

Chronic Disease in General Practice

MD Year 6

University of Nicosia Medical School

Dr Irene Cotter Year 6 GP Lead

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Introduction

- Impact of Chronic disease is profound
- Poorer quality of life, clinical outcomes and longer hospital stay
- Most costly group of patients
- Need for a collaborative approach with other care providers
- GPs play a vital role in the MDT and help to integrate both physical and mental health

LOBS

- To understand the nature and extent of Chronic disease
- To understand basic statistics about Chronic disease
- To define and discuss “vulnerable people”
- To be aware of tools for behaviour change

Disease any condition that impairs the normal functioning of the body

Illness-the patient's personal experience of the disease

Classification of Disease

- International Classification of Disease ICD
- Acute
- Chronic
- Acute on Chronic
- Communicable/noncommunicable

Acute Conditions

- Sudden
- Changing
- Potentially life threatening

Medline Plus <http://www.nlm.nih.gov/>

Chronic Conditions

- Longer duration
- Develop slowly
- Mostly non infectious
- Chronic no association with severity
- Long term Conditions -modern umbrella term

Acute on Chronic Conditions

- Exacerbations
- Potentially life threatening

What are each of these?

- Diabetes Mellitus
- DKA/HONK
- COPD
- Appendicitis
- Obesity
- Asthma
- Asthma attack
- Cancer
- MI
- Gastroenteritis

Chronic Diseases

Conditions that cannot currently be cured but can be controlled with the use of medication and/or other therapies

Four Main Types

- Cardiovascular disease
- Respiratory disease
- DM type 2
- Several cancers

(Osteoporosis, depression, eating disorders, **obesity**)

Why Important?

40% UK Population have long term condition

Chronic disease accounts for 78% of GP appointments

CD-accounts for 70% health & social care spending

CD-70% inpatient bed days in UK

Major challenge to sustainability of health services globally

Increasing prevalence, higher patient expectations

'Diabesity' Lifestyle Epidemic



Burden of Chronic Disease

- Almost three quarters of chronic disease deaths (28 million) occur in low- and middle-income countries.
- 16 million chronic disease deaths occur before the age of 70;
- 82% of these "premature" deaths in low- and middle-income countries.

