

METHODS FOR TRAINING OF ADULT PATIENTS WITH CHRONIC DISEASES

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Abstract: The chronic diseases represent a major proportion of the morbidity in Europe and are responsible for 86% of all death cases. One of the main reasons for this is the aging of the population. Elderly people are often diagnosed with two or more chronic diseases, or it is so called polymorbidity. All of this can lead to increased levels of disability, reduced quality of life or weakness, dependency, etc.

In order to improve the health status and maintain the autonomy of adults, they need to acquire health knowledge about the specifics of their illness and to gain practical skills to control it. Being assisted in this endeavor is the purpose of this report. This can be done through the successful and active participation of the students from the Higher medical schools. In Bulgaria, the attitudes of students in the specialty "Health care" to take part in the training of adult patients with chronic diseases, have been studied.

Forming knowledge and skills in students to select precise approaches and methods of training elderly people with chronic diseases, in accordance with their personal qualities and their communicative competence, will lead to increasing their quality of life.

Keywords: adult patient, chronic disease, training, students, self-control

INTRODUCTION

In Bulgaria the process of demographic aging is continuing. At the end of 2016, the relative share of people over 65-year-old is 20.7%, whereas the relative share of the young population from 0 to 17-year-old is 16.8%. Leading diseases in people over 65-year-old are the diseases of blood circulation, digestive system, new formations and respiratory system. The high mortality rate among the population, as a result of chronic diseases is also sustaining. (7, 10, 11, 12, 13)

Chronic diseases have become a major public health problem in the world – they cause deaths of 36 million people worldwide each year. The chronic conditions reduce life quality, increase disabilities, morbidity and mortality, and increase health care costs.

Strengthening health appears as a possible intervention for helping people with chronic illnesses. They should be motivated to take up healthy supportive behavior. In the treatment of chronic diseases, additionally to symptom control, health promoting behavior is essential. (14, 15) Having healthy lifestyle, the people with chronic diseases can optimize their health and become less vulnerable to further health threats and disabilities. In general, changing lifestyle behavior can not replace the effective medical treatment of chronic illnesses, but can improve life quality and symptoms, and optimize the functional status.

Awareness is one of the most important factors in chronic diseases management. Behavior promoting health is one of the best ways for people to control their own health. Due to the increase of life expectancy, the importance of health promoting behavior also increases, in order to preserve the functionality and independence of the person. However, studies show that people with chronic illnesses often do not have sufficient information about their condition and therefore do not have enough self-help skills.

Care for elderly people should be done after an in-depth geriatric assessment of the patient's health condition, the social environment, the financial resources, etc., by a healthcare professional. (9)

Good training can raise awareness, self-assessment, and the ability to cope with the symptoms of the disease. Different studies of the problem demonstrate the necessity of health care professionals to train the elderly people how to control their health themselves. The main focus on the training of patients with chronic illnesses is receiving more information, related to the disease, adherence to the prescribed treatment and improvement of health

outcome. Chronic illness training can be considered as a special part of health care programs and the patient has to participate actively in it. (1, 4, 5, 6, 8)

One of the most important features of adults training is accessibility, dialogue, concern, trust, openness and mutual respect of the opinions (2, 3). The adult trainee possesses certain knowledge, skills and habits that he / she is required to use in the training process but there are also a number of barriers and stereotypes that can hamper the training process - low social-economic status, poor access to health care, age changes, literacy and so on.

The study aims to identify the attitudes of adult patients with chronic illnesses, related to their awareness of the disease and the methods that will be used for training them to increase their knowledge of life with chronic disease.

MATERIALS AND METHODS

The pilot study is the first stage in the realization of the Research Project No 19/2018 of the Medical Faculty, Thracian University, on the following topic: "Optimizing the care for the elderly people at home by introducing " A tracking and self-monitoring diary ".

The opinion of 217 patients over 65-year-old people with chronic diseases from Stara Zagora Municipality of Stara Zagora, randomly selected.

The study data was processed mathematically and graphically with Microsoft Office Excel 2003.ink.

ANALYSIS OF THE RESULTS

The study found out that the most numerous group is of adults with cardiovascular disease, followed by 17% with digestive and locomotory system diseases, and 15% with endocrine ones, mainly type 2 diabetes.

