

PHC

432 Team

3

Anticipatory Care & principles of patient health education



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Objectives

1. Define anticipatory care
2. Recognize its importance.
3. Recall levels of prevention with appropriate examples.
4. Define screening.
5. Recognize its principles.
6. Recall criteria of screening.

What is anticipatory care?

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

❖ This care aims to:

1. Improve the quality of life
2. Reduce the premature disability
3. Increased life expectancy

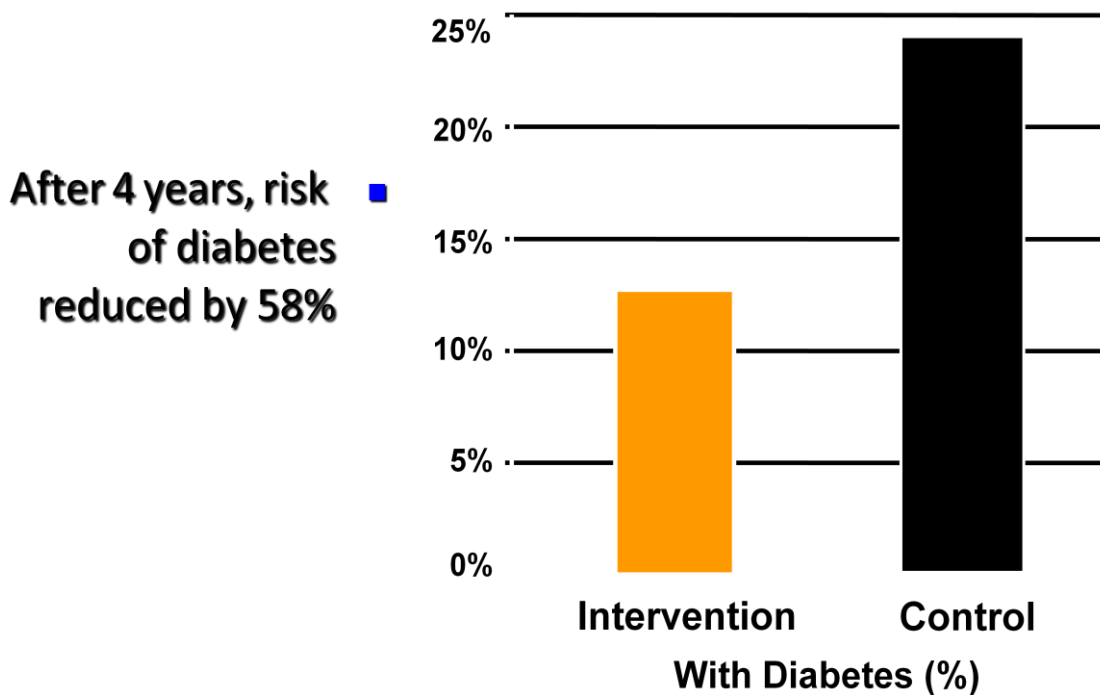
So it denotes “the essential union of prevention with care and cure”

❖ The optimum setting for anticipatory care:

1. Frequent contacts.
2. Defined population.
3. Primary-care team.
4. Dr.-Pt. relationship.
5. Holistic approach.



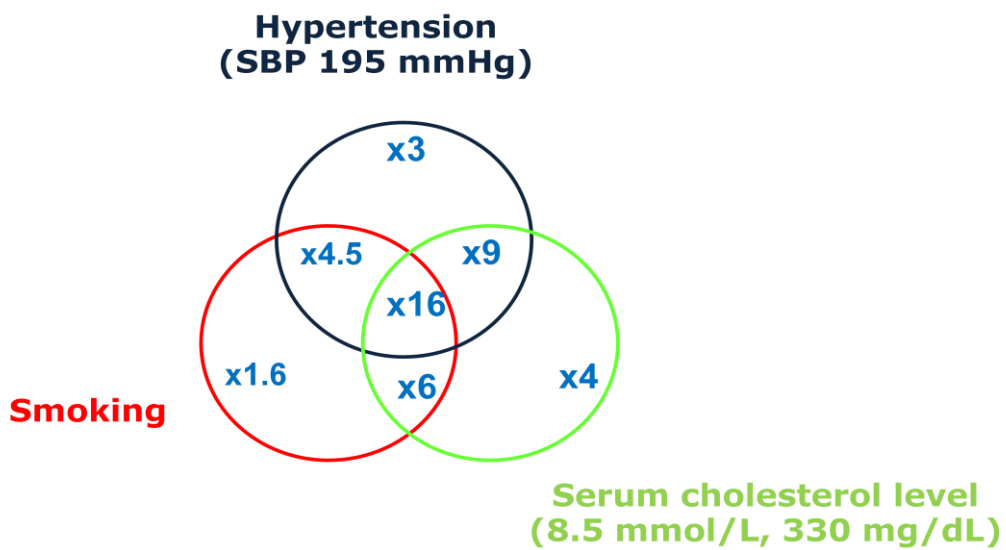
**Benefit of Treating The Metabolic Syndrome:
Finnish Diabetes Prevention Study**



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.

