

Self-Management Strategies and Patient Education

- Cynthia Olivas, MSN
- Nurse Manager: ECHO Pain & Rheumatology TeleECHO Clinics
- March 9, 2015

I have nothing to disclose.

Objectives

1. Describe Self-Management Strategies
2. Define the Five A's Model
3. Describe how functional goals can contribute to patient engagement in their plan of care
4. Discuss Performance-Function and Life Improvement Plans
5. Identify how to utilize change plans to engage patients in self-management strategies

Chronic Pain Experience

- Chronic pain (or any chronic condition) is best understood as a process that evolves over time
- The chronic pain experience results from the entire progression of the patient's illness, the sociocultural context in which it occurs, and the interactions between healthcare professionals and patients

Distinction between simple and complex pain

Simple: Chronic pain responds to standard treatments

- Patient is generally functional
- Interactions are mutually satisfying

Complex: Chronic pain does not respond to standard treatments (this includes education)

- Syndrome across all painful conditions
- Declining function over time in spite of progressively more aggressive, expensive, and risky medical treatments
- History of complicated or mysterious presentations to multiple providers
- Mutually unpleasant interactions (provider to patient – patient to provider – patient to loved ones or acquaintances)

Why use the Chronic Care Model for pain care?

This model can provide for productive interactions between patient, their families, and the care team.

There are six elements to the care model that influence the ability to deliver effective chronic illness care:

1. Self-management support
2. Delivery system design
3. Decision support
4. Clinician information system
5. Health care organization
6. Community

What is Self-Management?

Definition: the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences, and life style changes inherent in living with a chronic condition (Iversen, et al., 2014)

Self-management is a skill that helps individuals throughout their lives in both in their professional and personal lives

Self-management strategies related to illness include:

- Educational
- Behavioral
- Cognitive

Why Engage Patients in Self-Management?

Teaches patients how to manage and improve their own health, which could reduce health care costs (ER visits and hospital utilization)

Health benefits:

- Improvement in exercise and ability to participate in one's own care
- Improved health status
- Improved health behaviors and self-efficacy related to:
 - Exercise
 - Cognitive symptom management
 - Communication with providers
 - Self-efficacy

Self-Management Interventions (SMIs) are.....

- Problem focused
- Action-oriented
- ***Emphasize*** patient-generated care plans

SMIs include:

Educational

Behavioral and cognitive approaches to influence health knowledge

Attitudes

Beliefs and behaviors to maintain or adjust life roles

Address the psychological impact of disease

4 skills are addressed in SMIs.....

- Problem solving
- Decision making
- Resource utilization
- Collaborative patient/provider relationships and action taking

Self-Management Challenges

- Fluctuations of symptoms
- Untreated or unrecognized depression
- Untreated or unrecognized anxiety
- Changes to roles and relationships
- Complex medication regimens
- Inadequate social support
- Illness perception
- Helplessness
- Passive-avoidance behaviors
- Lack of self-efficacy

Self-Management Considerations

- Acceptance and readiness
- Tailored self-management teaching
- Assess and address barriers

Five A's Model

The Five A's stand for:

- **Ask:** Listen to the patient and ask them to listen to you (collaborative approach)
- **Assess:** Why, How, Readiness
- **Advise and Agree:** Goal setting, small gains, ID barriers and confidence
- **Assist:** Behavior-change techniques, be supportive, help problem solve
- **Arrange:** Schedule follow up, referral to community support, etc.

Utilize this model/approach to identify self-management interventions

Engaging the patient in treatment plan and self-management – *Ask...*

Starts with establishing rapport with the patient

During the clinical encounter/interview, incorporate open ended questions, clarify, and summarize what you heard.

- How do you spend your day?
- What kinds of things do you enjoy doing?
- What kinds of things are you unable to do?
- How would you like us to help your concern today?
- What words do you use to describe your pain/lack of functionality?
- Did I hear you say that....?
- I'd like to summarize what I just heard you say.
- Does my summary sound accurate?

Assess...

- Readiness to change...
- What are their current behaviors and beliefs?
- Knowledge regarding disease process?
- Current physical activity level?
- Medication adherence?
- What is their confidence level in their ability to engage in self- management?
- Do they have support?

