

Do self management programs work?

*Professor Hal Swerissen
Dean of Health Sciences, La Trobe University,
Australian Institute for Primary Care seminar, July 2008*



Everyone self manages their health (for better or worse)

- Risks (e.g. smoking, nutrition, alcohol, physical activity)
- Symptom monitoring & management
- Medication, aids & equipment
- Communication & relationships
- Associated issues and problems

Suboptimal self management

- Risks (e.g. obesity, BP)
- Symptom spiral (pain, activity limitation, threat, anxiety, depression, avoidance, failure to monitor)
- Medication and treatment errors
- Poor communication & relationships leading to diagnostic, referral & treatment errors
- Family, relationship, work and community breakdown

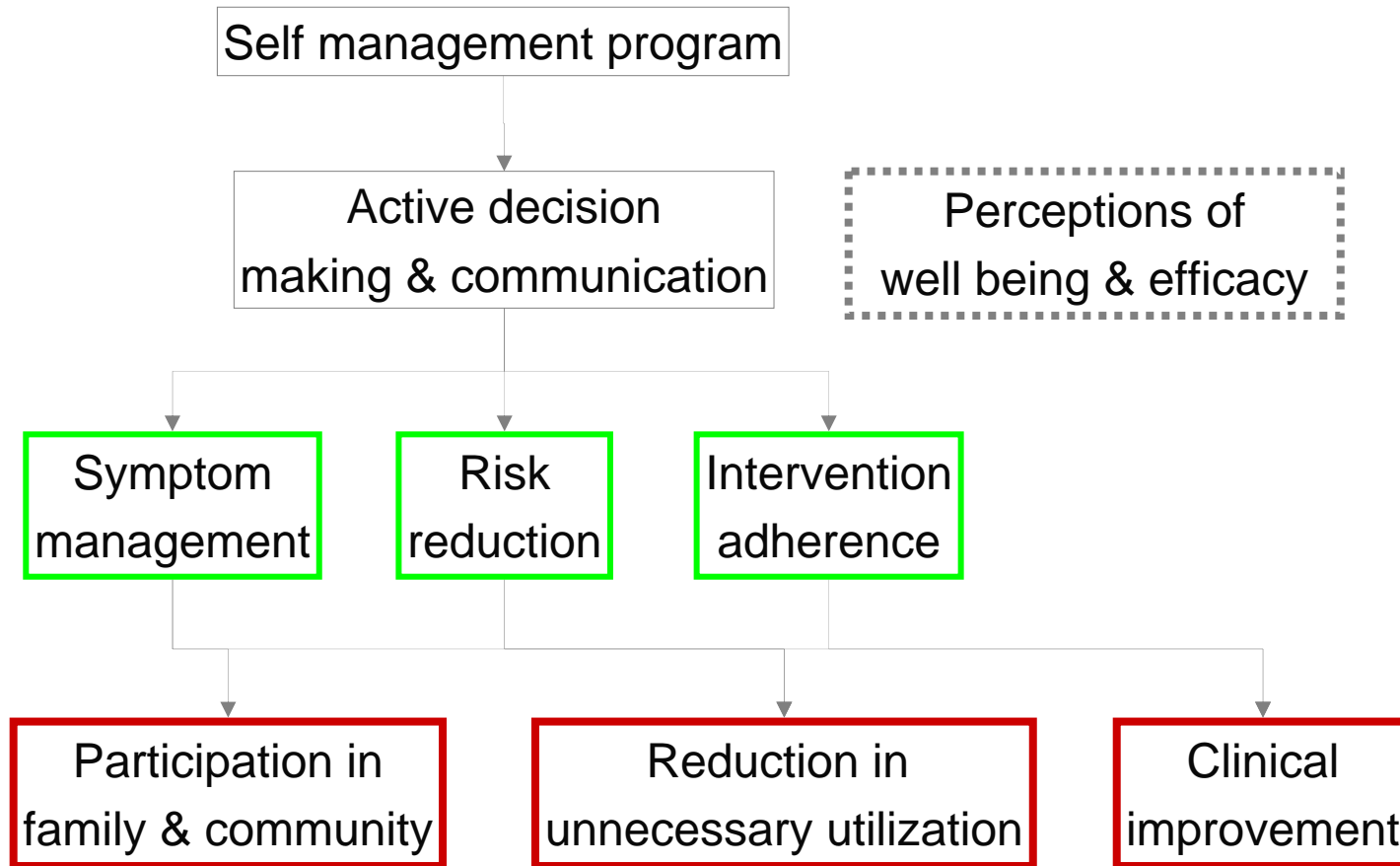
What is taught in self management programs?

