

CONFERENCE ABSTRACT

Personalizing strategies for chronic diseases prevention

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Introduction:

The prevention and management of chronic conditions is critical in healthcare. Chronic conditions cannot be cured but can be managed through medication (conditioned by the patient compliance with advice and adherence to prescription) and/or other therapy or further complications prevented by modifiable lifestyle factor changes. There is the need to manage risk in an individualised manner, which includes empowering the patient to self-manage his or her condition, along with treatment offered by health care professionals. Supporting patients in achieving and maintaining lifestyle changes on an individualised basis, using defined therapeutic goals and strategies, continues to be a substantial challenge. This project focuses on psychological aspects of the patient journey and their role in the treatment process.

The aim of the project is to identify gaps in behaviour change support and success, to identify gaps in awareness, delivery, competencies, and support for patient self-management, improvement of primary care professionals' knowledge and competencies in behaviour change techniques, enhancement and promotion of participation of lay public and associations in self-management, prevention, intervention planning. Health promotion and facilitating dialogue with policy makers and intervention payers could increase the results of the prevention and therapy of chronic diseases.

Methods that are planned to be used in the project:

1. Systematic review, critical appraisal of guidelines, assessment of stakeholders' perspective in focus groups and retrospective analysis (patients' database of the healthcare center) 2. Assessment of the patients' self-efficacy capabilities by Health Action Process Approach - HAPA, which specifies the role of preaction self-efficacy, maintenance self-efficacy and recovery self-efficacy. Study group: patients with diagnosed at least 2 chronic diseases, two study arms: rural and urban areas, total of 190 patients. 3. Formulating recommendations for guidelines, implementation of appropriate training to fill the gap in behaviour change promotion in rural primary health care, test in the real world. 4. Assessment of the intervention effectiveness - WHOQOL -BREF, General Self-Efficacy Scale (GSE) by Schwarzer and Jerusalem is also being considered to assess the functional health profileand well-being, as well as psychometric assessment based on physical and the psychological health of the respondent is proposed a Short-Form Health Survey (SF-36).

Results/Discussion:

The project will integrate outcomes from global and national guidelines, publications and trials and address the gap between research/guidelines and outcome implementation and effectiveness in rural primary health care patients within primary prevention of hypertension/ diabetes/ comorbiditie. The focus on developing and testing out training to enable health care providers to understand how to contextualise and adapt guidelines to their population is both novel and a key strategy that will enable scaling up of best practice. The project, through engagement and empowerment of patients, and cooperation with patients' associations, policy makers, healthcare services payers, will address contextualization of programmes and policies that can significantly increase the results of the prevention and therapy of chronical illness in non-standard populations, with a specific stress on hypertension and diabetes.