Stages of Change: Characteristics & Strategies

Stages of Change

Stage of Change	Characteristics	Strategies
Pre-Contemplation	The individual is not even considering change. The person may be “in denial” or not consider it serious. They may have tried to change unsuccessfully so many times that they may have given up.	Educate on risks vs. benefits and positive outcomes related to change
Contemplation	The person is ambivalent about changing. During this stage, the person weighs the benefits vs. costs or barriers (e.g., time, expense, bother, fear)	Identify barriers & misconceptions. Address concerns. Identify support systems.
Preparation	The person is prepared to experiment with small changes.	Develop realistic goals & timeline for change. Provide positive reinforcement.
Action	The person takes definitive action to change behavior.	Provide positive reinforcement
Maintenance	The individual maintains changed behavior for 6 months.	Provide encouragement & support
Relapse	Individual returns to previous stage of change	Normalize relapse as part of the change process. Help the individual identify what strategies were helpful/not so helpful in past for behavior change

Advise...

- Make clear, specific, personalized recommendations
- Encourage SMART goals
- Remind the patient to accept small gains
- Advise the patient to identify small gains
- Advise the patient to identify barriers/confidence

Goals could include:

- Weight loss
- Increase activity level (exercise)
- Medication adherence
- Proper nutrition

Functional SMART Goals

Functional SMART Goals

Patient-Centered rehabilitation emphasizes restoration of functioning and movement for effective pain management. Pain reduction may not always be feasible for patients with chronic pain; therefore, therapeutic efforts for pain management focuses on improved functioning and reduced disability.

Setting functional SMART goals is an essential component of successful rehabilitation. Appropriate functional goal setting includes the following SMART elements:

S – Specific
M – Measurable
A – Action-Oriented
R – Realistic
T – Time-Bound

SPECIFIC:

Define specifically what you would like to achieve. Define what:

EX: walk, swim, practice self-regulation, stretch

MEASURABLE:

Make your goal measurable so you can track success. Define where/when/with whom:

EX: I will walk 1 mile 3x/week; I will stretch in the morning

ACTION-ORIENTED: Define what you will do versus what you won't do.

EX: I will eat 5 servings of vegetables/day vs. I will not eat candy.

REALISTIC: Is your goal a good starting point. Determine your current level of this activity and determine if your starting point is reasonable.

TIME-BOUND: When will you achieve this goal by. If this is a large goal, could you break it down into smaller more realistic goals?

Write your complete goal:

List any obstacles or barriers:

Develop a plan to overcome these obstacles or barriers

Performance-Function and Life Improvement: Suggestions for Patients

- Keep journals – food, medication, physical activity
- Keep a log/journal of when you take your medication and why, especially for “PRN” medications
- Make a list of foods you are eating – identify foods you would like to decrease or increase
- Create a personal activity plan
- Consider aspects of your life that negatively affect your health such as smoking, lack of exercise, lack of stretching, poor eating and sleeping habits
- Write down activities that you enjoy doing that you can currently do
- Write down and reflect on the things in your life that make you happy
- Make a list of 1-3 short term goals; Make a list of 1-3 long term goals
- Look at your list every day and do something active to move towards those goals
- Look at sleep habits/hygiene and make modifications if needed

Assist...

- Use behavior-change techniques
- Encourage and support – skills confidence, social/environmental support
- Problem solve to address barriers
- Make yourself or team more available (return phone calls or call patient to follow up on diagnostic tests, etc.)
- Supplement with other treatments (PT/OT/massage/acupuncture)

Arrange...

- Schedule follow up (timely)
- Refer to community support groups
- Encourage patients to seek out others (support groups)

Then...

Assess understanding of :

- Diagnosis
- Plan of care
- What is next
- When and how to follow up

Treatment Plan:

- Set **SMART** goals with the patient: **S**pecific **M**easureable **A**ttainable **R**ealistic and **T**ime-bound (see slide 18)

Performing a comprehensive pain assessment is important to ensure SMART goals are patient centered and appropriate.

Patient Education related to Medication Management

- Keep a current list of medications on hand
- Know side effects of medications
- Take medications as prescribed
- Keep a medicine calendar along with pain/migraine diary
- Call the pharmacy at least 72 hours prior to running out of medications
- Do not decrease medication doses to save money
- Keep track of medications that have been tried and failed and report to prescribing clinician

Patient education continued...