- Information
- Motivational strategies
- Planning skills
- Risk management skills
- Communication skills
- Symptom management strategies
- Treatment management strategies

How is it taught?

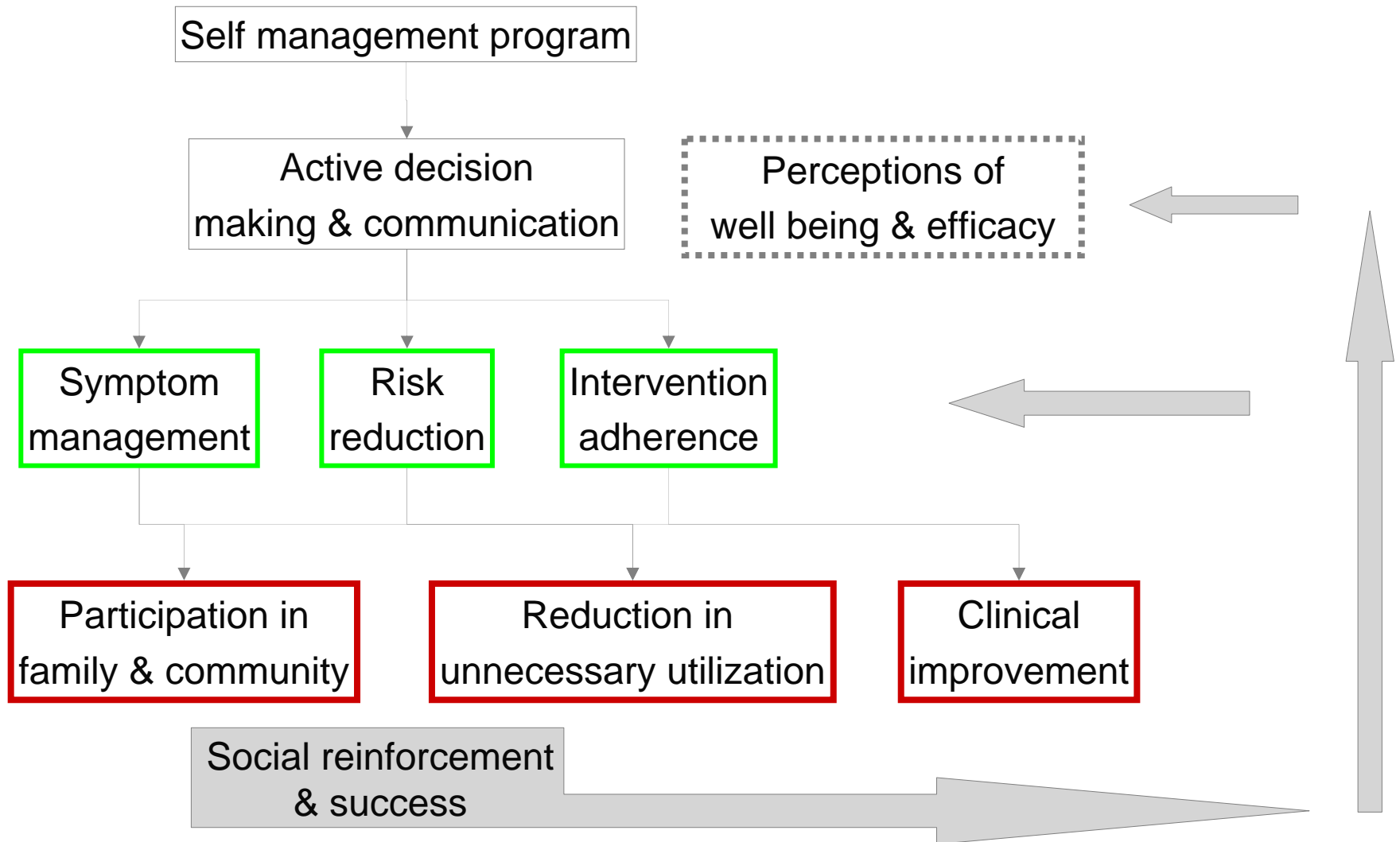
- Group & individual sessions
- Didactic, modeling, practice, feedback
- Often as separate program
- May be focussed on specific conditions or a general program on chronic disease
- May be professional or peer lead

