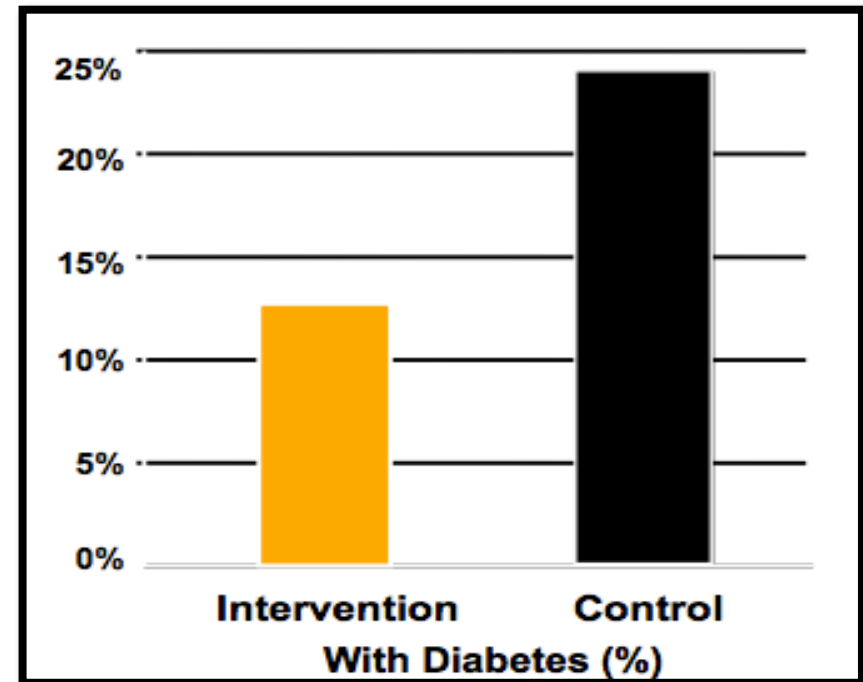


Benefit of Treating The Metabolic Syndrome: Finnish Diabetes Prevention Study:

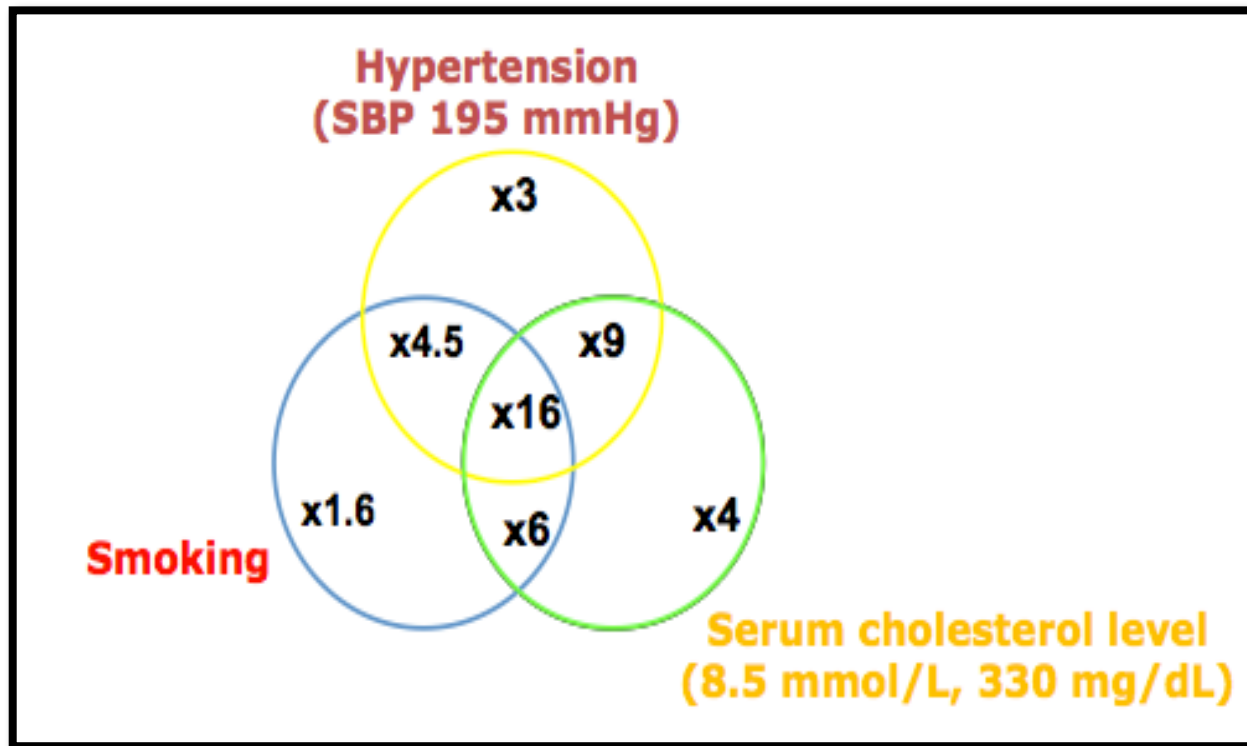
A study was done in 2001 about two groups of diabetic patients "intervention and control by diet and exercise"

The cumulative incidence of diabetes was lower in the intervention group than in the control group. At four years, the cumulative incidence was 11% (95% CI, 6%-15%) in the intervention group and 23% (95% CI, 17-29%) in the control group.