- Diagnosis/disease and progression/prognosis
- Sleep hygiene
- Balanced diet and nutrition – avoid/limit caffeine
- Exercise to prevent muscle loss and bone demineralization
- Stress relief methods (walking, deep breathing)
- Massage
- Acupuncture, acupressure
- Smoking cessation
- Education regarding the association between pain, disease progression, and depression

HA Change Plans



Complete Headache Diary



Call the **ECHO Care™**
Team if I feel worse



Understand more
about my condition



Recognize the
symptoms
and get to know
my triggers



Take medications
daily to prevent
migraine attacks



Proper Nutrition



Rest & Relaxation



Decrease Stress &
Anxiety



Exercise & Stretches



Make changes to
the home environment.
[Remove smoke, alcohol,
& solvents]



Take medications at
onset of migraine to
prevent full attack

Change Plan Headache/Migraine

HA Management Protocol

Headache and Migraine Management Protocol

All team members: Patient Self-Management Education & Support

Chronic headaches are defined as headaches that occur for greater than 15 days per month. About 90% of individuals suffer from headaches in the United States. There are different types of headaches: Tension-Type, Migraine, and Cluster headaches.

Tension-Type Headaches	Usually occur equally in men and women. Most often they are related to musculoskeletal spasms of the neck and shoulders.
Duration	Can last 30 minutes to 7 days.
Frequency	Intermittent (less than 15 days per month).
Quality of Pain	Pressing or band like: mild to moderate pain.
Triggers	Stress, depression, and anxiety.
Treatment	Physical therapy for neck, stretching, relaxation techniques, posture correction, apply heat to neck to decrease muscle spasms (bed buddy). Keep headache diary.

Cluster Headaches	Occur in males greater than females. Usually no family history.
Duration	Attack can last for 1-2 hours.
Frequency	Can occur up to 3 times a day several times during the month.
Quality of Pain	Pain comes on suddenly, effects are on one side (not bilateral-on both sides) and usually remain on the same side of the head (unilateral-on one side) from attack to attack.
Autonomic Phenomena	Drooping eyelids, pupil constriction, tearing, runny nose, facial blushing, swelling or sweating.
Triggers	Alcohol, smoke, Strong odors (solvents and cigarette smoke), disruptive sleep cycle, and high altitude.
Treatments	Eliminate triggers: 100% oxygen inhalation via mask at 7 to 10 liters per minute for 15 to 20 minutes helps during acute episodes, take medications daily, and take medications that are prescribed for onset of headache. Keep headache diary.

Migraine Headaches	Three Types: Common, Classical, Complicated
• Common	No aura (a distinctive sensation or visual disturbance), nausea (90%), vomiting, sensitivity to light; one sided, throbbing quality of pain, can last 3 to 4 days, and occur 1 – 4 times per month.
• Classical	Visual aura (flashing lights, zigzag line, bright spots), auras develop over 5 to 20 minutes, and usually last 1 hour May have trouble speaking and muscle weakness.
• Complicated	Involves significant neurological deficits (weakness); unilateral (one sided) or bilateral (both sides) numbness/tingling: lips, face, hands; rarely may represent a stroke.
Triggers	Caffeine, alcoholic beverages, chocolate, cured meats, food

Headache and Migraine Management Protocol

	additives, fermented beverages, monosodium glutamate (MSG), yeast products, dairy products, stress, hormonal changes associated with menstrual cycle, and pregnancy; weather changes, decreased sleep or lack of sleep, bright lights, fatigue, and fever.
Treatments	Take preventative medications as prescribed for migraine prevention. At the onset (start) of a migraine, take medications that are prescribed to stop the migraine as soon as possible so that they more effective in treating the migraine. During a migraine, rest in a dark quiet room with an ice pack on head, massage, and avoid foods that trigger migraines. Keep headache diary.

Educate the patient about the warning signs of headaches and when to call the team:

- If patient experiences the “worse headache of their life”.
- Change in patterns of headaches: frequency or severity of pain.
- Sudden onset of headache reaching severe, maximal intensity within minutes.
- Rapid onset with strenuous (hard) exercise.
- Headache awakens from sleep.

