

Self Management Network Newsletter

Volume 3: Issue 1 3 March 2008

Welcome

Welcome to the first newsletter of the Self Management Network for 2008. You have been sent this newsletter because of your interest in self-care support and optimising primary and secondary care for people with long-term conditions.

In this newsletter you will find the following sections:

- Part-time work available
- Update re Health Navigator website project
- Lifestyle screening tool for primary care – CHAT
- Featured Website
- Articles of Interest
- Conferences
- Feedback & unsubscribe details

Work Available

**Interested in
some extra
work?**

Casual Part-time Work - Research & Editorial Assistance Required

We are looking for someone with an interest in self care/self management support to help us with some research and editorial work on the Health Navigator website.

- Great opportunity to be part of an exciting, innovative project
- Ideal for a nurse, allied health professional, or health/medical student
- Would also suit web design students
- No previous research or editorial experience required
- Flexible hours, fit in around study, children or other commitments
- Work from home or office
- Approximately 10 hours/week for 6-8 weeks initially
- Pay rate \$17-20/hr depending on experience and skills (on par with tertiary institutions for research assistants)
- Above average computer skills and reasonable typing ability required
- Preferably Auckland based as weekly contact needed

For further information, contact Dr Janine Bycroft at janine@webmail.org.nz

Health Navigator Website Update

Features:

- Portal to key health information
- Keeping well resources
- Self-help tools
- Patient-friendly drug information
- Action plans
- Links to topic related CME
- E-health tools
- Links to online CBT & toolkits for mental health
- And much more!

Thank You

Firstly, a big thank you to everyone that has sent links, resources and information through. Also a big thank you to the reference groups that have been working hard to identify resources and quality check everything. We're making progress, albeit slower than planned, and hope to have a pilot site online by May this year.

Overview

This website is a collaborative project developed by a range of non-profit health organisations working together to identify the most useful resources available for New Zealanders with an emphasis on self-help/self-care resources and tools. There are hundreds of health-related websites, however to finding reliable, accurate and evidence-based health information at the right time is difficult for both health professionals and consumers. This website is therefore designed as a portal or gateway to link users through to the most useful websites and resources we can find.

Aim: to provide accurate and reliable health information, tools and resources that support and enable individuals and their families to manage their health and long term health conditions more effectively in partnership with their healthcare providers.

Audience: consumers and health providers

A reminder the key areas we focusing on for now are:

1. Arthritis and gout
2. Respiratory - especially asthma, COPD,
3. Mental health
4. Cardiovascular
5. Diabetes
6. Improving clinical practice

Help Needed:

We'd really appreciate help with any of the following:

1. Copyright free photos, pictures and suitable artwork - eg photos of NZ scenery, holiday snapshots, beach scenes, recreational activities, physical activity,
2. Photos of healthy foods, meals, health equipment, consultations etc.
3. Photos of groups, families, individuals - especially Maori and Pacific families. Please ensure permission is given for these to be published on the internet.
4. **Finalising the content for the webpages – anyone willing to volunteer and help for an hour or so?**

We're keen to identify photos that promote health and wellbeing, and will help the website look appealing, interesting and attract a wide audience.

Please continue to look out for high quality resources for both consumers and health providers and send the link or offer of help through to Janine at janine@webmail.org.nz Thank you!

CHAT Tool - Case finding of lifestyle and mental health disorders in primary care: validation of the `CHAT` tool.

Goodyear-Smith F, et al. Br J Gen Pract. 2008 Jan;58(546):26-31.

BACKGROUND: Primary care is accessible and ideally placed for case finding of patients with lifestyle and mental health risk factors and subsequent intervention. The short self-administered Case-finding and Help Assessment Tool (CHAT) was developed for lifestyle and mental health assessment of adult patients in primary health care. This tool checks for tobacco use, alcohol and other drug misuse, problem gambling, depression, anxiety and stress, abuse, anger problems, inactivity, and eating disorders. It is well accepted by patients, GPs and nurses. **AIM:** To assess criterion-based validity of CHAT against a composite gold standard. **DESIGN OF STUDY:** Conducted according to the Standards for Reporting of Diagnostic Accuracy statement for diagnostic tests. **SETTING:** Primary care practices in Auckland, New Zealand. **METHOD:** One thousand consecutive adult patients completed CHAT and a composite gold standard. Sensitivities, specificities, positive and negative predictive values, and likelihood ratios were calculated. **RESULTS:** Response rates for each item ranged from 79.6 to 99.8%. CHAT was sensitive and specific for almost all issues screened, except exercise and eating disorders. Sensitivity ranged from 96% (95% confidence interval [CI] = 87 to 99%) for major depression to 26% (95% CI = 22 to 30%) for exercise. Specificity ranged from 97% (95% CI = 96 to 98%) for problem gambling and problem drug use to 40% (95% CI = 36 to 45%) for exercise. All had high likelihood ratios (3-30), except exercise and eating disorders.