<http://www.who.int/mediacentre/factsheets/fs355/en/>

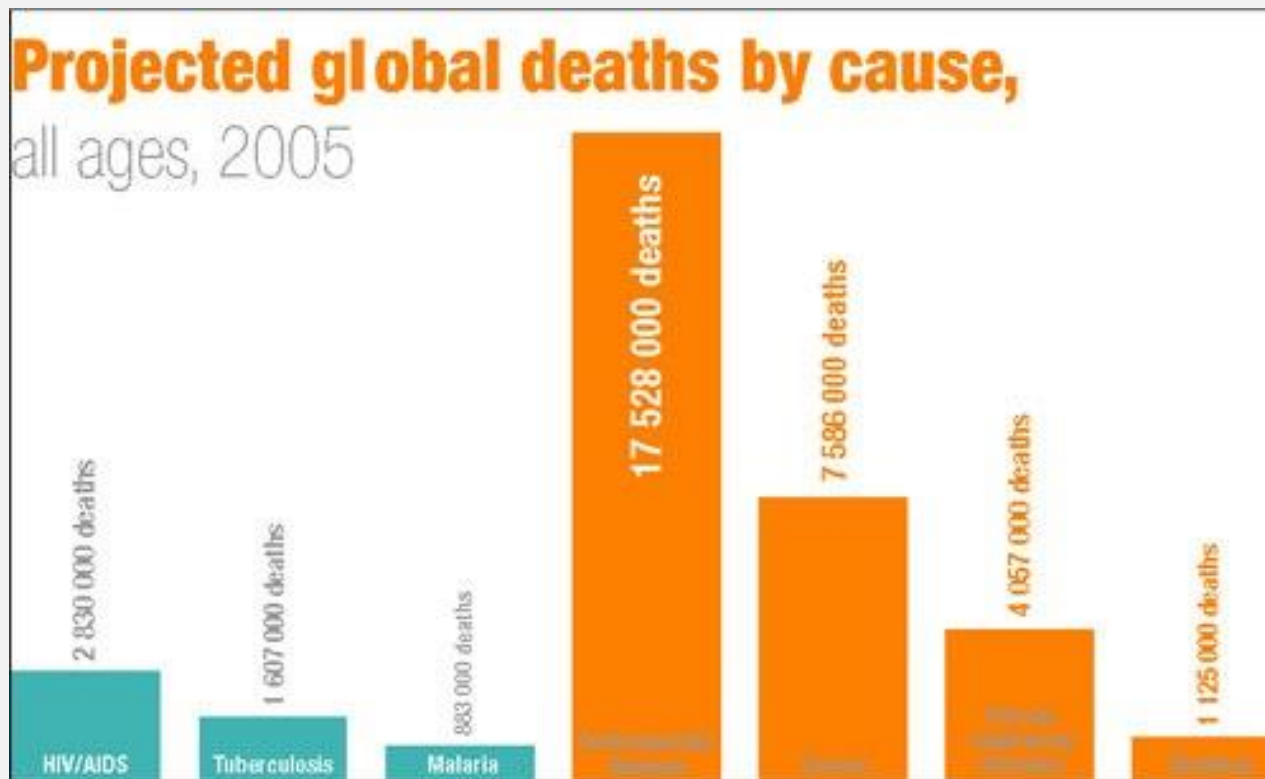
The Global Need for Change

Estimated by 2020 chronic diseases
responsible for 73% of all deaths

Diversion of resources from other
illnesses/diseases

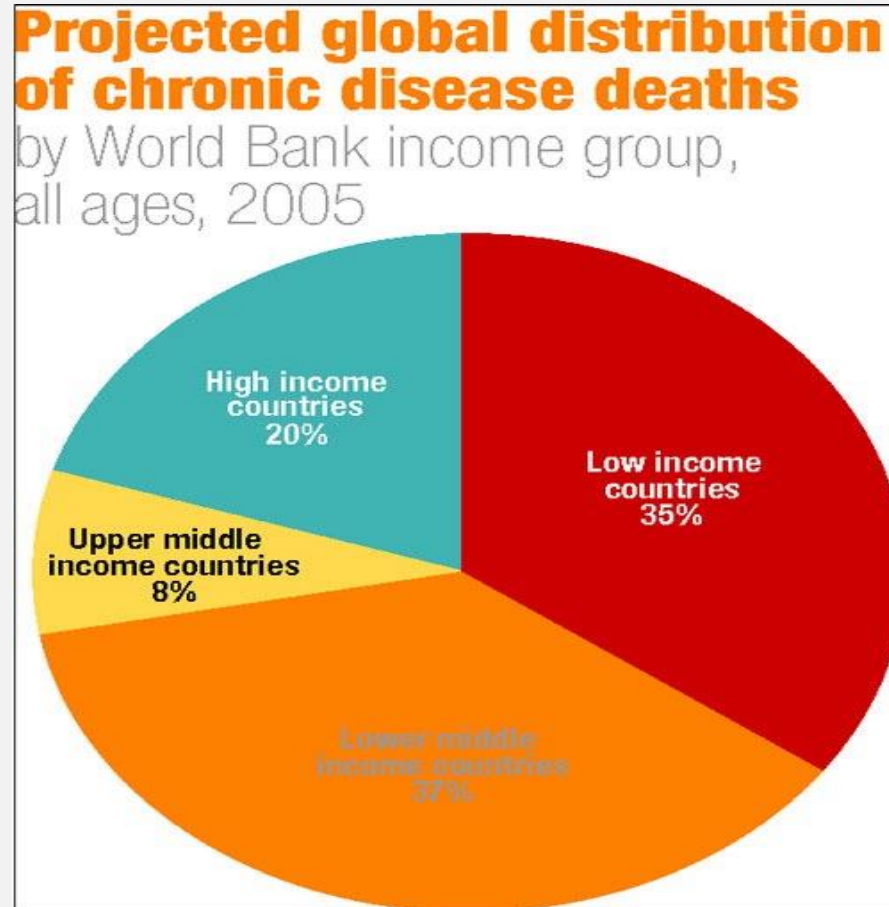
Urgent need to redesign health
services

Global Deaths by Cause



www.who.int

Global Chronic Disease Deaths



www.who.int

It's Getting Worse

Whose responsibility is it?