Self management program outcomes



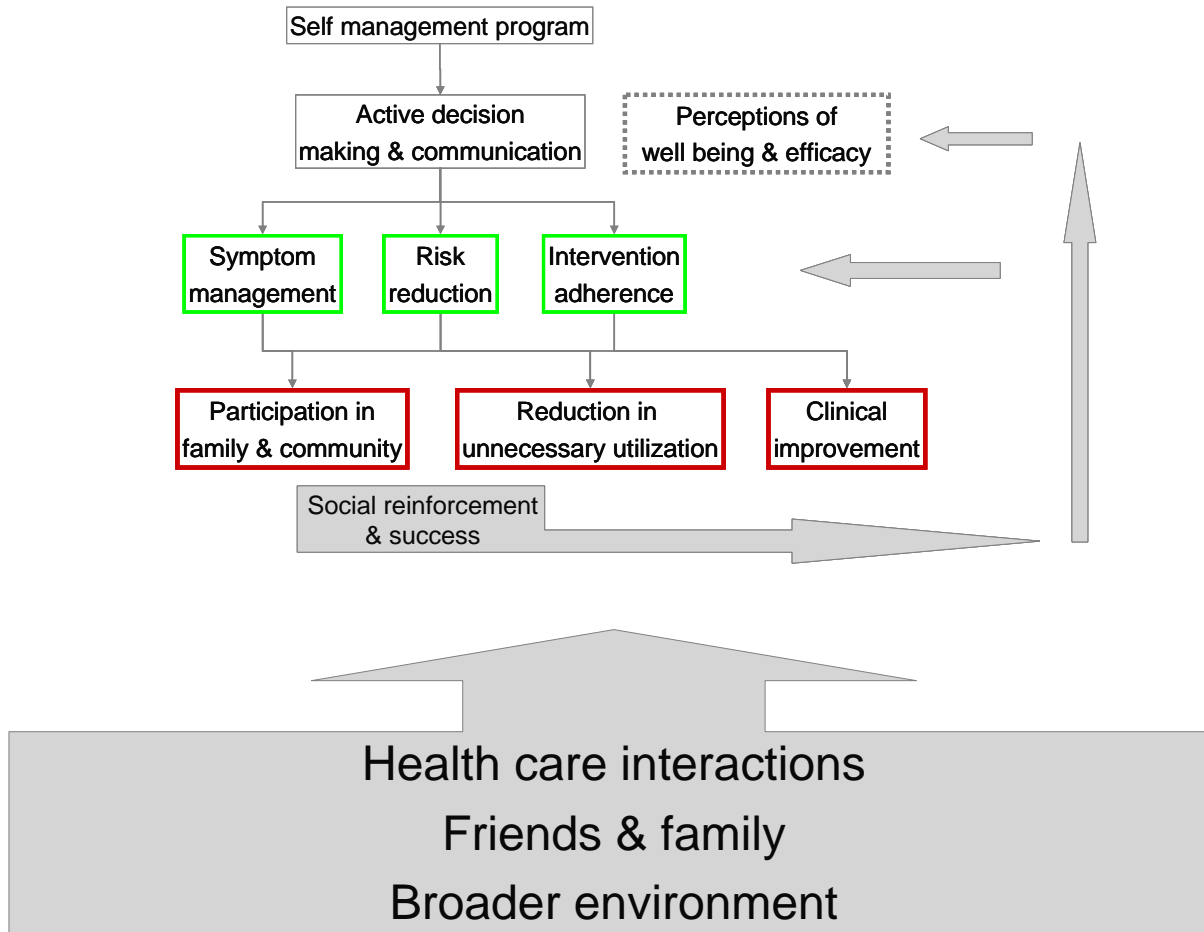
- Social Cognitive Theory & Cognitive Behavioural Theory
- Focus on fostering beliefs (e.g. self efficacy) & teaching skills (behaviour) to individuals (i.e. self management)
- Which lead to better psychological & clinical outcomes
- And are reinforced and maintained by social & clinical environment