After 4 years, risk of diabetes reduced by **58%**

Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia:



The risk of having CVD:

- with HTN is **greater 3 times** than normal people.
- Hyperlipidemia **4 times**
- smoking **1.6**

Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia:

- Multiple risk factors for CVD are usually present in an individual; rarely do they occur in isolation. **When risk factors co-exist the effect is often exponential; their combined effect is greater than the sum of their individual effects.**
- Multiple risk factors are also associated with the metabolic syndrome which is characterized by dyslipidaemia, hypertension, insulin resistance, visceral distribution of body fat, and a prothrombotic state.

The Rule of Halves in Hypertension:

Half of hypertensive patients **unknown cases**.

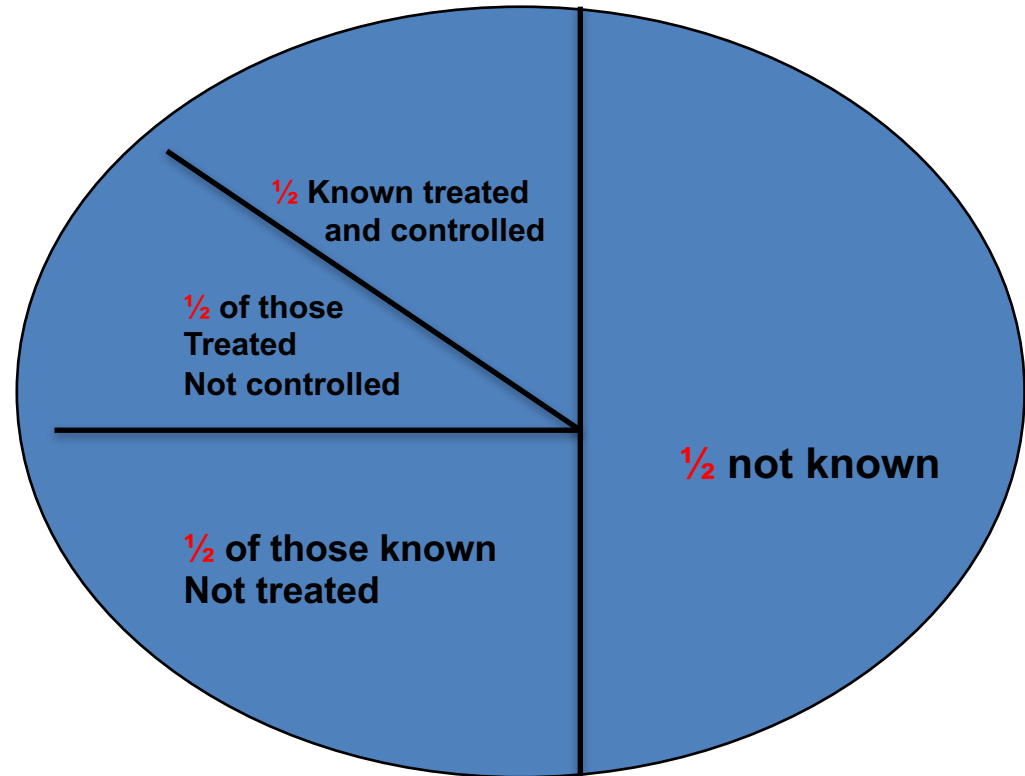
Half of the **known** HTN cases **not treated**.

The other half of known HTN cases, $\frac{1}{2}$ of them treated but **not controlled**, the other $\frac{1}{2}$ treated and **controlled**.

Why the system is failing.?

Cost and less attention on prevention.

Less than one cent of every health care dollar in the U.S. is spent on prevention research.



What is anticipatory care? الرعاية الاستباقية

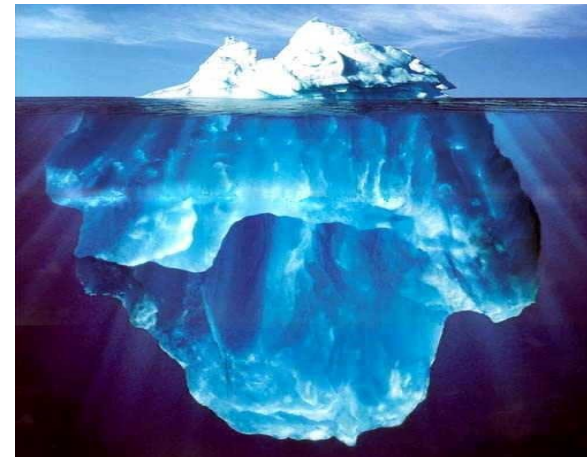
It include all measures which **promote good health** and **prevent or delay the onset of diseases** or their complications.