- Individuals
- Family
- Employers
- Governments
- Industry
- All?

Increasing MultiMorbidity

65% People between 65-84 years in UK have 2 or more conditions

82% People >85 years suffer from 2 or more conditions

People with Multimorbidity are 3-7 times more likely to have mental health disorders

Socioeconomically deprived develop multiple conditions 10-15 years younger than their affluent counterparts

Most Evidence Based Medicine is based on the management of single conditions

Effects of MultiMorbidity

- Medication compliance
- Medication side effects
- Medication interactions

- Wellbeing and quality of life
- Mobility
- Career
- Relationships
- Society

MDT

Multimorbidity or frailty results in personal, social and economic burden to individual families and community

Need for person centred services engaging people helping them to self manage effectively

House of Care

- UK Practical framework for whole system approach for management of LTC
- Care and support planning-identify personal needs and goals, discuss options,agree plan
- Support planning-plan my care with people who work together to understand me, allows me control brings services together

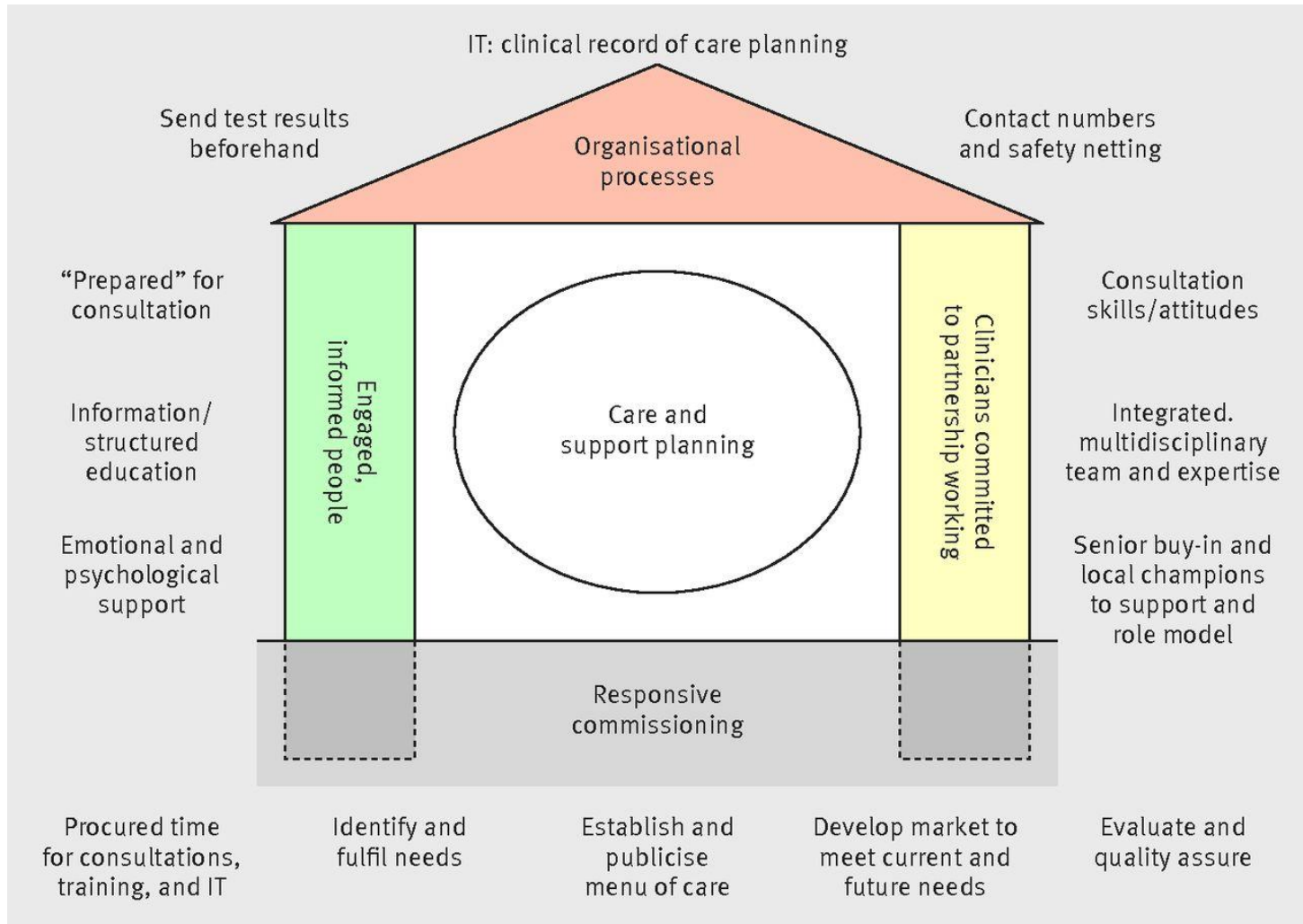
Systematic Care and Support Planning

- Preparation-what things would patients like to cover
- Discussion-what priorities goals develop shared plan encourage self efficacy
- Documentation- outputs summarised into a care plan
- Review-next steps agreed follow up and review

House of Care

- Organisational tool
- Building blocks available
- Engages clinical teams and local communities
- Tested for Diabetes in UK but useful for care of people with multiple chronic diseases
- Challenges and barriers exist-poor health literacy, difficult social circumstances

House of care.



Simon Eaton et al. *BMJ* 2015;350:bmj.h181



Vulnerable Adults

Vulnerable Adults

- What does the term 'vulnerable adult' mean?
- What is safeguarding?
- Which groups can be considered vulnerable?

Vulnerable Adults

- 'Vulnerable Adult' (No Secrets: guidance on protecting vulnerable patients in care: Dept of health, March 2000)

'A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'

- Safeguarding (British Medical Association Safeguarding vulnerable adults)

'Safeguarding is about keeping vulnerable adults safe from harm. It involves identifying adults who may be vulnerable, assessing their needs and working with them and with other agencies in order to protect them from avoidable harms'