Reciprocal determinism



-
- **But ...**
 - Current social & clinical environment responds as usual
 - Disease continues to progress
 - Behavioural lapses & symptom management failure lead to return to established patterns
 - Short term gains are lost

Self management in context



Measuring the outcomes

- Subjective well being
- Self efficacy
- Perceptions of symptom management

- Risk behaviours
- Clinical indicators
- Utilisation

- Variable outcomes in RCTs
- Subjective measures show moderate improvement
- Objective measures less improvement
- Short term effect, longer term decline
- General, self contained, peer lead to programs not effective (e.g. Stanford)
- Integration with 'normal' care important (partnership approach)

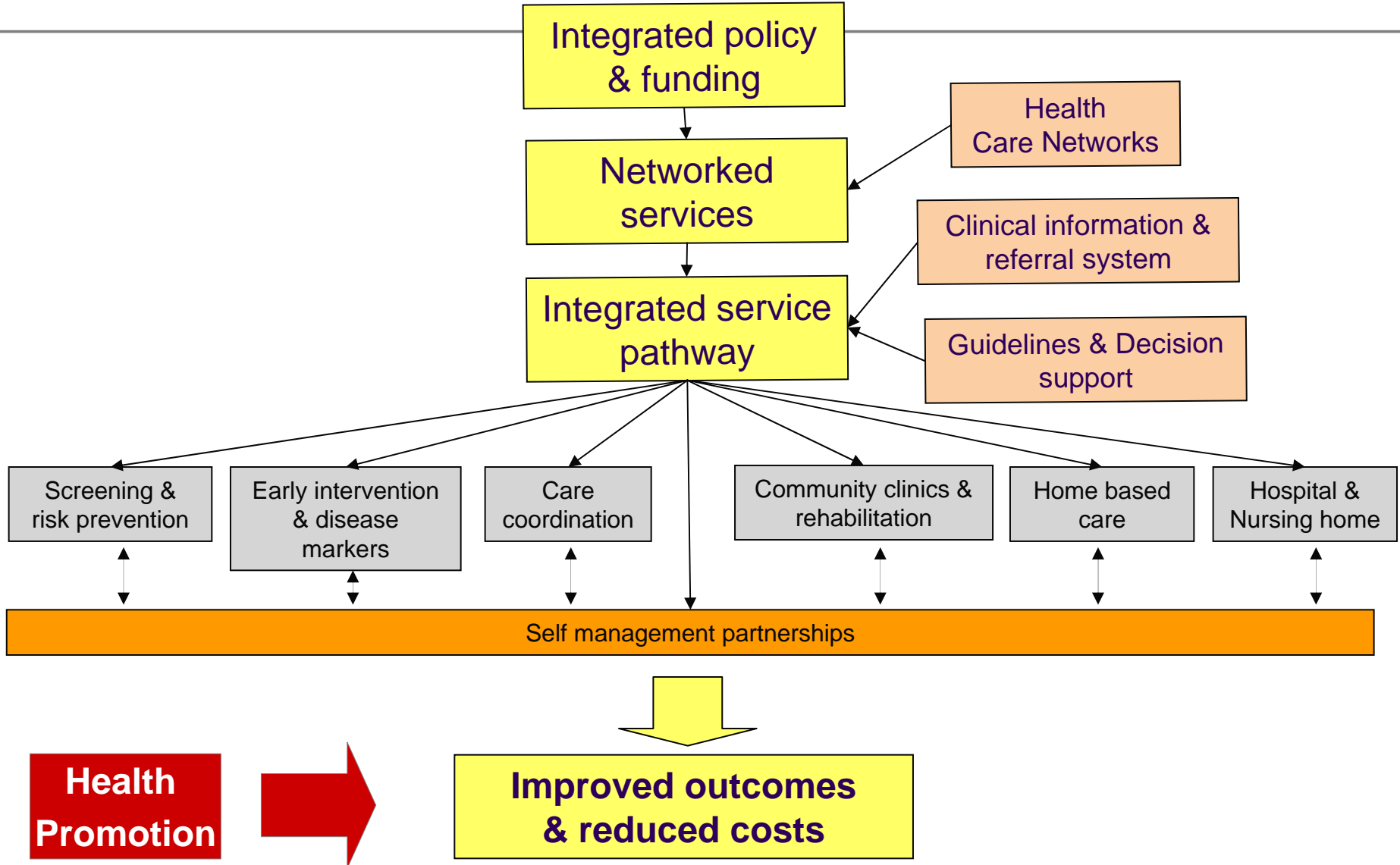
-
- Motivational & behavioural programs better than information alone
 - Focus on self managed action plans, monitoring and reinforcement as part of the treatment process more effective
 - Adverse events not reported
 - Results broadly consistent with behaviour change literature on a range of risk factor interventions

