



Service Priorities and Programmes
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Risk modification & patient empowerment of Risk Assessment and Management Programme (RAMP) – Hypertension (HT) in General Outpatient Clinics (GOPCs) in Kowloon East Cluster (KEC)

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Introduction

HT is the most prevalent chronic disease in Hong Kong and it poses formidable challenges to the public health care system. A pilot multidisciplinary risk modification and empowerment programme under RAMP-HT was implemented in KEC GOPCs since December 2011. The programme is a coordinated, multidisciplinary service model run by FM specialist, nurse, dietitians and physiotherapists focusing on risk modification, lifestyle redesign, dietary control and individualized exercise prescription.

Objectives

To evaluate the effectiveness of the programme for sustainable treatment outcomes

Methodology

Patients diagnosed of HT with BMI ≥ 25 were referred to RAMP-HT Nurse Clinic for triage and then recruited into the joint Dietitian and Physiotherapist programme. Lifestyle-redesign education was provided to clients for nutritional therapy and exercise prescription for weight reduction and hypertension management. Candidates fulfilled the inclusion criteria were recruited into a 6-week intervention program with dietitians and physiotherapists' input tailored to individual needs. Re-assessment was conducted 6 months post interventions. A "Pre-test", "Post-test" design was adopted for outcomes evaluation. (1) Resting blood pressure (BP), (2) Body weight, (3) BMI, (4) Waist circumference, (5) Self-Efficacy for Exercise Scale - Chinese Version (SEE-C), (6) International Physical Activity Questionnaire (IPAQ) - Short Taiwan Version were analyzed with paired t-test

Result

From December 2011 to July 2012, a total of 133 patients attended the lifestyle-redesign education. 90 patients were recruited into intervention program, 58 patients completed 6-month follow-up. It was shown that mean systolic and diastolic BP dropped from 144 to 137mmHg and 84mmHg to 79mmHg respectively ($p<0.05$). Likewise the mean body weight and BMI decreased from 72.7kg to 70.1kg and 30kg/m² to 29kg/m² ($p<0.05$). Mean waist circumference also decreased from 95.6cm to 91.3cm ($p<0.05$). Self-rated outcome measures on IPAQ and SEE-C among the candidates in exercise group showed significant improvement in self-exercise efficacy and program adherence ($p<0.05$). In conclusion, this program was effective in risks modification and patient empowerment with sustainable outcomes. Successful multidisciplinary collaboration in promoting patient care with effective practice was demonstrated