At Risk Groups

- an older person who is particularly frail
- an individual with a mental disorder, including dementia or a personality disorder
- a person with a significant and impairing physical or sensory disability
- someone with a learning disability
- a person with a severe physical illness
- an unpaid carer who may be overburdened, under severe stress or isolated
- a homeless person
- any person living with someone who abuses drugs or alcohol
- women who may be particularly vulnerable as a result of isolating cultural factors

(British Medical Association Safeguarding vulnerable adults)

Vulnerable Adults

- What are they at risk of and why?

Vulnerable Adults

- Neglect
- Abuse – what types?
- What else?

Vulnerable Adults

- Chronic disease
- Multimorbidity
- Why is this?
- Are they at greater/lower/equal risk to the general population?

6 Principles of Good Safeguarding

The Department of Health for England and Wales state:

- **Empowerment:** presumption of person-led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportionate and least intrusive response appropriate to the risk presented.
- **Partnership:** local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability:** accountability and transparency in delivering safeguarding.

Vulnerable Adults

- Which members of the multidisciplinary team may need to be involved?
- What are some of the challenges the health care team may face?

Vulnerable Adults

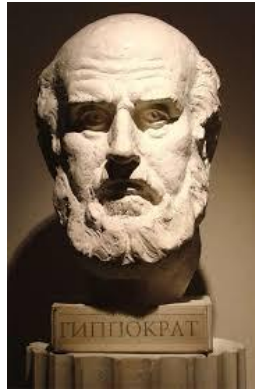
- ‘Competent adults have the right to determine how their information is used, although this right is not absolute and confidentiality may be overridden by legal authority or where there is a significant risk of harm to others, or to prevent or prosecute a serious crime’
- ‘Where an adult lacks capacity relevant information can be disclosed where it is in his or her best interests’

(British Medical Association Safeguarding vulnerable adults)

Behavioural Change

Unhealthy behaviours are responsible for 50% of the determinants of health according to statistics WHO

HIPPOCRATES 5th Century BC



“Whoever wishes to investigate medicine properly should consider the mode in which inhabitants live, and what are their pursuits, whether they are fond of drinking and eating to excess and given to indolence, or are fond of exercise and labour”

How Can Change Happen?