Hickey, J., V. (2009). Headaches. *The Clinical Practice of Neurological & Neurosurgical Nursing* (6th ed.), pp 633-645. Philadelphia, PA: Lippincott Williams & Wilkins

Fibromyalgia Change Plan



Call the **ECHO Care™** Team if I feel worse



Understand more about my condition



Recognize the symptoms and avoid triggers



Quit smoking or limit exposure to smoke



Take medications as prescribed



Engage in relaxation techniques including massage



Practice coping skills to minimize effects of negative emotions



Proper nutrition, maintain healthy weight



Practice good sleeping habits [avoid stimulates & food before bed]



Make changes to the home environment [eliminate tripping hazards]



Participate in activities that promote positive thought



Gradually increase activities [i.e.: walking, stretching, swimming, yoga]

Change Plan Fibromyalgia

Fibromyalgia Management Protocol

Fibromyalgia Management Protocol

All Team Members: Patient Self-Management Education & Support

Fibromyalgia (FMS) is a common widespread pain condition where patients often have a heightened sensitivity to pain (hyperalgesia). This pain is due to stimulus which does not normally provoke pain (allodynia). Some patients will have additional symptoms which include tenderness, sleep disturbances, fatigue, morning stiffness, irritable or overactive bladder, pelvic pain, cognitive complaints, and mood disorders (Wolfe et al, 2006).

Increase Activity	The goal of treatment is to help relieve pain and other symptoms and to help a person cope with the symptoms. Exercise is a very important part of treatment. Start slow and add regular exercise to your daily routine. Exercising often reduces pain symptoms and fatigue. Gradually increase activities such as walking, stretching, swimming, and yoga.
Practice Coping Skills	<p>Participate in relaxation techniques:</p> <ul style="list-style-type: none"> • Deep breathing – will reduce stress that can bring on symptoms. • Meditation – will reduce stress that can bring on symptoms. • Tidy up your environment - a clean room creates a pleasant environment. • Prioritize the things you need to do. If you do things systematically, one at a time, you will feel less stressed. • Make time for yourself to do things that you enjoy. • Seek and participate in counseling. • Change your routine – ex: go for a walk instead of watching television.
Sleep Hygiene	<p>Fibromyalgia disturbs sleep by affecting an individual's ability to fall and/or stay asleep. Lack of sleep does make the symptoms of FMS worse. Sleep Hygiene Tips include:</p> <ul style="list-style-type: none"> • Develop a routine: Go to bed at the same time every night and rise at the same time every morning. • Make sure that your bedroom is quiet, dark, not too hot or too cold and is relaxing. • Make sure your bed is comfortable and use it only for sleeping. Do not do other activities in your bedroom such as watch TV, listen to music, or play/work on the computer. • Avoid large meals before bedtime. • Avoid caffeine and extraneous exercise before bedtime.
Proper Nutrition and Maintain Health Weight	Eating a well-balanced diet will help with maintaining a healthy weight. Excessive weight gain can place added pressure on joints and increase pain.
Take Medications as Prescribed	There are several drugs that can be used to treat FMS. The U.S. Food and Drug Administration have approved three drugs for treatment of FMS. They include duloxetine (Cymbalta), <u>milnacipran (Savella)</u> and

Fibromyalgia Management Protocol

	<u>pregabalin (Lyrica)</u> . Report any medication side effects to your healthcare clinician. Medications may be ordered to assist with sleep.
Quit Smoking	Smoking can increase pain, anxiety, and depression.

Educate the patient about the following and when they should call the team:

- Medication side effects ** notify the team
- Report any increase in symptoms ** notify the team

American College of Rheumatology, 2010. *Fibromyalgia*. Retrieved December 19, 2013, from http://www.rheumatology.org/Practice/Clinical/Patients/Diseases_And_Conditions/Fibromyalgia/

Wolfe, G., Smythe, H.A., Yunus, M.B., Bennett, R.M., Bombardier, C., Goldenberg, D.L., Tugwell, P., Campbell, S., M., Abeles, M., Clark, P., et al. (1990). The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia. Report of the Multicenter Criteria Committee. *Arthritis Rheumatology*. 33(2). 160-172

References:

Glasgow, R. E., Emont, S., Miller, D. E. (2006). Assessing delivery of the five 'As' for patient-centered counseling. *Health Promotion International*, 21(3), pp 245-255

Iversen, M. D., Hammond, A., Betteridge, N. (2014). Self-management of rheumatic diseases: state of the art and future perspectives. *Annals of the Rheumatic Diseases*, 73(11), pp 955-963. doi: 10.1136/ard.2010.129270

Mann, E., G., LeFort, S., VanDenKerhof, E., G. (2013). Self-management interventions for chronic pain. *Pain Management* 3(3), 211-222

Osterweis, M., Kleinman, A. Mechanic, D. (1987). Pain and Disability: clinical behavioral and public policy perspectives. Washington, DC: NationalAcademy Press