



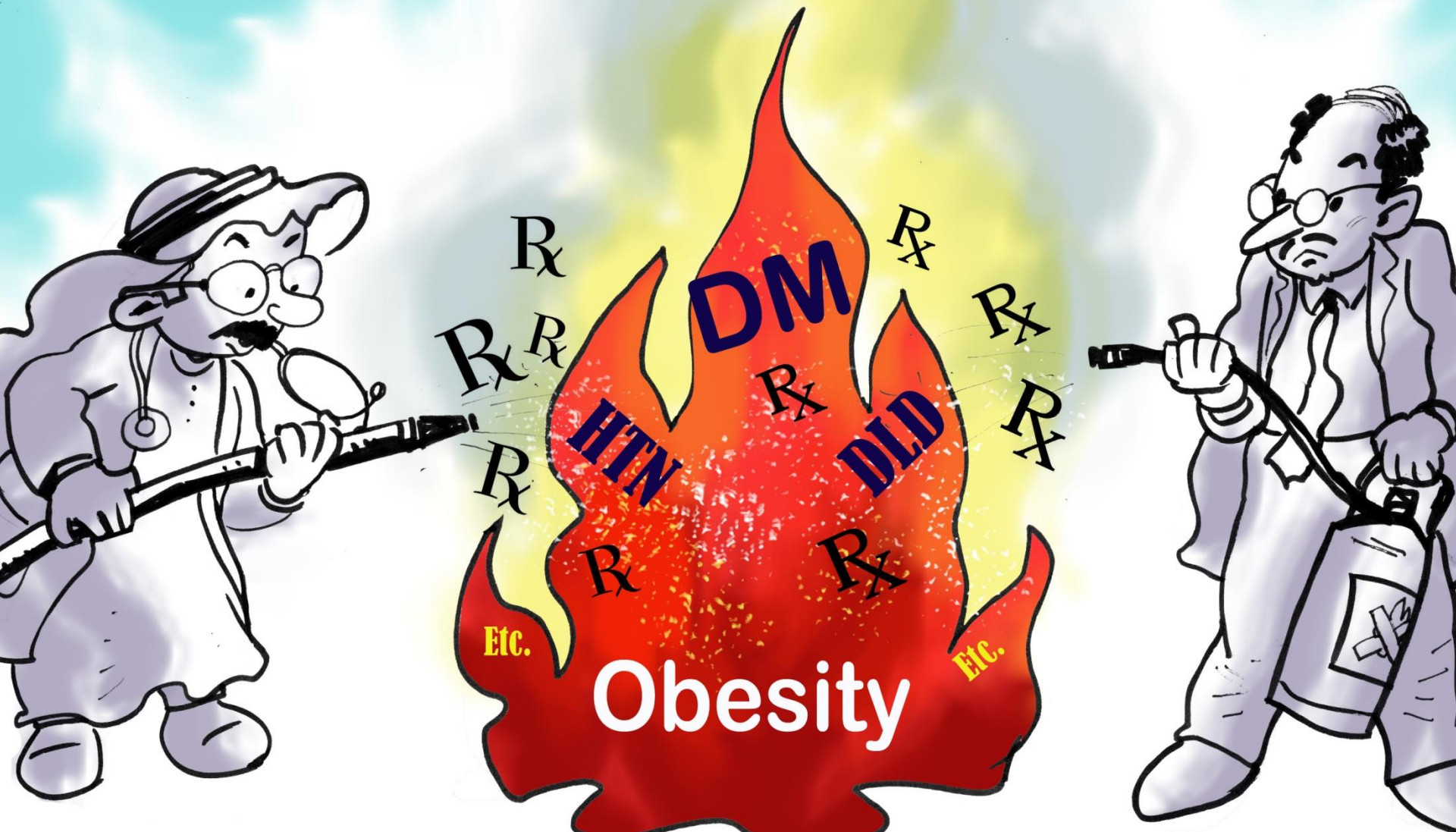
Anticipatory Care & principles of patient health education

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“There I am standing by the shore of a swiftly flowing-river and I hear a cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then, just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in”.

Zola, I.K. “Helping – does it matter? The problems and prospects of mutual aid groups”.

Crises Management



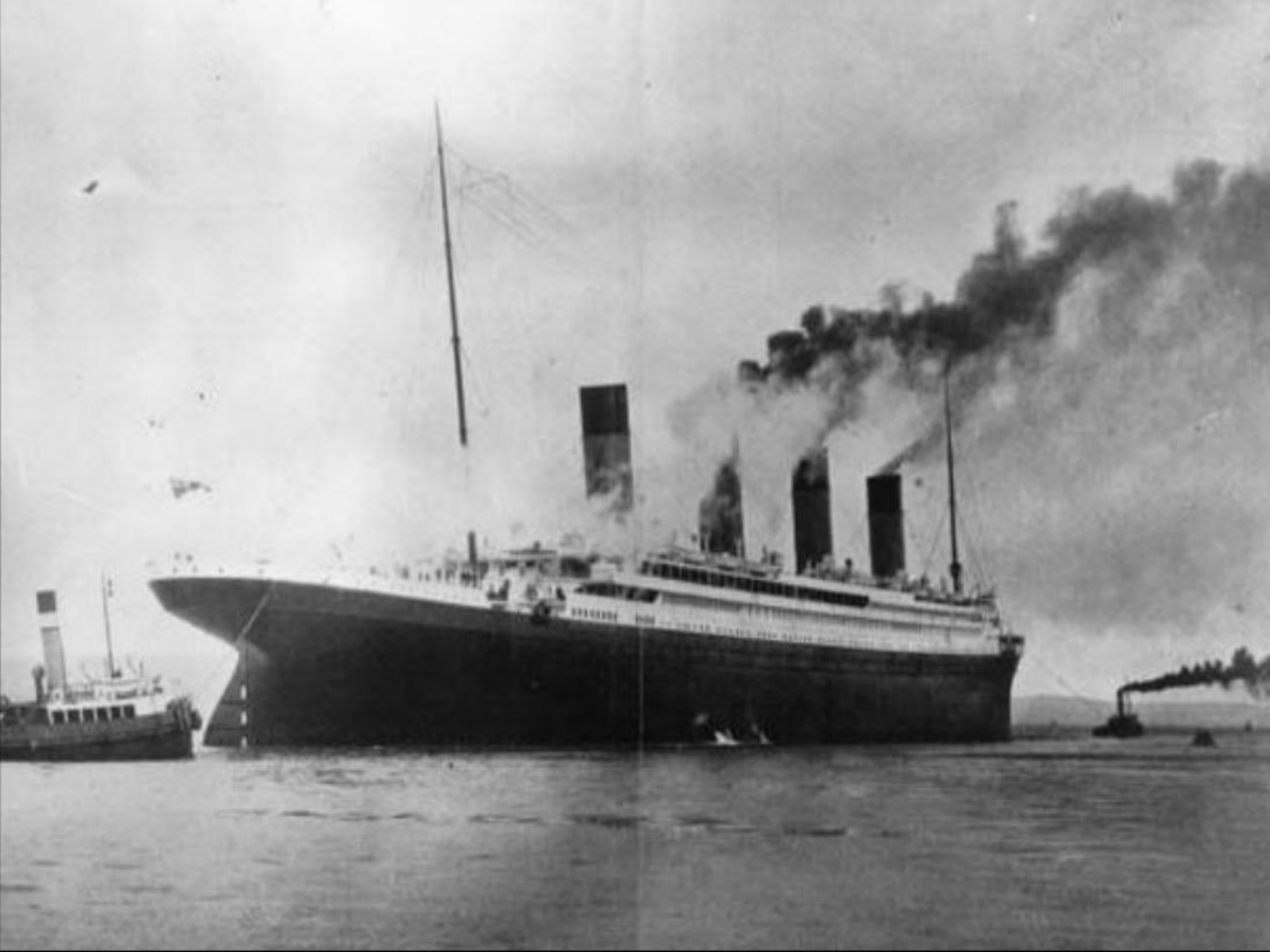
- Cost ?