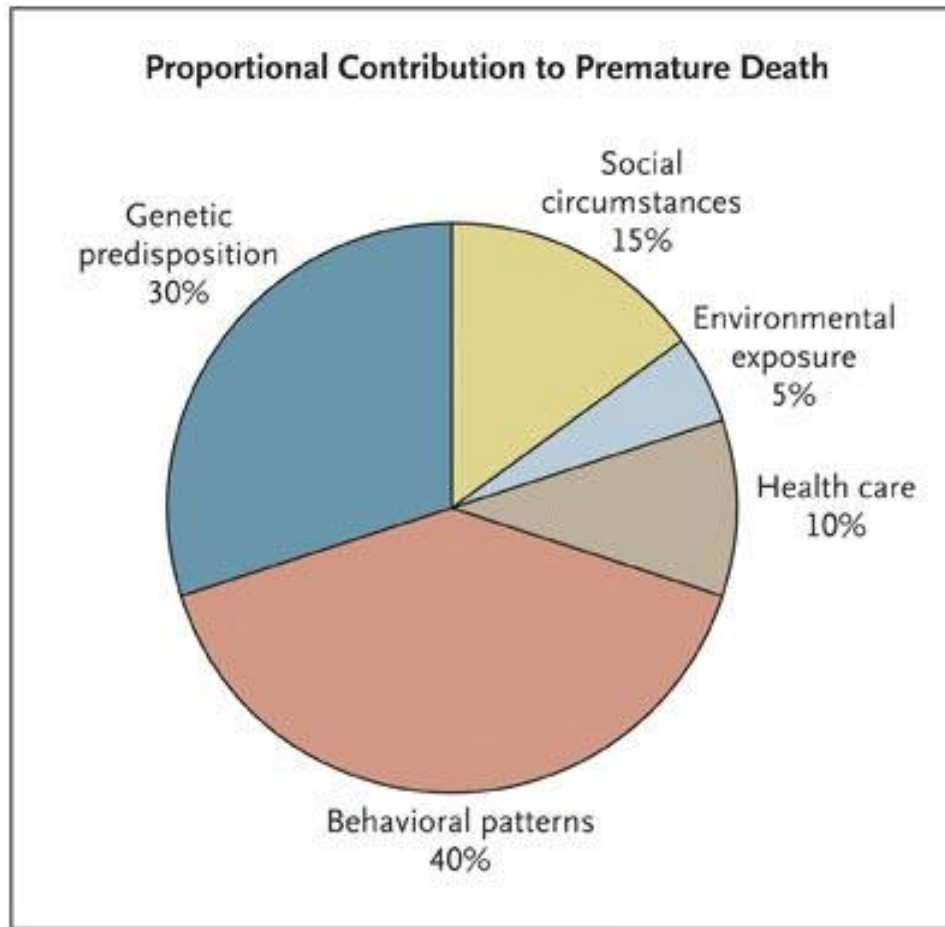
- Culture change + starting a revolution
- Educating ourselves & our patients
- **Behaviour change – coaching, MI**
- Focusing on students
- Taking the time

What Do We Know?

Making positive lifestyle choices can significantly improve severity and progression of chronic diseases.

In some cases, the condition can even be reversed.

Remember this?



Behavioural change

- Not easy
- Takes time
- Patient has to be on board
- Requires sustainability
- Lapses happen
- Relapses are the problem
- Doctors not trained in behavioural change
- Vulnerable adults – even more challenging?