According to the Cox regression analysis of all-persons-years accumulated, the cumulative incidence of diabetes was 58% lower in the intervention group than in the control group.

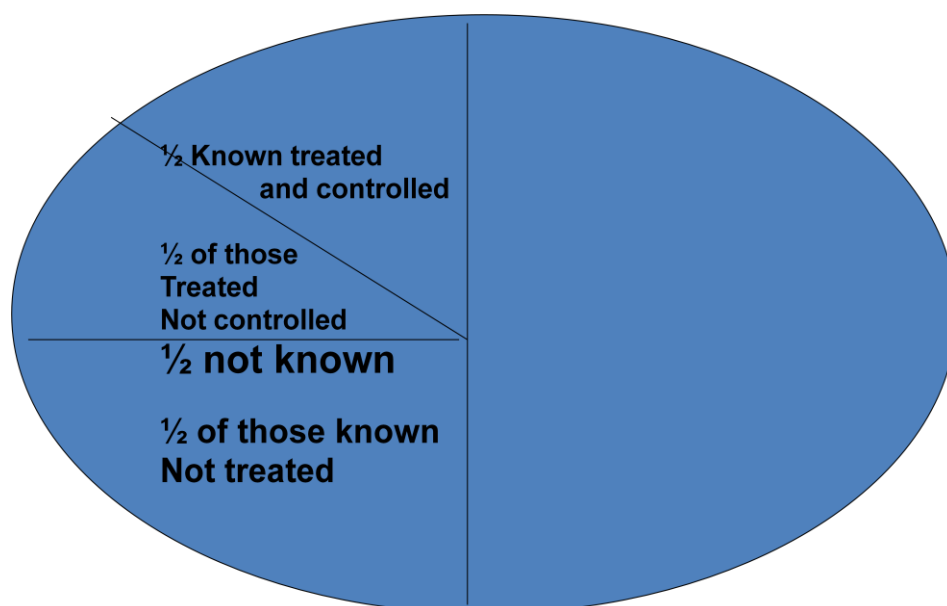
Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia:



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.

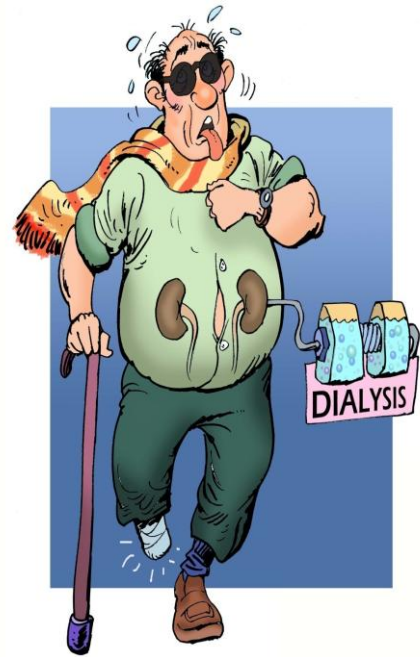
The Rule of Halves in Hypertension:



ACCOMMULATION OF HAZARDS

Risk behavior

1. Unbalanced diet
2. Inactivity
3. Obesity
4. Smoking



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

To ensure patient education is effective component of patient care:

- Incorporate it into mission and strategic priorities
- Create environment that encourage patient education efforts
- Ensure infrastructure to oversee, provide and support pted
- Incorporate it policies, procedures and protocol
- Ensure performance improvement address pted
- 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 ,readingect)
- Workshops for staff
- Multidisciplinary pted 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 Promotion?

- 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



Summary

- **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.**
- **The aim of Anticipatory care are :**
Improve the quality of life , Reduce the premature disability,
Increased life expectancy.
- **The amis of patient education are Conveying knowledge and understanding ,Creating a different attitude or perspective ,Building skills and Changing behavior**

Questions

1) Which of the following is a successful health promotion?

- a) Inactivity
- b) Ideal Body Weight
- c) Smoking
- d) Obesity

2) The aims of Anticipatory care are?

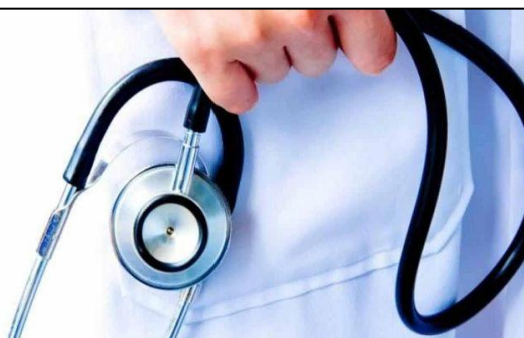
- a) Improve the quality of life
- b) Reduce the premature disability
- c) Increased life expectancy
- d) All of above

3) What is Health Promotion?

- a) reduce negative health behaviors
- b) promote positive change
- c) financial supports
- d) All of above

432 PHC Team Leaders

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Answers:

1st Questions:b

2nd Questions: d

3rd Questions :d