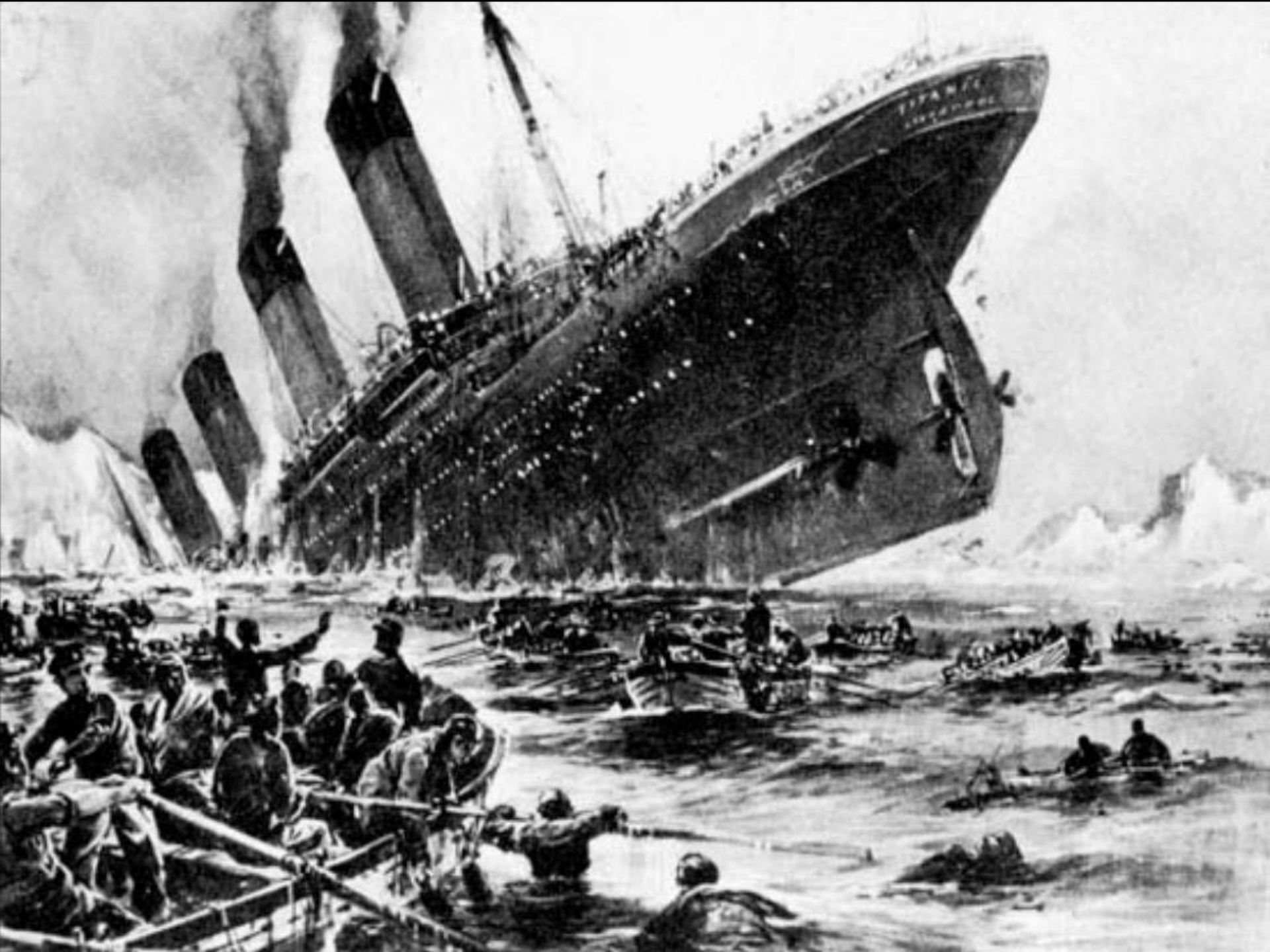
Less attention on
prevention??

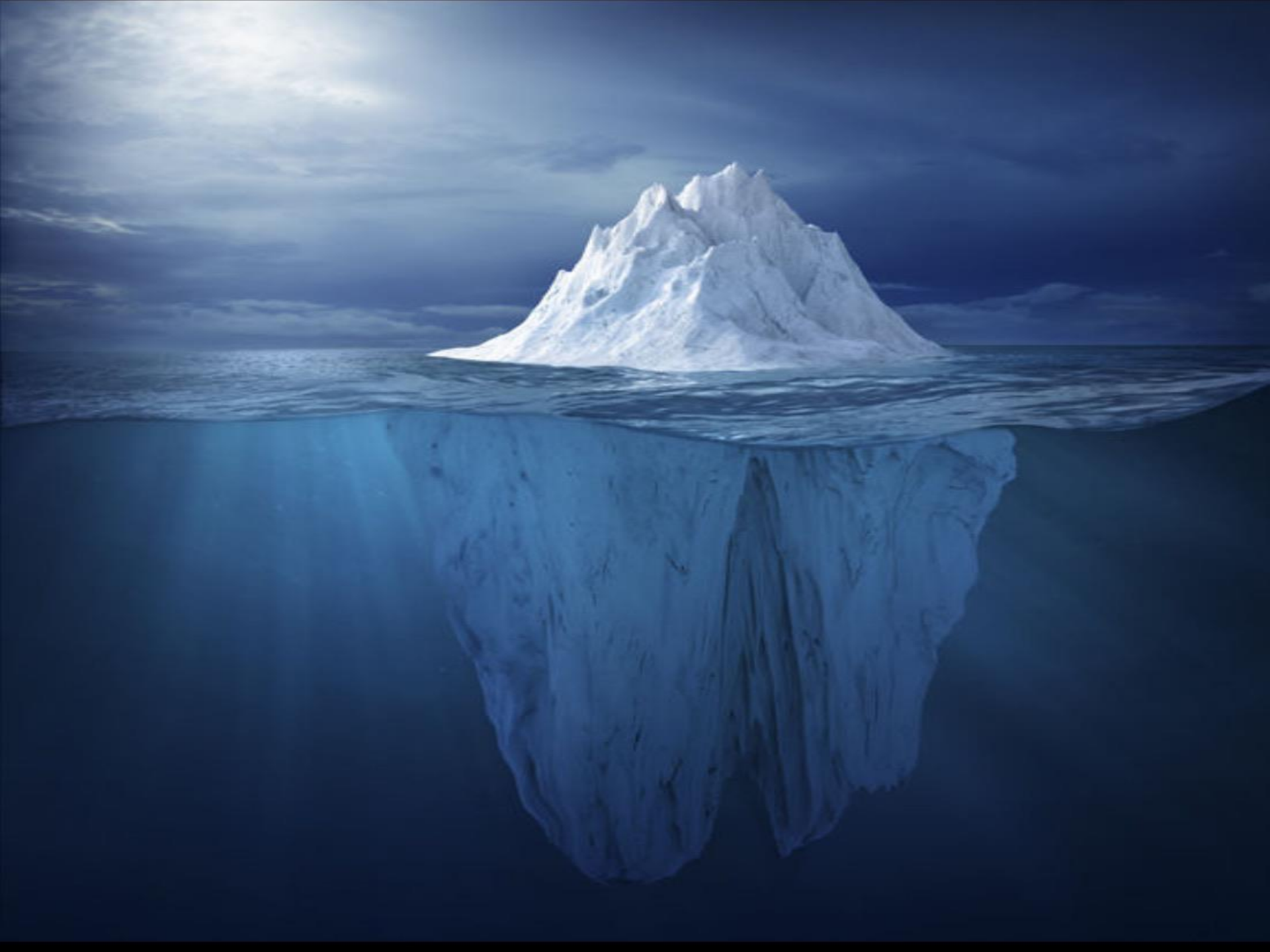
Less than one cent of every health care dollar in the U.S. is spent on prevention research.



