

Training Up Patients in Self Care: Experience in the Development of Hypertension Self Management (HSM) Program

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INTRODUCTION:

Hypertension related diseases, including stroke and heart disease, cause an enormous burden on health system, around HK\$0.9 billion on medical cost between 2002 and 2003. With reference to Chronic Disease Self Management Program, a Hypertension Self Management (HSM) Program was developed to help patients increase their knowledge and skills in hypertension management, develop healthy living style and enhance their self efficacy on managing hypertension.

Hypertension Self Management (HSM) Program:

Based on the blueprint of Chronic Disease Self-Management Program (CDSMP) developed at Stanford University, HSM program has been invented with specific hypertension managing knowledge and skills for hypertensive people. HSM program (6 sessions, 3 hours / session) aims to assist participants to develop self-efficacy and self management behaviours on hypertension management.

METHODOLOGY:

Quasi-experimental design was used in the evaluation. Participants were recruited in the community. Patients' self-management behaviour (SM) and self-efficacy (SE) in chronic care, self rated health (SRH), compliance to diet control and blood pressure were measured before and after the program. Assessment would be conducted three times: one week before the program, one week and four weeks after the program.

PARTICIPANTS:

All participants were over 18 and diagnosed with hypertension. They were invited to join the study on voluntary base.

RESULT:

A total of 51 patients completed the program and all the assessments. Majority are aged 50-69 (n=41, 80%), female (n=37, 73%), married (n=35, 67%), with secondary education (n=34, 67%), 20 are retired (n=20, 39%). One-fourth of the participants (n=12, 24.5%, total=49) had hypertension for less than 4 years, 37 (75.5%) of them suffered from more than one chronic health condition. The participants showed significant increase in self management behaviour (cognitive symptom management) one week after the program (2.11 vs 2.38; p= .021) and 4 weeks after the program (2.11 vs 2.37; p= .029). Participants had better SRH one week (3.06 vs 2.88; p = .048) and four weeks after the program (3.06 vs 2.74; p = .005). Participants' systolic blood pressure was reduced by 3.84 mmHg on average (p= .026) and diastolic blood pressure by 1.92 mmHg on average (p= .010) one week after the program. The effect of BP reduction could be sustained, participants reduced systolic blood pressure by 4.2 mmHg (p= .034) and diastolic blood pressure by 2.04 mmHg (p= .027) four weeks after the program. More participants took low salt diet one week (p=.021) after the HSM program and this habit could be sustained till the 4th week (p=.008).



DISCUSSION AND CONCLUSION:

1. HSM program is newly invented program by HKSR; it is a good start to have preliminary idea of its outcome by simple and practical methodology.
2. N=51 is not a very convincing sample size, but it is excited to reveal that participants reduced both SBP and DBP after the program and can sustain the effect for four weeks.
3. Participants complied with low salt diet after joining the program.
4. Participants applied cognitive symptoms management for disease management.
5. Participants' perceived better health condition after joining this program.

FUTURE PLAN:

Data collection will be continues until March 2012.

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