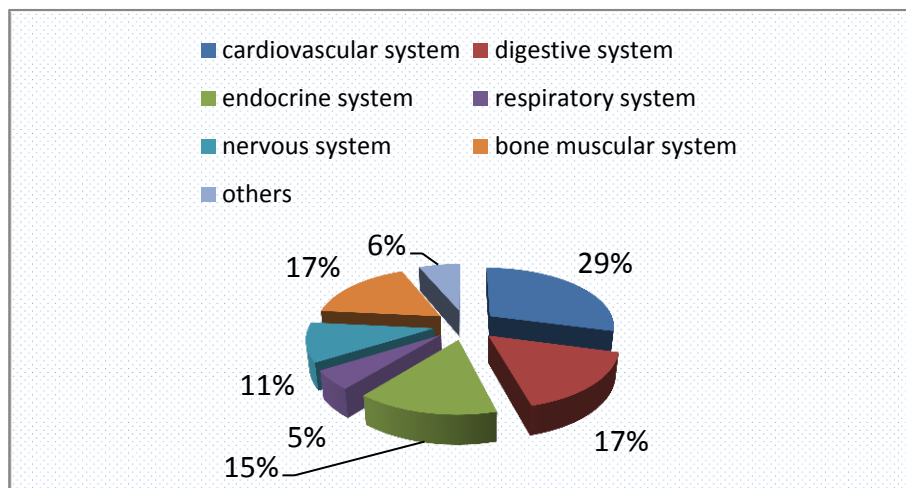


Fig.1 Diseases of the respondents by systems

Life with chronic illnesses often leads to reduction in life tonus, social contacts, it also increases anxiety and self-assessment of the elderly person. The chronically ill person starts showing bad mood, the complaints appear more often, depressions on the one hand, and on the other hand, some patients begin focusing on their health and overexposing even the least change in health status or suggestions for poor health.

Almost half of the respondents assess themselves that they have good health, and only 7% say "very good". For 37% their health status is satisfactory. This group will also focus on future training for people with chronic illnesses in order to raise their awareness of living with chronic disease and improve their quality of life.

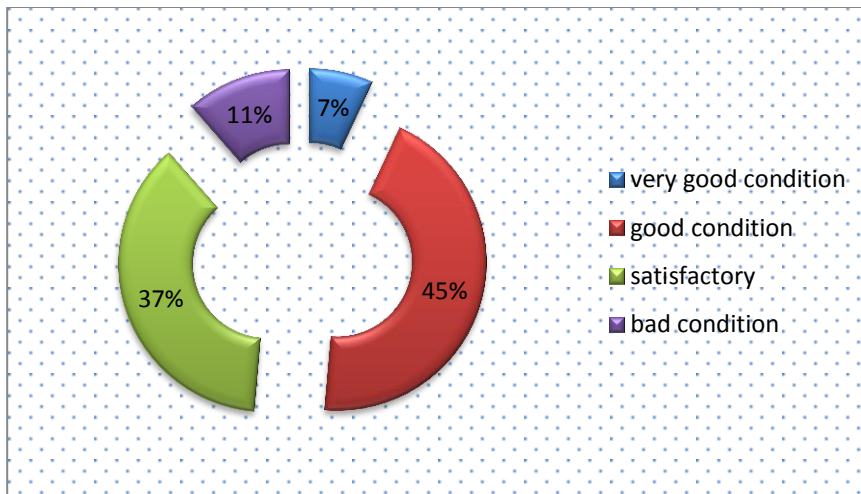


Fig.2 „Health self-assessment“

39% of the respondents have one chronic disease, following by 29% - with 3 chronic diseases, and 18% - with more than three chronic diseases.

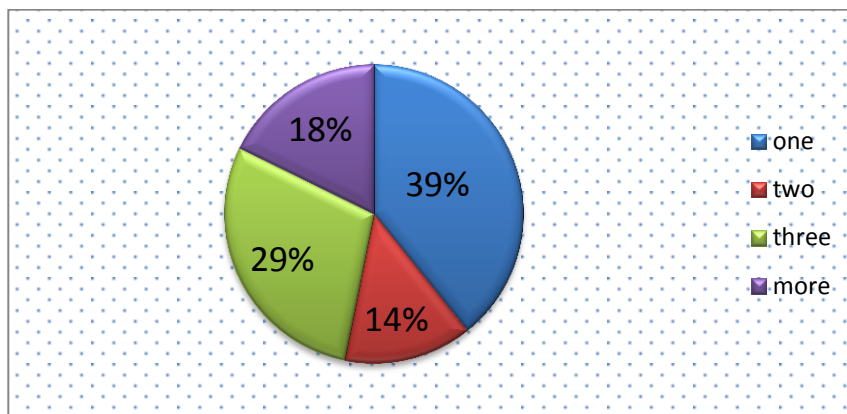


Fig.3 Number of chronic diseases of 1 patient

Despite their age, half of the elderly people point out that self-control is very important for the course of the disease, so they would make efforts to control their own health themselves, in case of having enough knowledge.

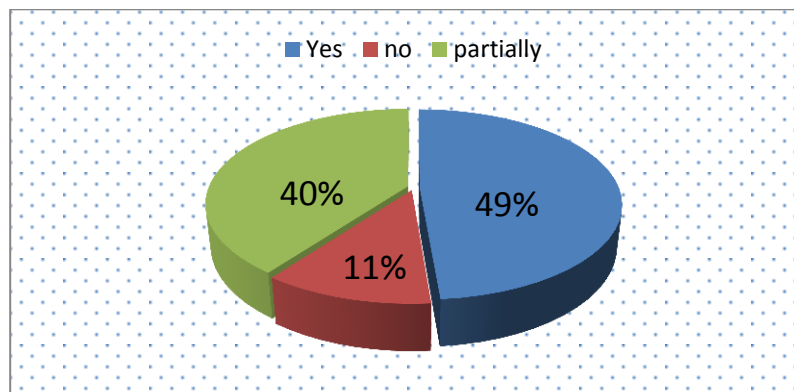


Fig. 4 Distribution of the answers of the following statement: "Self-control of the disease will improve my status"