Source: America Speaks: Poll Data, Vol. 5, Research!America, 2003.

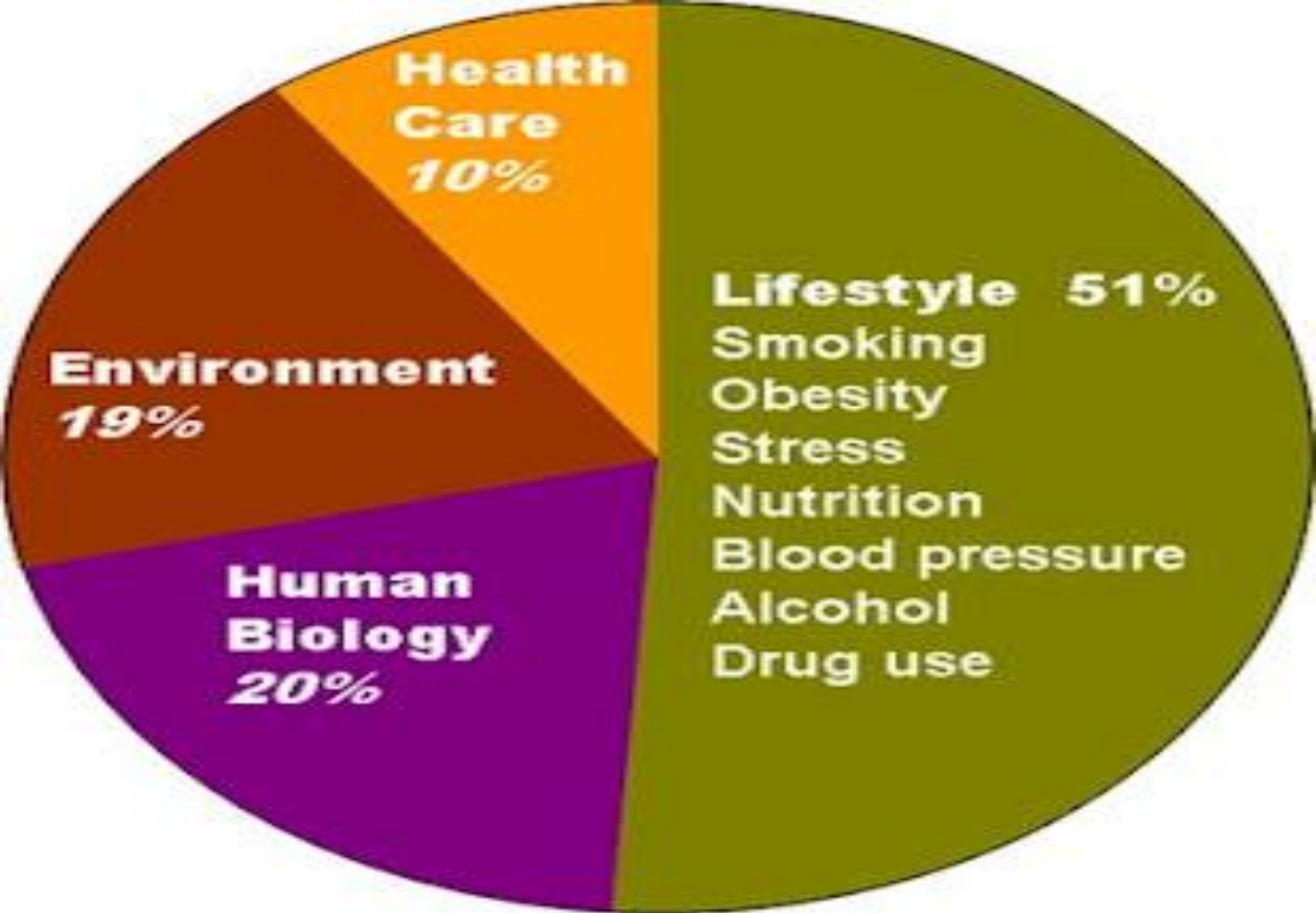






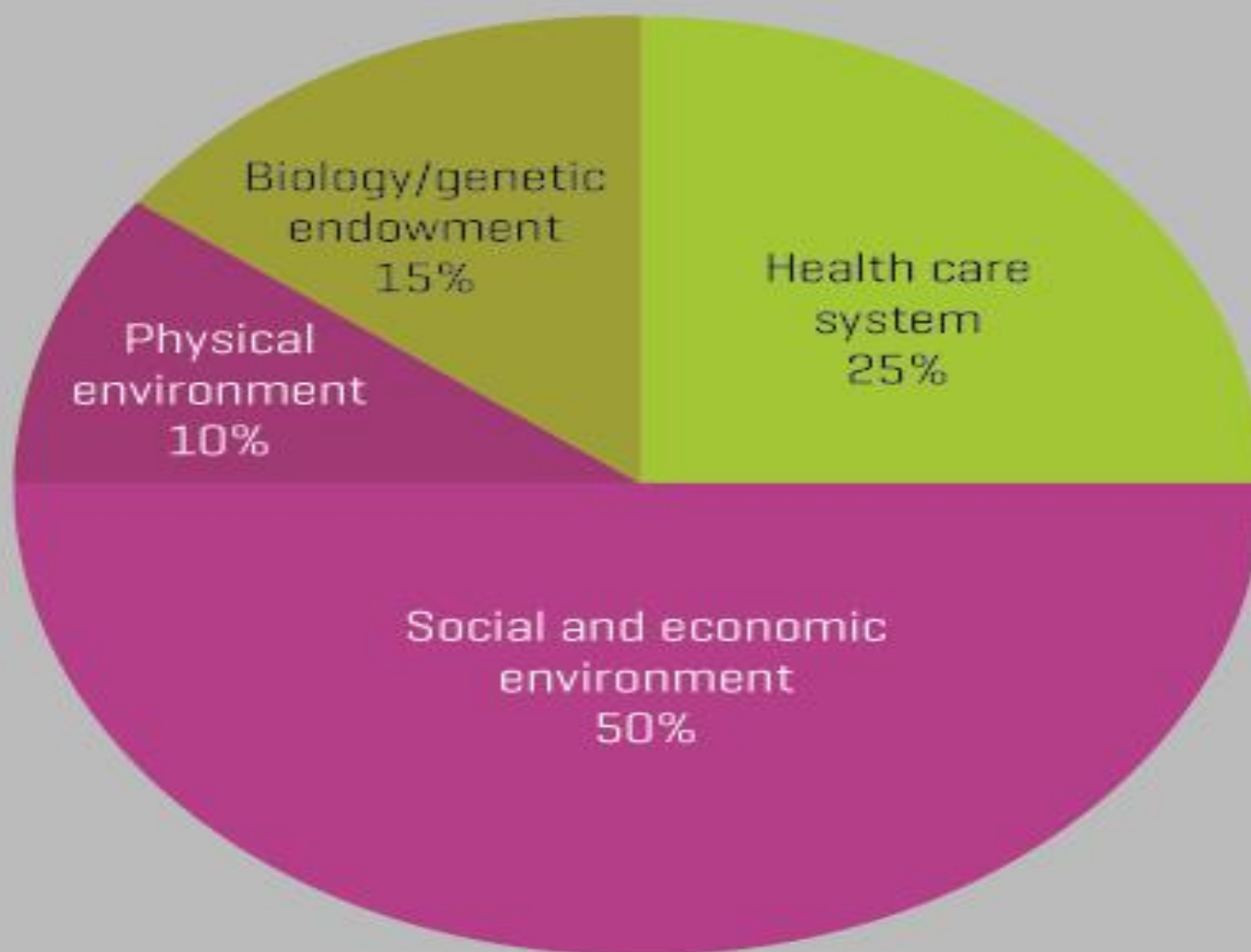
Iceberg Phenomenon





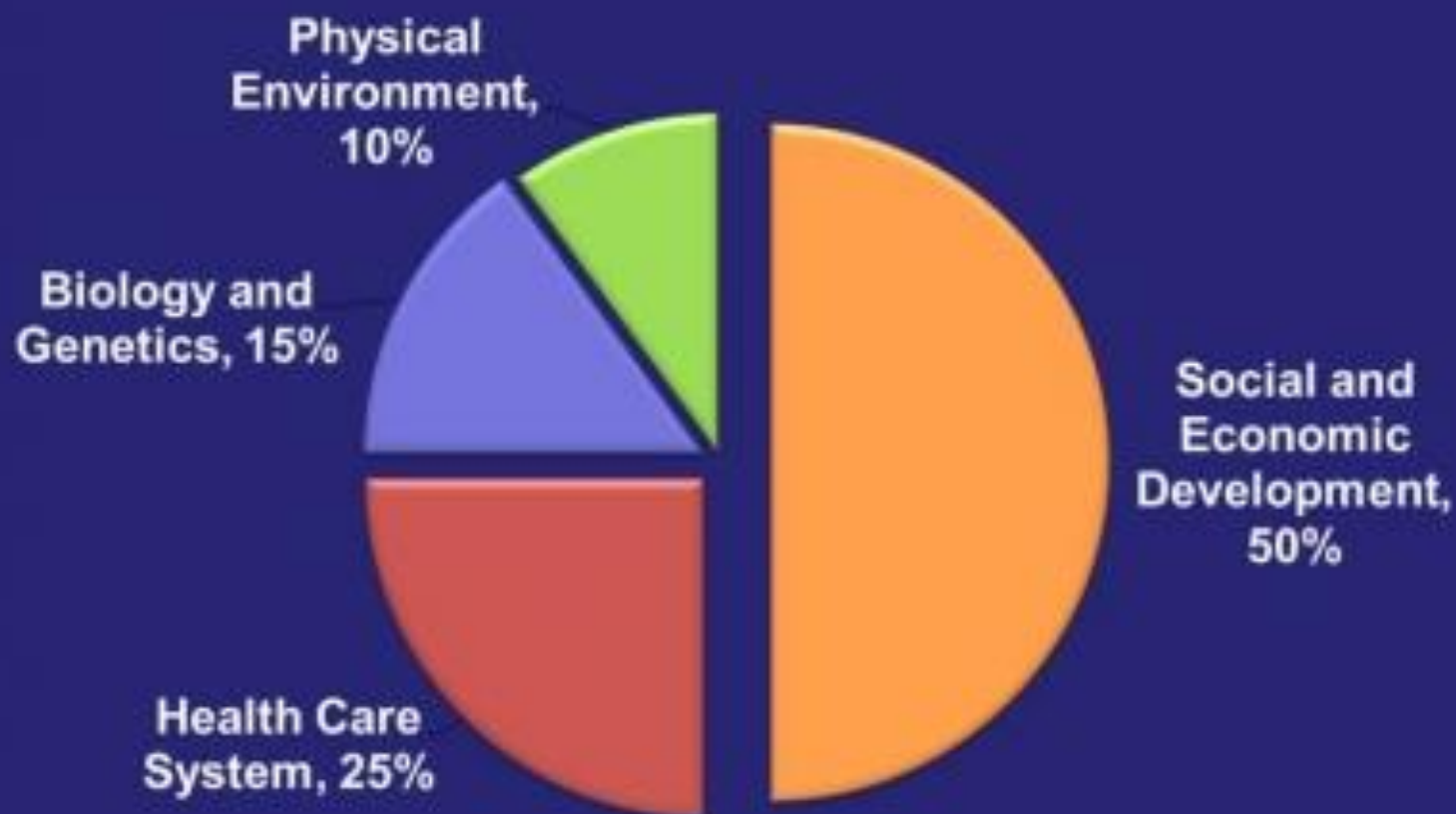
Irwin A, Valentine N, Brown C, Loewenson R, Solar O, Brown H, Koller T, Vega J. The commission on social determinants of health: tackling the social roots of health inequities. PLoS Med. 2006 May