CONCLUSION: CHAT is a valid and acceptable case-finding tool for most common lifestyle and mental health conditions.

Abstract at

http://www.ncbi.nlm.nih.gov/pubmed/18186993?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlusDrugs1

Featured Website

The Lowdown – new depression website for young people

While mentioned in December's newsletter, this website is so unique, we've highlighted it again in case you missed it last time.

This new website, launched in Dec 07 as part of the national depression initiative, is one of the coolest websites I've come across. The animation with TV presenters/musicians showing you around the site, the video clips of musicians, TV celebrities, chat room, etc are quite amazing. Well worth a visit and likely to be very popular with young people.

- For a TV 3 video clip, visit Scoop at <http://www.scoop.co.nz/multimedia/tv/3730.html>
- For an article about the website launch by Jim Anderton, <http://www.beehive.govt.nz/release/getting+lowdown+how+get+help>

Articles of Interest

	<p>Self-management education for patients with chronic obstructive pulmonary disease Effing T, Monninkhof EM, van der Valk PD, van der Palen J, van Herwaarden CL, Partidge MR, Walters EH, Zielhuis GA.</p> <p>Cochrane Database Syst Rev. 2007 Oct 17;(4):CD002990.</p> <p style="text-align: center;">Links</p> <p>http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17943778&dopt=AbstractPlus</p>
	<p>NZ Study finds way to stay thin after dieting NZ Herald Wednesday December 26, 2007 By Martin Johnston</p> <p>A New Zealand researcher has devised an antidote for the over-indulgence of Christmas that will be weighing heavily on many tummies today. In a study of 200 middle-aged women, Otago University nutritionist Dr Kelly Dale found that her no-frills programme for keeping off the kilos was as effective as one that cost four times as much. Now, the university is discussing the results with primary health organisations, hoping they will offer the cheaper scheme to people who have lost weight and want to keep it off. Obese or overweight people can make a big reduction in health risks by losing modest amounts of weight.</p> <p>An American study found that a 100kg person who lost 5kg over two to three years reduced their risk of developing diabetes by 58 per cent</p> <p>Link to the article at www.nzherald.co.nz/section/1/story.cfm?c_id=1&objectid=10484268</p>
<p>Myth or scientifically based?</p>	<p>Seven great medical myths These well-worn theories are among seven "medical myths" exposed in a paper published in the British Medical Journal, just before Christmas last year. Two U.S. researchers took seven common beliefs and searched the archives for evidence to support them.</p> <p>True or false?</p> <ol style="list-style-type: none"> 1. Reading in dim light won't damage your eyes, 2. you don't need eight glasses of water a day to stay healthy, and 3. shaving your legs won't make the hair grow back faster. <p>Read the article in the BMJ by Rachel C Vreeman, and Aaron E Carroll, to find out the answers to these and 4 other common health beliefs.</p> <ul style="list-style-type: none"> • BMJ 2007;335:1288-1289 (22 December), doi:10.1136/bmj.39420.420370.25 http://www.bmj.com/cgi/content/full/335/7633/1288 • Or Medscape Family Medicine review of this article at http://www.medscape.com/viewarticle/567853?src=mpnews
	<p>Health at a Glance 2007: OECD Indicators <i>Health at a Glance 2007</i> allows readers to compare health systems and their</p>