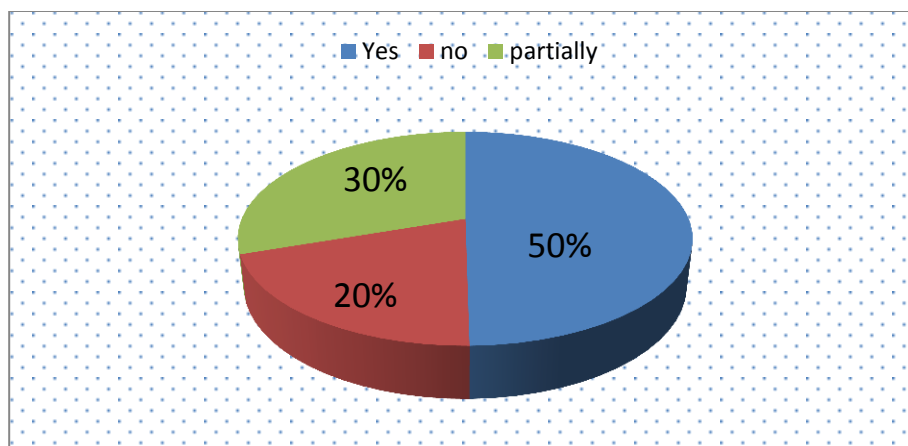


Fig. 5 „Do you think that if you have more information about the disease, you will control it better? “

Half of the respondents (108) think that if they are better informed, it will help them to control their disease, 72 (30%) think that it would particularly affect their health, and only 20% do not think so.

There was an issue in the questionnaire to investigate the opinion of the chronically ill patients for the most appropriate methods of learning about living with chronic diseases. It is interesting to note that people at third age prefer the traditional training methods. The most preferable ones are conversations and talking on a particular topic. A very preferable method is the usage of visual materials - brochures, leaflets, boards. We expected almost zero interest in social networks and internet sources. Only 10% would like to be trained by films. This is not a surprising fact because the elderly people will not have any materials to read when they have the desire or need of information after the film ends.

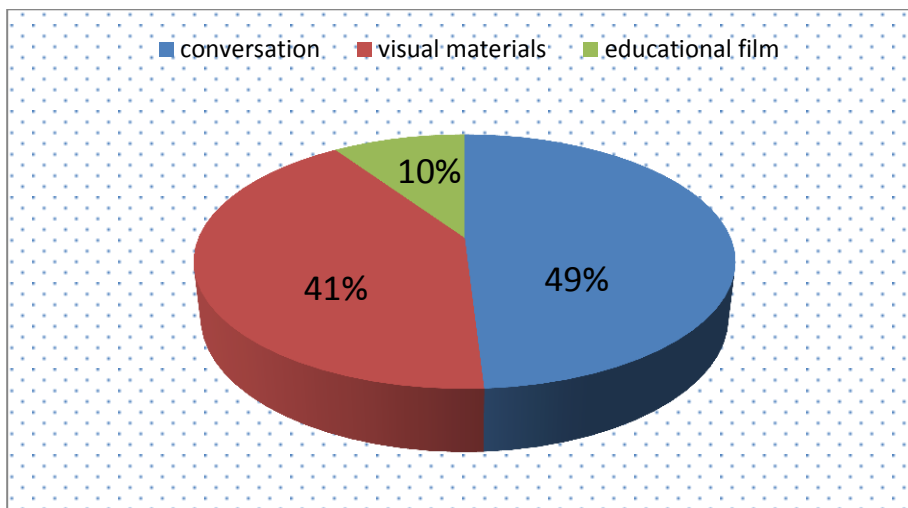


Fig. 6 Distribution of preferable methods for getting information about diseases, by the respondents

We also asked the respondents if they would fill in "A tracking and self-monitoring diary" to help them control their status themselves, to detect early the negative changes in their health status and to ease their life with the chronic disease.

Almost 80 % of the respondents have given a positive answer, and the others have said that it will be difficult for them, but they can try.

CONCLUSION

The results show that all respondents have chronic diseases - 31 have one disease, 11 - two diseases, 23 – three diseases, and 14 have more than three chronic diseases. More than half (18% - poor, 81% - satisfactory health) responded patients are not satisfied with their health status. Nearly half (49%) of the patients are convinced that disease control will have a beneficial effect on their status, 40% believe that it will affect them particularly. Half of the patients surveyed (108) are convinced that raising their awareness of the disease will help them to control it easier. The preferable methods of getting information are: conversations, talk - 49% of the respondents, visual materials - 41%, training films - 10%.

Significantly high number of patients declare readiness to involve in training to raise their awareness of life with chronic illnesses and to keep their "tracking and self-monitoring diary" in order to be able to self-monitor their health status.

Health training will create positive effects on the physiological, behavioral and psychological status of patients and on their social life.

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