Figure 1 Estimated impact of determinants on health status of the population



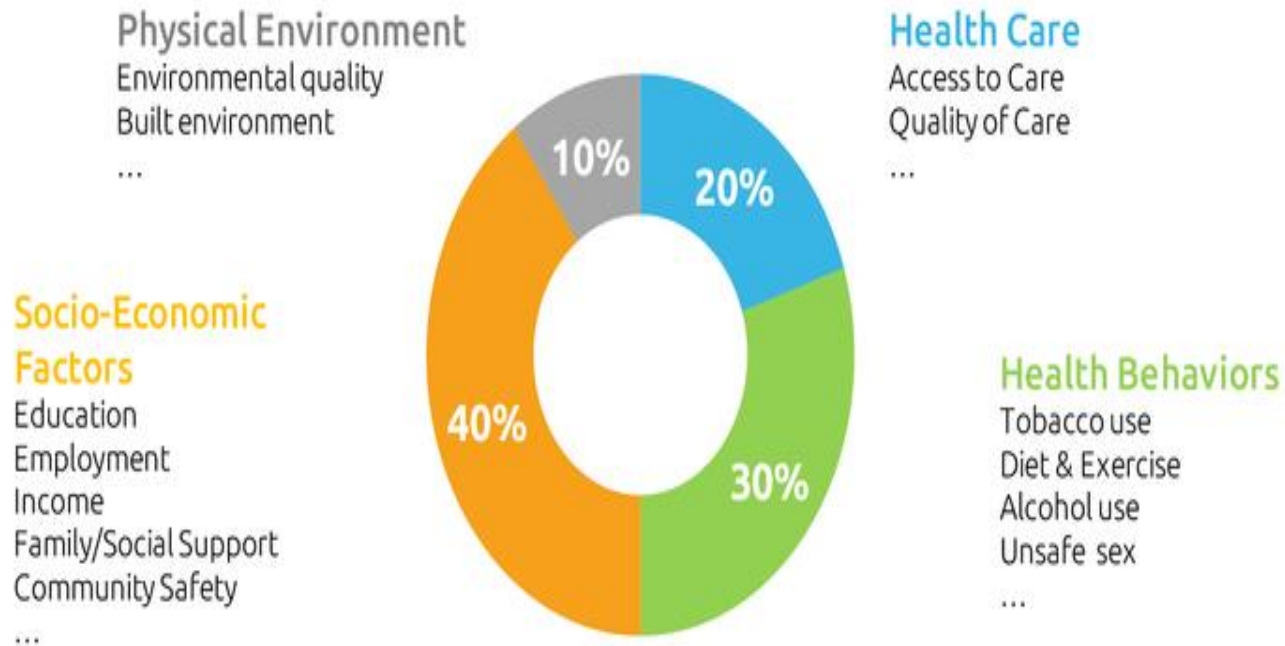
Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002

Estimated Impact of Social Determinants of Health



Source: Adapted from The Health of Canadians - The Federal Role, Volume One: The Story so Far, March 2001, Standing Senate Committee on Social Affairs, Science and Technology

SOCIAL DETERMINANTS OF HEALTH



Source: Authors' analysis and adaptation from the University of Wisconsin. Population Health Institute's County Health Rankings models 2010, <http://www.countyhealthrankings.org>

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 (TG 40.3)	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		

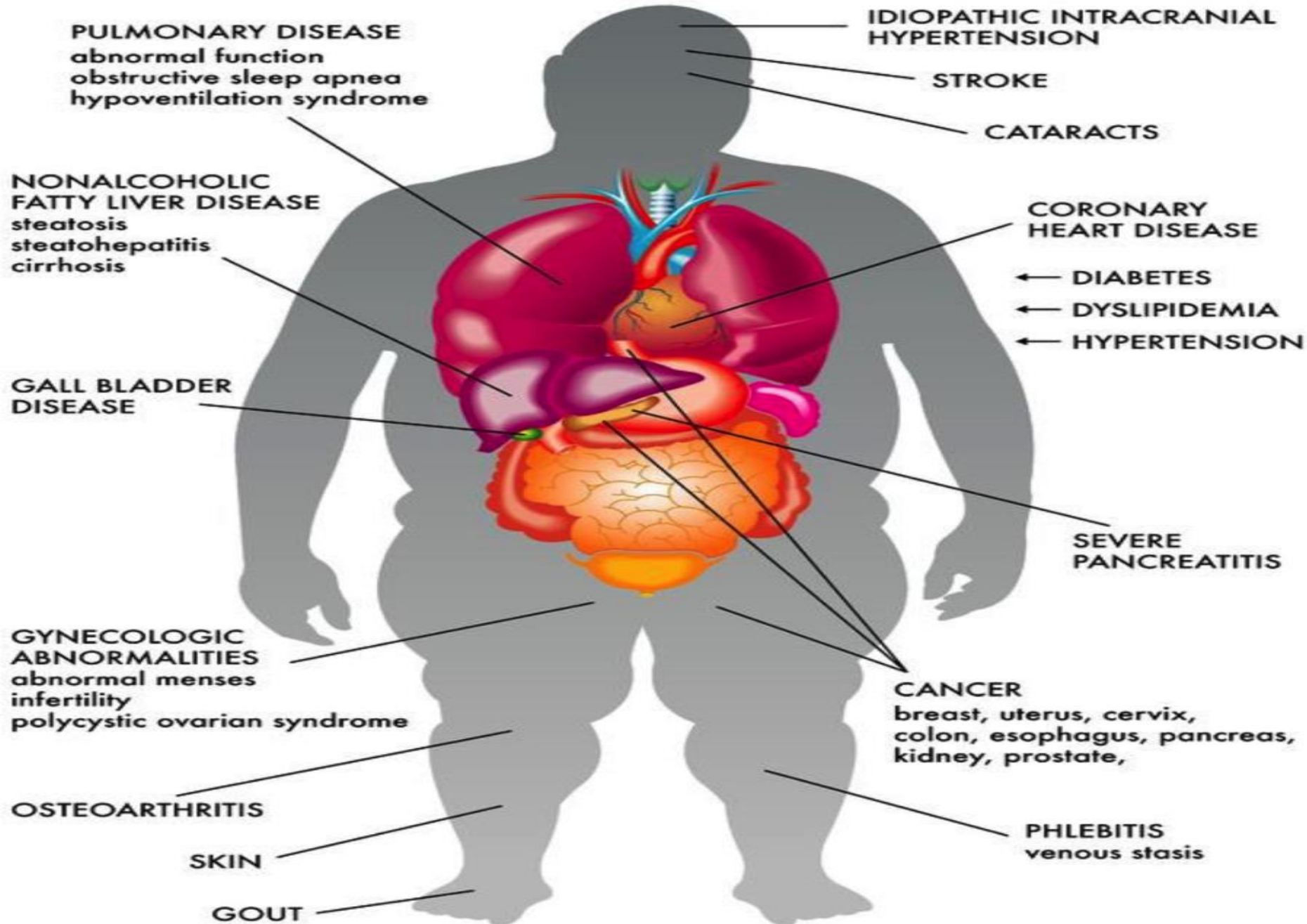
- *conducted 1995-2000 on more than seventeen thousands Saudis aged 30-70
- **conducted 2004-2005 on 4758 Saudis aged 15-64
- ***conducted 2013 on 11700 Saudis aged 18-65