This care aims to:

- Improve the quality of life
- Reduce the premature disability
- Increased life expectancy

So it denotes “the essential union of prevention with care and curve”

Iceberg Phenomenon



What is anticipatory care? الرعاية الاستباقية

The optimum setting for anticipatory care: **Primary Health Care**

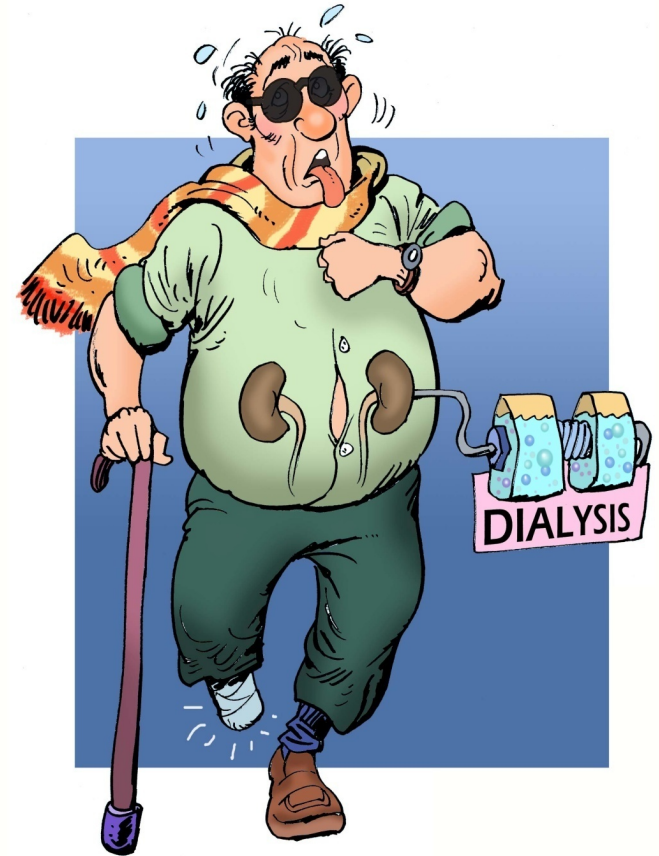
why?

- a. Frequent contacts.
 - b. Defined population.
 - c. Primary-care team.
 - d. Dr.-Pt. relationship.
 - e. Holistic approach.
- Anticipatory care is the integration of **prevention** and **cure**.
 - **PHC service** is the optimal place to apply this care and observe.
 - Every opportunity to be utilize to deliver this care.
 - **Case finding** V/S **formal screening**.

ACCOMMULATION OF HAZARDS:

Risk behavior:

- Unbalanced diet
 - Inactivity
 - Obesity
 - Smoking



Principles of patient education

patient education purposes:

- Conveying knowledge and understanding
- Creating a different attitude or perspective
- Building skills
- Changing behavior

Factors to consider:

- Patient's and family's beliefs and values
- Their literacy, educational level and language
- Emotional barriers and motivations
- Physical and cognitive limitations
- The financial implications of care choices

Factors affect our health; lifestyle **50%**, genetic, environmental ...

Reduce weight by **5%** will improve DM, HTN.

Daily salt intake 5 g

To ensure patient education is effective component of patient care:

- Incorporate it into mission and strategic priorities
- Create environment that encourage pt. education efforts
- Ensure infrastructure to oversee, provide and support pt. education
- Incorporate it policies, procedures and protocol
- Ensure performance improvement address pt. education
- Provide necessary resources (staff, training and materials)

Improving patient education:

- Assess educational and clinical needs
- Include in patient education classes
- Skills lab for patient and family
- Individualize printed materials (?culturally sensitive)
- Educational telephone program
- Self-monitoring diaries for self assessment and learning
- Well prescription (behavior, exercise, diet, stress ,reading ect.)
- Workshops for staff
- Multidisciplinary pt. education committees + pt. +family (needs, design, evaluate)

Challenges to effective education:

- Sensory and physical impairments
- Illiteracy
- Language
- Age
- Social, cultural, spiritual

The value of patient education can be summarised as follows:

- Improved understanding of condition, diagnosis, disease, disability
- Improved understanding of methods and means to manage multiple aspects of medical condition.
- Improved self advocacy in deciding to act both independently from medical providers and in interdependence with them.
- Increased Compliance .
- Patient Outcomes –respond well to plan – fewer complications.
- Informed Consent.
- Utilization – More effective use of medical services .
- Satisfaction and referrals .
- Risk Management - Lower risk of malpractice when patients have realistic expectations.

What is Health Promotion1?

Concept was first introduced in USA 1979

Has evolved to include the **educational, organizational, procedural, environmental, social,** and **financial** supports that help individuals and groups reduce negative health behaviors and promote positive change among various population groups in a variety of settings.

Successful Health Promotion:

- Regular Exercise
- Balanced Diet
- Ideal Body Weight
- No Smoking



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