Methodological issues

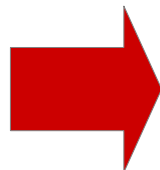
- Recruitment & selection effects
- Measurement & self report
- Environmental measures (clinicians etc)
- Variance in group designs
- Cost effectiveness

- Self management programs oversold (particularly Stanford model)
- Focus intervention on specific conditions & issues
- Individualised (but can include group processes)
- Integrated into clinical pathway (partnership model)
- Focus on clinical & social environment
- Concentrate on maintenance & generalisation

Integrated primary care



**Health
Promotion**



**Improved outcomes
& reduced costs**

Reviews

- Barlow, J., C. Wright, et al. (2002). "Self-management approaches for people with chronic conditions: a review." Patient Education and Counseling **48**(2): 177-187.
- Bodenheimer, T., K. Lorig, et al. (2002). "Patient Self-management of Chronic Disease in Primary Care." JAMA **288**(19): 2469-2475.
- Clark, N. M., M. H. Becker, et al. (1991). "Self-Management of Chronic Disease by Older Adults: A Review and Questions for Research." J Aging Health **3**(1): 3-27.
- Devos-Comby, L., T. Cronan, et al. (2006). "Do exercise and self-management interventions benefit patients with osteoarthritis of the knee? A metaanalytic review." Journal of Rheumatology **33**(4): 744-756.
- Elizabeth G. Eakin, S. S. B. R. E. G. M. M. (2002). "Reaching those most in need: a review of diabetes self-management interventions in disadvantaged populations." Diabetes/Metabolism Research and Reviews **18**(1): 26-35.
- Foster, G., S. Taylor, et al. (2007). Self-management education programmes by lay leaders for people with chronic conditions. Cochrane Database of Systematic Reviews, John Wiley & Sons, Ltd. **4**.
- Gibson, P., J. Coughlan, et al. (2000). Self-management education and regular practitioner review for adults with asthma. Cochrane Database Systematic Review, Cochrane. **2**: CD001117.
- Lorig, K. and H. Holman (1993). "Arthritis Self-Management Studies: A Twelve-Year Review." Health Educ Behav **20**(1): 17-28.
- Monninkhof, E., P. van der Valk, et al. (2003). "Self-management education for patients with chronic obstructive pulmonary disease: a systematic review." Thorax **58**(5): 394-398.
- Norris, S. L., M. M. Engelgau, et al. (2001). "Effectiveness of Self-Management Training in Type 2 Diabetes: A systematic review of randomized controlled trials." Diabetes Care **24**(3): 561-587.
- Norris, S. L., J. Lau, et al. (2002). "Self-Management Education for Adults With Type 2 Diabetes: A meta-analysis of the effect on glycemic control." Diabetes Care **25**(7): 1159-1171.
- Norris, S. L., P. J. Nichols, et al. (2002). "Increasing diabetes self-management education in community settings: A systematic review." American Journal of Preventive Medicine **22**(4, Supplement 1): 39-66.
- Steed, L., D. Cooke, et al. (2003). "A systematic review of psychosocial outcomes following education, self-management and psychological interventions in diabetes mellitus." Patient Education and Counseling **51**(1): 5-15.
- Warsi, A., P. S. Wang, et al. (2004). "Self-management Education Programs in Chronic Disease: A Systematic Review and Methodological Critique of the Literature." Arch Intern Med **164**(15): 1641-1649.