Patient education and health promotion

Objectives:

- Definition of health education
- Definition of health promotion
- Levels of health promotion
- Health promotion planning

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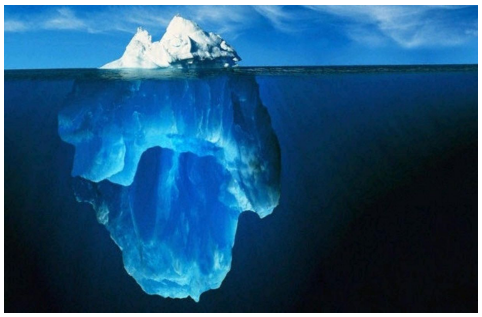
[Color index : Important | Notes | Extra]

References : Slides , doctor's notes , 433 team,435 community team

INTRO:

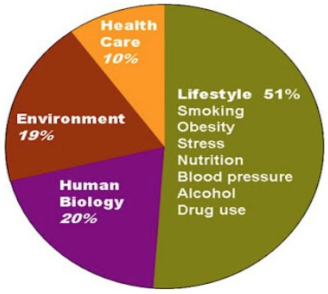
الانترو هذا شرح اضافي عشان توضح الصورة



1) As a healthcare provider, you should manage the current pt. symptoms and look deeply into the causes of such case or to risks (if there were any) then correct them. But that's not an issue as there is a huge number of subclinical/unreported cases وهنا تكمن المشكلة, this phenomenon is well known as the **iceberg phenomenon.**

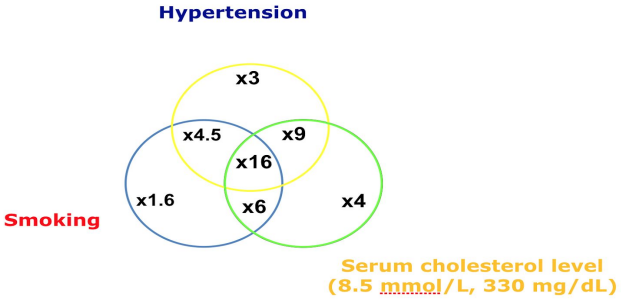
iceberg phenomenon: the shown iceberg represents the incidence (number of newly reported cases), and the rest that's hidden underwater represents the prevalence pool (all individuals of the population who developed the disease). diseases that begin their courses silently are the best representatives of the phenomenon (shout out to 435 community team) . So if we reach to the subclinical/unreported cases and manage them with the related causes & risks we can control and reduce the number of incidence/cases.

2) This study suggest that the lifestyle contribute about 51% of our health, so what do we understand if we manage to change the lifestyle of a pt. with huge risks? we understand that we can provide a good health quality, only if we successfully controlled them with good compliance to the treatment plan, ok that's great abdullah but how can we change the lifestyle & control those risks then ?



It's quite obvious.. BY EDUCATION. You should explain and educate the pt. about his/her condition if it requires meds/operation or nah, and explain the Importance of modifying lifestyle by replacing bad habits with good ones (like healthy diet, moderate exercise ,smoking cessation,etc ..)

❖ Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia:

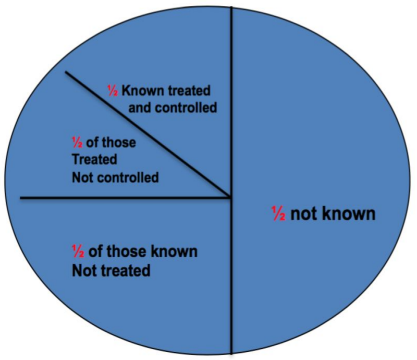


➢ The risk of having CVD:
- with HTN is greater x3 times than normal people.
- Hyperlipidemia x4 times.
- smoking x1.6 times.