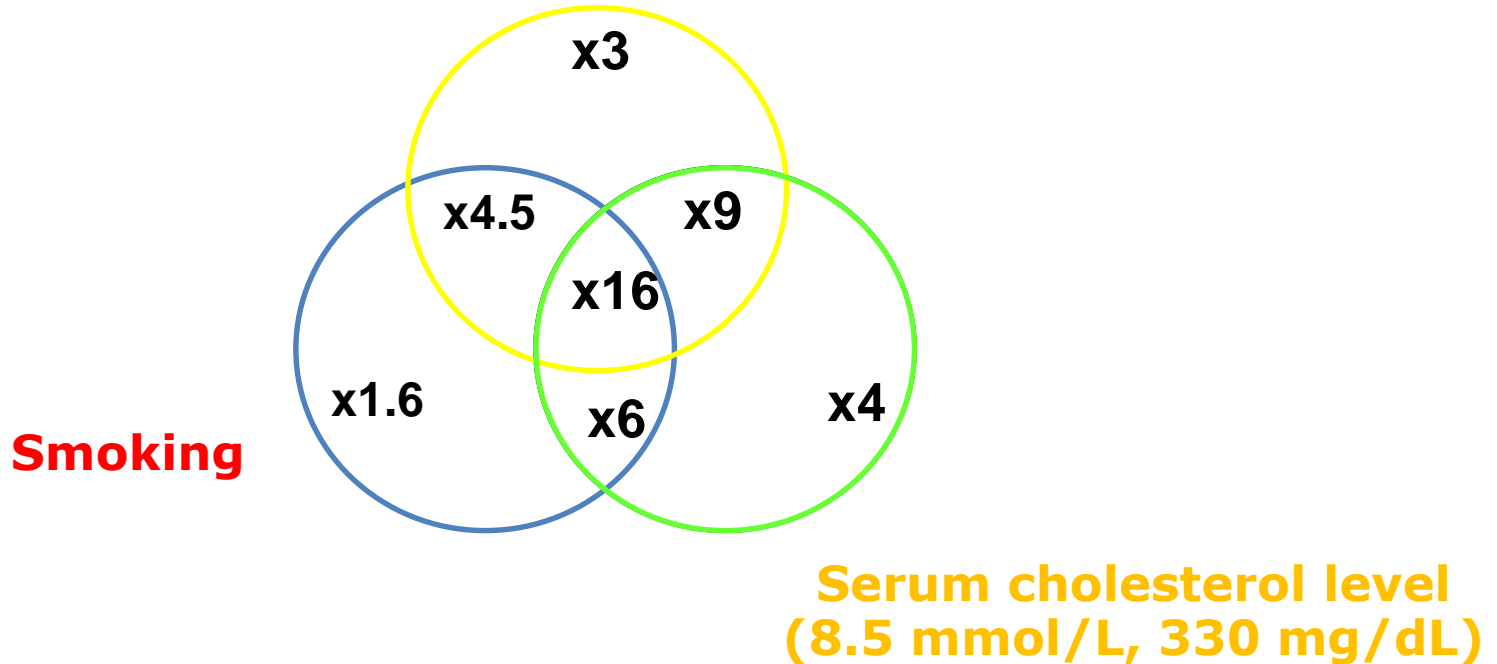
Obesity

medical complications

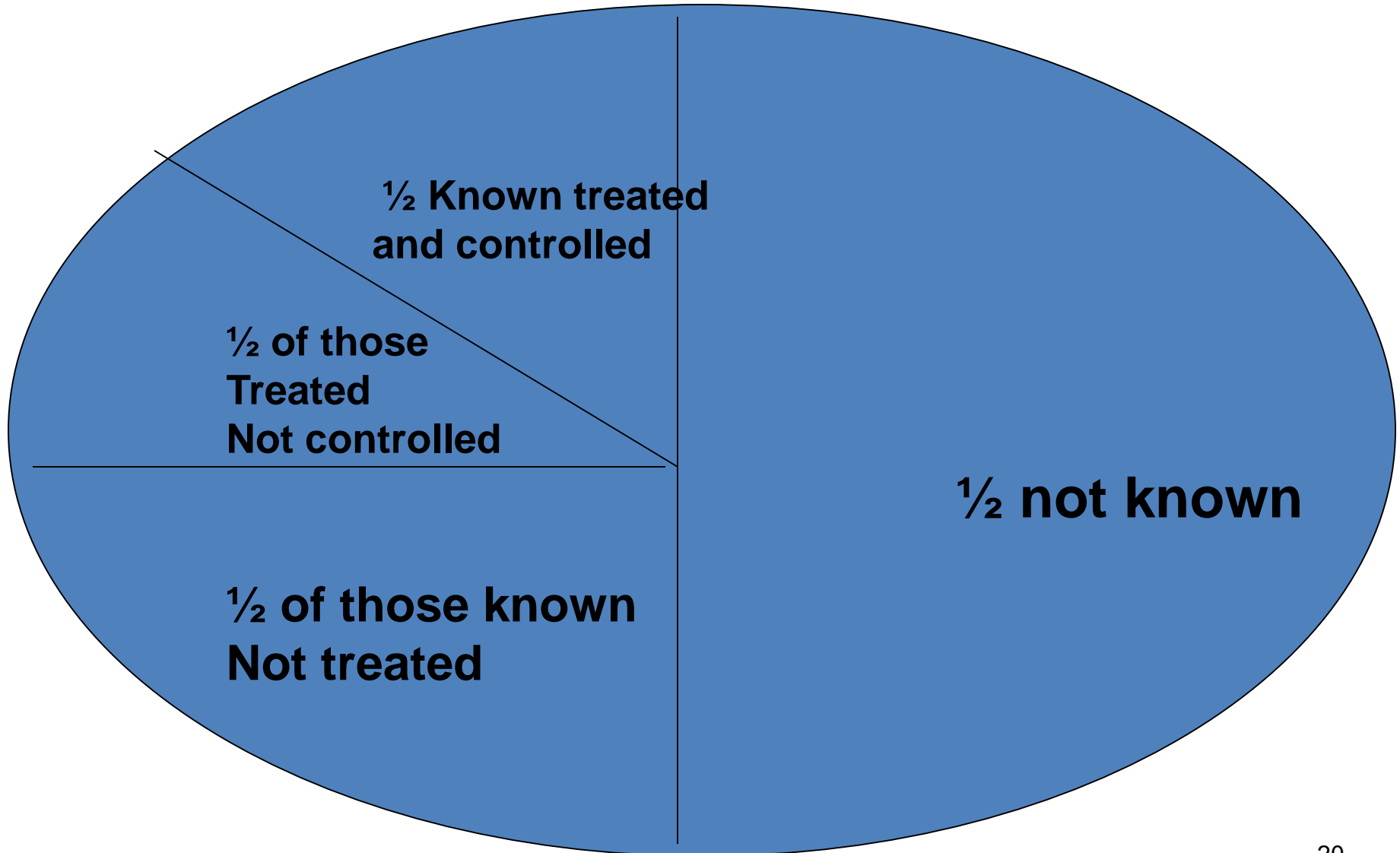


Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia

Hypertension

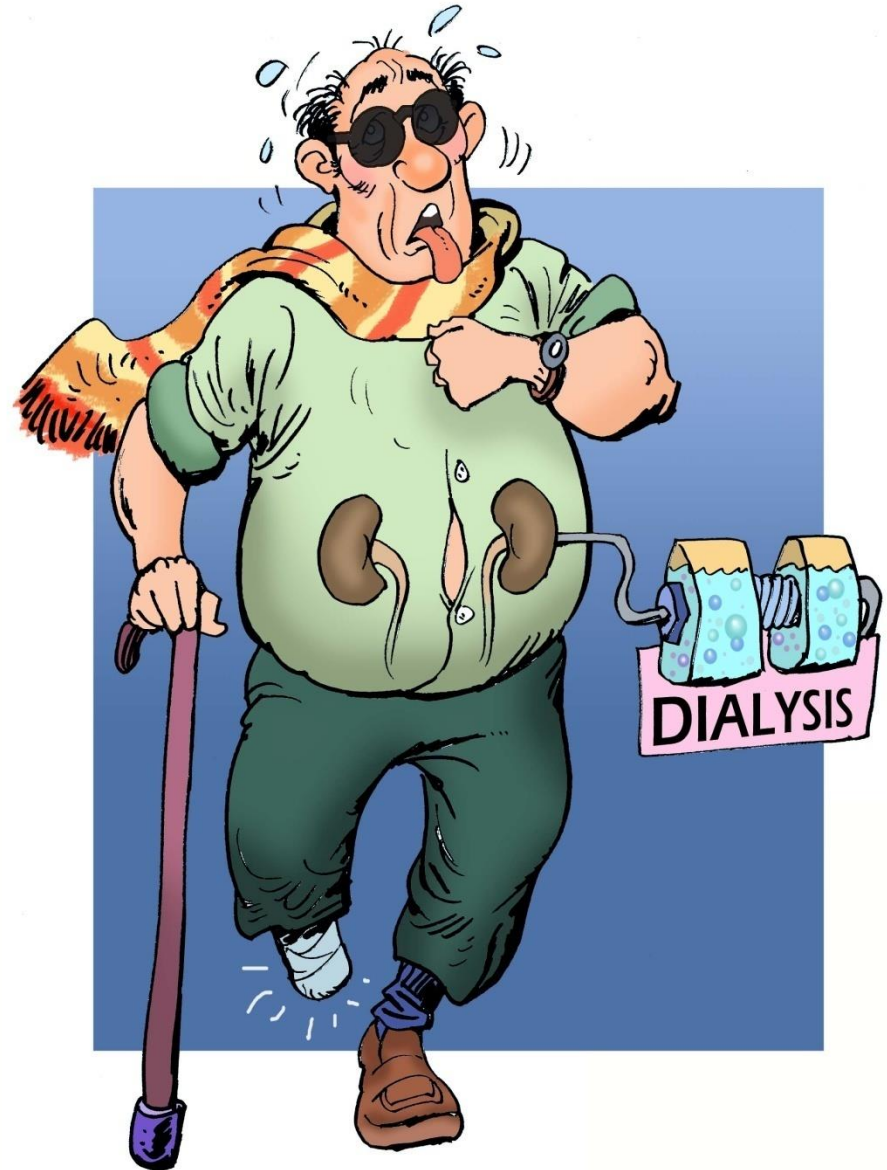


The Rule of Halves in Hypertension



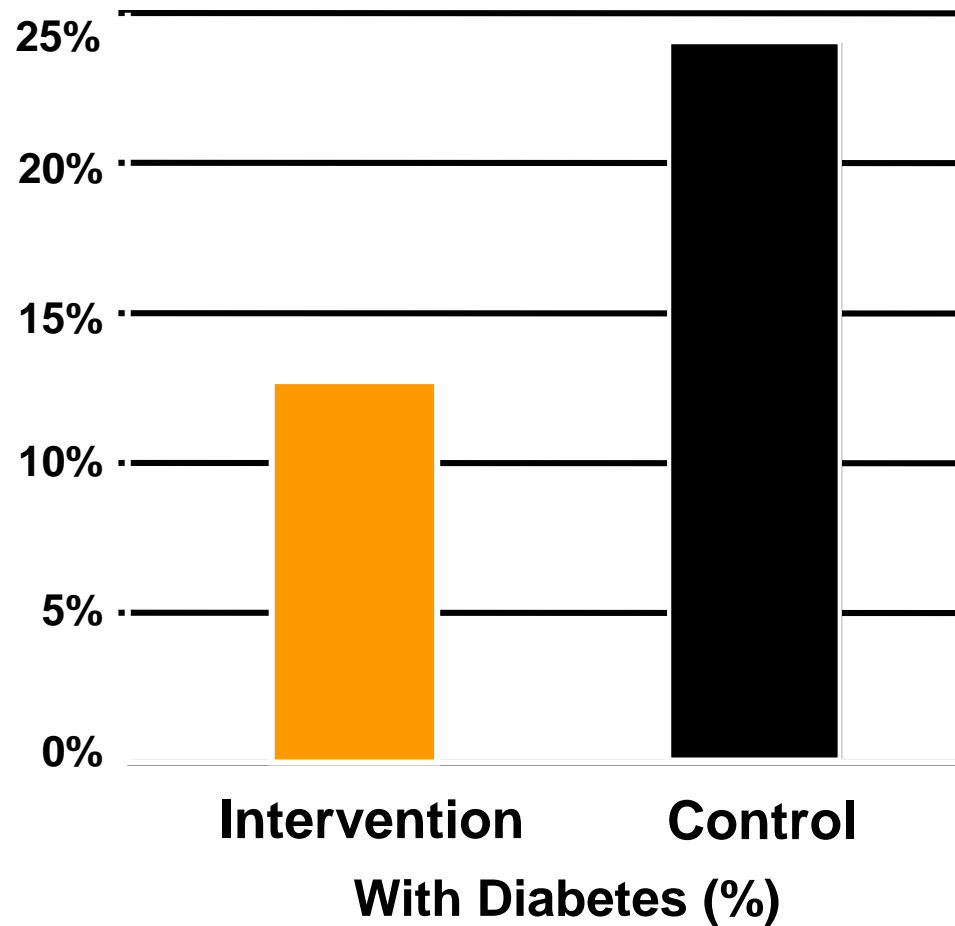
ACCOMMULATION OF RISK FACTORS

Risk behavior
Unbalanced diet
Inactivity
Obesity
Smoking



Benefit of Treating The Metabolic Syndrome: Finnish Diabetes Prevention Study

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



Impact of health behaviors on blood pressure

CHEP 2014

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	-5.5	-4.5	

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 cure”
(RCGP-1981).

The optimum setting for anticipatory care:

Primary Health Care.

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



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

To ensure pt ed is effective component of pt care

Incorporate it into mission and strategic priorities

Create environment that encourage pt ed efforts

Ensure infrastructure to oversee, provide and support pt ed

Incorporate it policies, procedures and protocol

Ensure performance improvement address pt ed

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 ed 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