Behaviour Change Theories

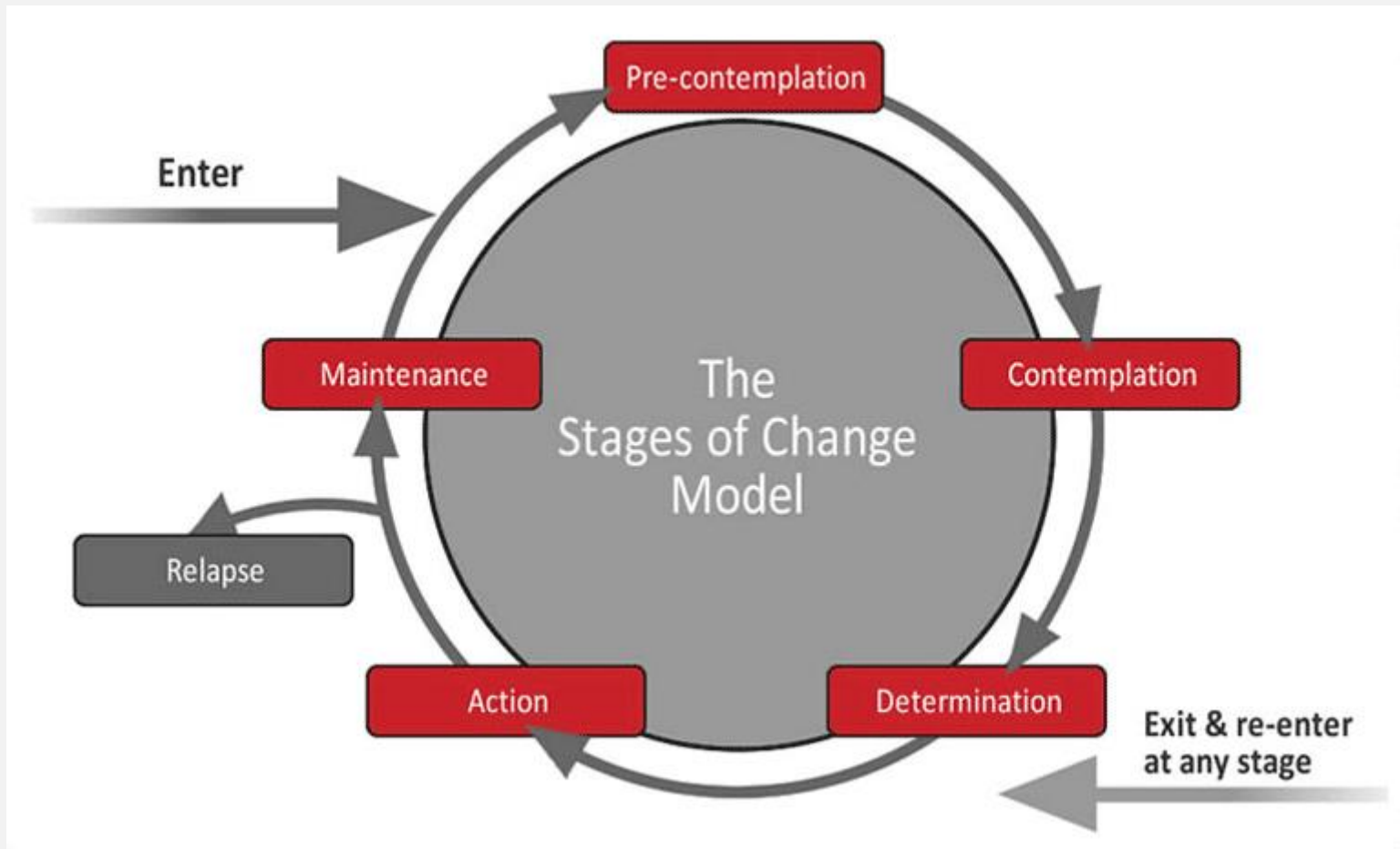
There are many!