➢ 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:



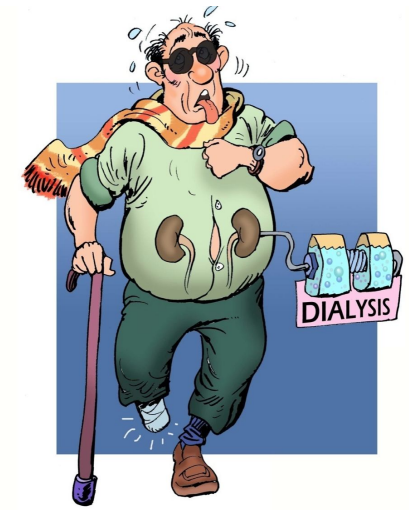
- Half of hypertensive patients are unknown cases. Half of the known HTN cases are not treated. The other half of known HTN cases, 1⁄2 of them treated but not controlled, the other 1⁄2 treated and controlled.

- Why the system is failing?

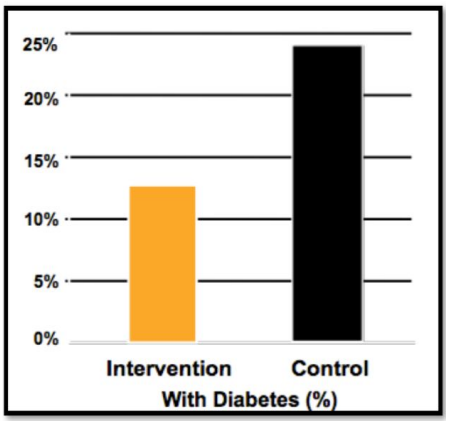
Cost and **less attention** on prevention.

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

❖ ACCUMULATION OF risk factors:



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



➢ A study was done in 2001 about two groups of diabetic patients under the title : "intervention and control by diet and exercise".

➢ The cumulative incidence of diabetes was lower in the intervention group than in the control group. After 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%

http://care.diabetesjournals.org/content/diacare/26/12/3230.full.pdf

Anticipatory care:

❖ What is anticipatory care?

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**" (RCGP-1981).

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

why?

- Frequent contacts.
- Defined population.
- Primary-care team.
- Dr.-Pt. relationship.
- Holistic approach.

❖ What is Health Promotion?

- The Concept was first introduced in USA 1979.
- It 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.

To conclude 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.[1]

❖ Successful Health Promotion:

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

❖ Principles of patient education:

➢ patient education purposes:

1- Conveying knowledge and understanding.
2- Creating a different attitude or perspective.
3- Building skills.
4- 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 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).

[1] it means that new cases are found in phc in which pt put an effort to seek health care and that's against what happen with formal screening in which the health care providers put an effort to reach to these cases so they can provide the needed care

❖ 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.

- These studies demonstrate the effect of lifestyle modification on blood pressure, HTN,D.M,Hypercholesterolemia.

Prevalence of hypertension and risk factors in three national studies

Diseases and risk factors	*Nozha et al (%)	**Stepwise + MOH study (%)	***IHME + MOH (%)
Hypertension	26.1	26	15.2
Diabetes Mellitus	23.7	17.9	13.2
Hypercholesterolemia	54	19.3 (TG40.3)	8.5
Body mass index (BMI)			
A- 30	35.5	36.1	28.7
Overweight	35.6		30.7
Central obesity		29.4	
Smoking	12.8	12.9	12.2
Consuming less than 5 servings of fruits and vegetables / day		93.5	92.8
Low physical activity	96.1	33.8	60.3
Coronary artery disease	5.5		
Metabolic syndrome	39.3		

- *conducted 1995-2000 on more than seventeen thousands Saudis aged 30-70
- **conducted 2004-2005 on 4758 Saudis aged 15-64
- *** conducted 2013 on 11700 Saudis aged 18-65

Intervention	Systolic BP (mmHg)	Diastolic BP (mmHg)	Evidence grade
Diet and weight control	-6.0	-4.8	B
Reduced salt/ sodium intake	- 5.4	- 2.8	A
DASH diet	-11.4	-5.5	B
Physical activity	-3.1	-1.8	D
Relaxation therapies	-3.7	-3.5	B-D
Multiple interventions	-5.5	-4.5	

- Impact of health behaviors on blood pressure (CHEP 2014):