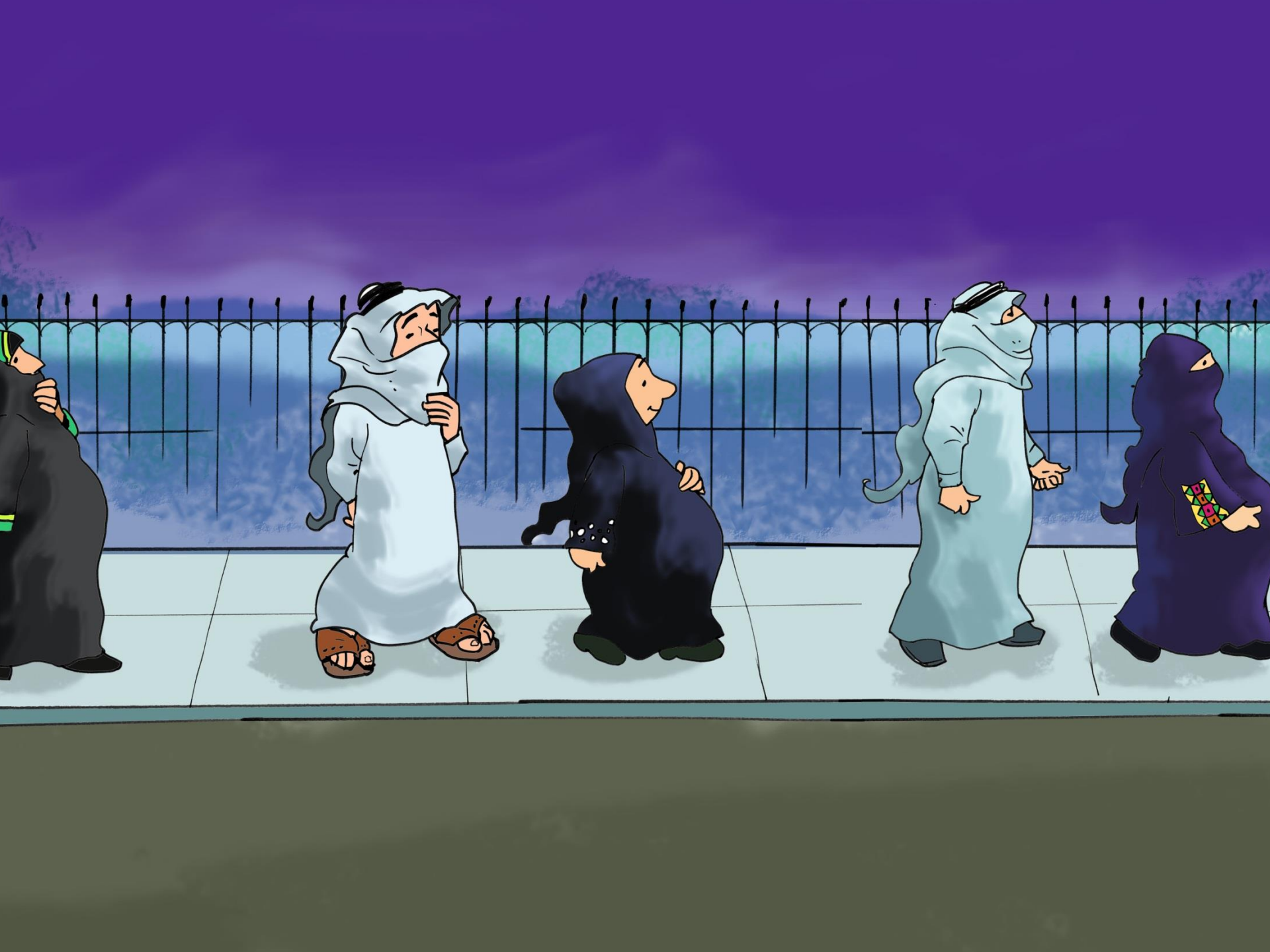
Has evolved to include the educational, organizational, procedural, environmental, social, and financial supports that help individuals and groups reduce negative health behaviors and promote positive change among various population groups in a variety of settings





شارع الحوامل







Conclusion:

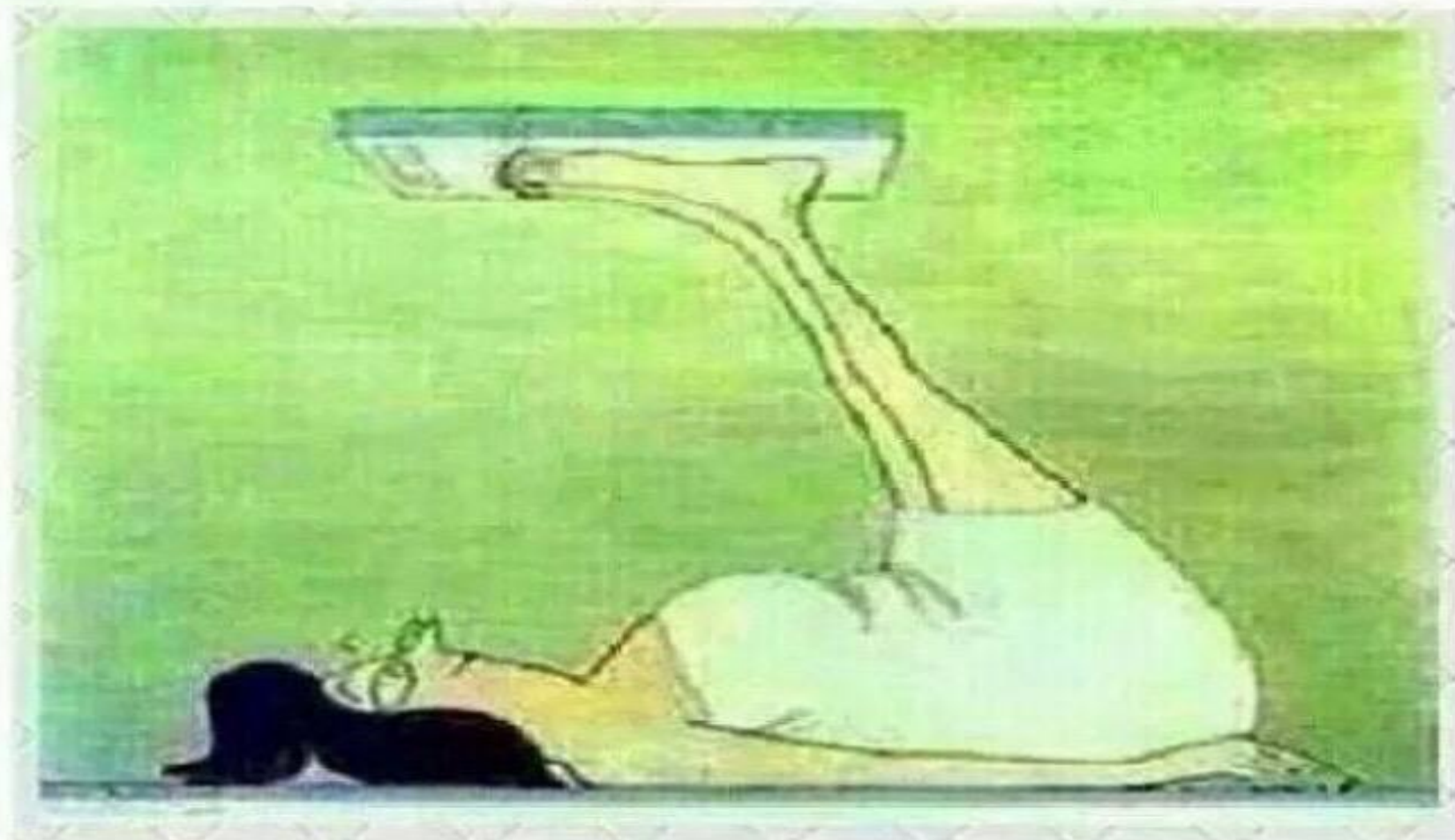
- ❖ Anticipatory care is the integration of prevention and cure.
- ❖ PHC service is the optimal place to apply this care and observe.
- ❖ Every opportunity to be utilize to deliver this care.
- ❖ Case finding V/S formal screening.

Successful Health Promotion



الطريقة الصحيحة لقياس وزنك

سفنين وانا بقيس وزني غلط 😞





What all health professionals do:

- We figure out what makes people sick or healthy.
- We learn what makes communities healthy or unhealthy.
- We recommend what can be done about the causes of ill-health and what things promote health.
- We make sure that we know what should be done is getting done right.
- We only do it ourselves when we have to.



Questions

Thank you