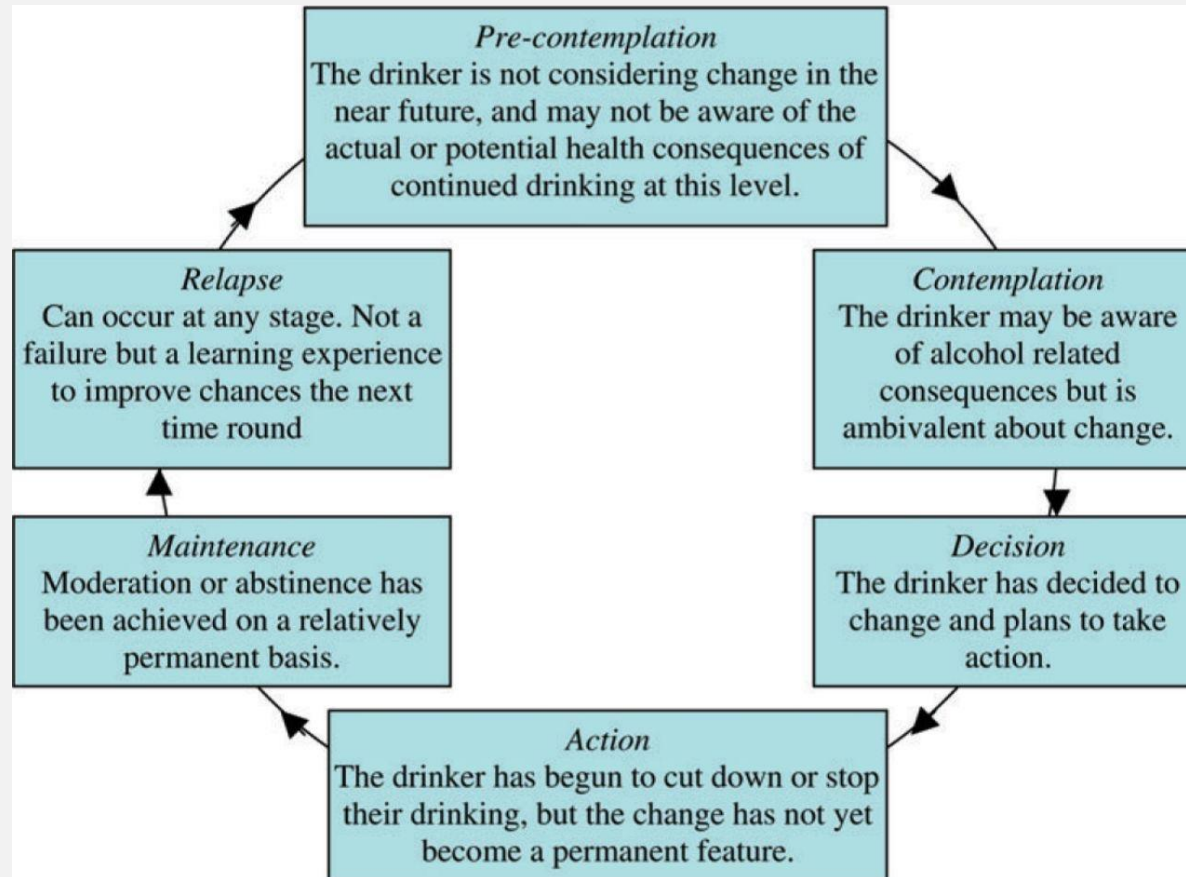
The Transtheoretical Model

- TTM
- Also known as 'stages of change'
- Or Prochaska & DiClemente

The Transtheoretical Model



The Transtheoretical Model



Ambivalence

The state of having mixed feelings or contradictory ideas about something or someone.

Dealing with Ambivalence

- Coaching
- Motivational Interviewing (MI)

Coaching

Partnering with clients in a thought provoking and creative process that inspires them to maximise their personal and professional potential

Coaching

What is coaching?



A coach helps you find more efficient ways to achieve your goal faster.

Motivational Interviewing Miller 1983

A form of collaborative conversation
for strengthening a person's own
motivation and commitment to
change

Explores ambivalence and
encourages patients to express
their concerns

The 5 Principles of MI

- Express empathy through reflective listening
- Develop discrepancy between clients' goals or values and their current behaviour
- Avoid argument and direct confrontation
- Adjust to client resistance rather than opposing it directly
- Support self-efficacy and optimism

MI

Why is MI so powerful in the health care setting?

Helps patients to increase their own motivation

In Summary

- Chronic diseases = serious global public health issues
- More and more Multimorbidity
- Behaviour change matters
- Be aware of MI
- Be aware of vulnerable patients
- Need for a multidisciplinary team

Useful Resources

- www.nhs.uk NHS Choices
- www.nice.org.uk The National Institute for Health & Care Excellence
- www.patient.co.uk
- www.who.int World Health Organisation
- <http://www.harvardlifestylemedicine.org/> Harvard Lifestyle Medicine Education

Quiz

- What are the 3 categories of disease?
- What is the main global killer?
- What are the risks faced by vulnerable adults?
- Why does ambivalence matter?
- What are the 5 elements of MI?
- When can you use MI?