EVIDENCE ON EFFECTIVENESS OF SELF-CARE SUPPORT STRATEGIES

The Department of Health has published a new document to help nurses develop effective self-care support interventions for patients. Nerys Hairon reports

Self-care is an increasingly important aspect of patient-centred care. The Department of Health has recently published a document outlining the evidence base on the effectiveness of self-care support (DH, 2007). This summarises the results from a wide range of studies and presents overall conclusions on the effectiveness of the interventions.

BACKGROUND
The DH document covers the effectiveness of self-care support, such as information, self-care support devices, self-care skills training and self-care support networks. Self-care was highlighted in The NHS Plan as one of the key building blocks for a patient-centred health service (DH, 2000). More recently, it featured as a key aspect of a model for supporting people with long-term conditions. According to the DH, research indicates that supporting self-care has a number of benefits. It can improve health outcomes, increase patient satisfaction and help in deploying the biggest collaborative resource available to the NHS and social care – patients and the public.

TYPES OF SELF-CARE SUPPORT
A large proportion of the research studies featured in the DH evidence base include self-care support such as educational and skills training interventions given by lay peers or professionals on an individual basis. However, these interventions are more often provided to groups of people either with the same health problem/condition or different conditions. Many of the studies featured cover self-care information provided face to face by professionals and some cover information provided through handbooks, leaflets or audiovisual devices. Several studies cover self-care support networks and self-care support tools/technologies. For more details on the different types of self-care support that can be offered, see box, p22.

OVERALL FINDINGS
The DH says that a number of systematic reviews, primary research studies and surveys suggest that self-care support can result in beneficial health outcomes for patients and more appropriate use of health and social care services. The document argues that the evidence shows that self-care support must become an integral part of any healthcare system in order for it to be effective and efficient. ‘The robust evidence base therefore cannot be ignored, especially by commissioners and practitioners,’ it adds.

While the evidence suggests benefits at general population level, the document says it would be prudent for local healthcare professionals to understand the details of the intervention and assess the specific type of self-care support required in their own areas and how to apply or integrate such support. It also recommends that local decision-makers assess the mix of different self-care support approaches best suited to each area.

USING THE DOCUMENT
The DH document (2007a) presents summaries of studies according to health conditions, covering long-term conditions (such as asthma, arthritis, diabetes and obesity); mental health; minor ailments; public health and health promotion; and maternal and child health. The studies are also listed by type of intervention. The summary tables in the document show risks,
One or more measures of blood glucose control; positive changes in dietary patterns and physical activity; long-term improvements on various measures of blood glucose control; and improvements in long-term dietary and/or physical activity outcomes. The DH document states that this particular piece of evidence provides ‘useful ideas on how to effectively deliver interventions in ethnic minority, low literacy and low income groups’. One example given is the use of proactive phone calls.

Long-term conditions
In the area of generic interventions applied to different long-term conditions, the research found multi-component interventions resulted in significant improvement in coping. This research was based on people with arthritis, asthma, cancer, cardiovascular disease, diabetes, HIV/AIDS or pain. The multi-component intervention involved behavioural therapy, CBT, coping strategies and support groups. The DH document says this evidence offers a useful framework for the development of psychosocial care programmes to increase coping for people with long-term conditions. It explains that ‘coping’ includes behaviours and cognitions to help people deal with stressful situations and improve well-being and quality of life.

Obesity
Some evidence on obesity examined structured weight-loss programmes and exercise. One significant finding in the research was that the average, maintained weight loss five years after completing a structured programme was greater than 3kg. This research compared very low energy diets (VLED) and hypoenergetic balanced diets (HBD), and found that VLEDs were associated with significantly greater weight-loss maintenance than HBDs. Groups with higher amounts of exercise were significantly more successful in maintaining their weight loss than those with lower amounts of physical activity.

Pain
Some of the research on pain looked at people with long-term benign headache. It examined home-based behavioural interventions for headache and clinic-based behavioural intervention. Results showed that home-based behavioural interventions reduced contact treatments. In addition, the research found that home-based behavioural treatments produced results that were comparable with or superior to clinic behavioural treatment. Cost-effectiveness scores of home-based behavioural treatments were found to be five times higher than those for clinic behavioural treatment.

REFERENCES


POSITIVE FINDINGS
The document highlights potential benefits of self-care support interventions for patients, the public and the care system itself.

Heart disease
In the area of congestive heart failure, for example, the evidence found that over one year there was an 83% decrease in admission rates for patients with CHF using telemonitoring (a weekly nurse phone call to patients, with automated telephone questionnaire). In cardiac rehabilitation for CHD, involving exercise training and psychosocial and/or educational interventions, the research found cardiac mortality was significantly reduced by 26–31%. There was also a statistically significant reduction in all-cause mortality and a significant net reduction in total cholesterol and LDL cholesterol.

Diabetes
In the area of diabetes, the evidence found that educational interventions that aimed to teach diabetes self-care had several significant positive outcomes. It resulted in: significant reduction in weight; reductions in one or more measures of blood glucose

CONCLUSION
In conclusion, the DH document states: ‘The evidence provided in the summary tables covers different types of self-care support interventions that have the potential to benefit patients and the public as well as the care system. Many, if not most, of the self-care support approaches mentioned have the potential to help build social capital in our communities by informing, skilled, equipping and empowering people in the most effective way’.

TYPES OF SELF-CARE SUPPORT

Self-care information
Examples include:
- Advice on self-care
- Audiovisual aids
- Booklets on self-care
- Exercise handbooks
- Telephone advice

Self-care skills training
Examples include:
- Allergen avoidance
- Behaviour modification
- Cardiac rehabilitation
- Cognitive skills training
- Family therapy

Self-care support networks
Examples include:
- Emotional support
- Group interventions
- Mind-body group sessions
- Social contact
- Walking groups

Technologies and self-monitoring devices
Examples include:
- Blood glucose monitoring
- Bright light therapy
- Computerised diet assessment
- Hearing aids
- Self-monitoring of BP