	<p>performance across a number of key dimensions, using a core set of indicators of health and health systems that were selected for their policy relevance as well as on the basis of the availability and comparability of data. It includes data for NZ and Australia and was released in Nov 07.</p> <ul style="list-style-type: none"> • For the Table of contents see link at http://www.oecd.org/document/11/0,3343,en_2649_37407_16502667_1_1_1_37407,00.html#B3 • Web book available for free online at http://oberon.sourceoecd.org/vl=5205918/cl=27/nw=1/rpsv/health2007/index.htm
	<p>Electronic Alerts Versus On-Demand Decision Support to Improve Dyslipidaemia Treatment. A Cluster Randomized Controlled Trial.</p> <p>Circulation. 2008 Jan 2 van Wyk JT, et al.</p> <p>BACKGROUND: -Indirect evidence shows that alerting users with clinical decision support systems seems to change behaviour more than requiring users to actively initiate the system. However, randomized trials comparing these methods in a clinical setting are lacking. We studied the effect of both alerting and on-demand decision support with respect to screening and treatment of dyslipidaemia based on the guidelines of the Dutch College of General Practitioners.</p> <p>Methods and Results-In a clustered randomized trial design, 38 Dutch general practices (77 physicians) and 87 886 of their patients (39 433 men 18 to 70 years of age and 48 453 women 18 to 75 years of age) who used the ELIAS electronic health record participated. Each practice was assigned to receive alerts, on-demand support, or no intervention. We measured the percentage of patients screened and treated after 12 months of follow-up.</p> <ul style="list-style-type: none"> • In the alerting group, 65% of the patients requiring screening were screened (relative risk versus control=1.76; 95% confidence interval, 1.41 to 2.20) compared with 35% of patients in the on-demand group (relative risk versus control=1.28; 95% confidence interval, 0.98 to 1.68) and 25% of patients in the control group. • In the alerting group, 66% of patients requiring treatment were treated (relative risk versus control=1.40; 95% confidence interval, 1.15 to 1.70) compared with 40% of patients (relative risk versus control=1.19; 95% confidence interval, 0.94 to 1.50) in the on-demand group and 36% of patients in the control group. <p>Conclusion-The alerting version of the clinical decision support systems significantly improved screening and treatment performance for dyslipidemia by general practitioners.</p> <ul style="list-style-type: none"> • Abstract: http://www.ncbi.nlm.nih.gov/pubmed/18172036?dopt=Abstract • Full article: http://circ.ahajournals.org/cgi/content/full/117/3/371

Family dietary coaching to improve nutritional intakes and body weight control: a randomized controlled trial.

Objective: To test the hypothesis that family dietary coaching would improve nutritional intakes and weight control in free-living (noninstitutionalized) children and parents.

DESIGN: Randomized controlled trial.

SETTING: 54 elementary schools in Paris, France.

PARTICIPANTS: One thousand thirteen children (mean age, 7.7 years) and 1013 parents (mean age, 40.5 years).

INTERVENTION: Families were randomly assigned to:

- Group A (advised to reduce fat and to increase complex carbohydrate intake),
- Group B (advised to reduce both fat and sugar and to increase complex carbohydrate intake), or a
- control group (given no advice).

Groups A and B received monthly phone counselling and Internet-based monitoring for 8 months.

OUTCOME MEASURES: Changes in nutritional intake, body mass index (calculated as weight in kilograms divided by height in meters squared), fat mass, physical activity, blood indicators, and quality of life. RESULTS:

Compared with controls, participants in the intervention groups achieved their nutritional targets for fat intake and to a smaller extent for sugar and complex carbohydrate intake, leading to a decrease in energy intake (children, $P < .001$; parents, $P = .02$). Mean changes in body mass index were similar among children (group A, + 0.05, 95% confidence interval [CI], - 0.06 to 0.16; group B, + 0.10, 95% CI, - 0.03 to 0.23; control group, + 0.13, 95% CI, 0.04-0.22; $P = .45$), but differed in parents (group A, + 0.13, 95% CI, - 0.01 to 0.27; group B, - 0.02, 95% CI, - 0.14 to 0.11; control group, + 0.24, 95% CI, 0.13-0.34; $P = .001$), with a significant difference between group B and the control group ($P = .01$).

CONCLUSIONS: Family dietary coaching improves nutritional intake in free-living children and parents, with beneficial effects on weight control in parents.

Comments: Interesting study rated highly by BMJ Evidence Update Service for relevance and newsworthiness. Few similar RCTs. However, generalisability may be limited. Participants of higher socio-economic status. Further studies with more diverse population needed.

Abstract: <http://www.ncbi.nlm.nih.gov/pubmed/18180410?dopt=Abstract>

Full article : <http://archpedi.ama-assn.org/cgi/content/full/162/1/34>

Asking the experts: Exploring the self-management needs of adolescents with arthritis.

Stinson J.N. Toomey P.C. Stevens B.J. Kagan S. Duffy C.M. Huber A. et al. *Arthritis Care and Research*. 59(1)(pp 65-72), 2008. Date of Publication: 15 Jan 2008.

Objective. To explore the self-management needs of adolescents with juvenile idiopathic arthritis and the acceptability of a Web-based program of self-management aimed at improving quality of life.

Methods. A descriptive qualitative design was used. A convenience sample of 36 adolescents (male and female) who varied in age, disease onset subtype, and disease severity were recruited from 4 Canadian tertiary care pediatric centers. Individual ($n = 25$) and 3 focus-groups....

Results. Adolescents articulated how they developed effective self-management strategies through the process of

- Ø "letting go" from others who had managed their illness (health care professionals, parents) and
- Ø "gaining control" over managing their illness on their own.

	<p>The 2 strategies that assisted in this process were:</p> <ul style="list-style-type: none"> • Gaining knowledge and skills to manage the disease, and • experiencing understanding through social support. <p>Five further subthemes emerged around skills to:</p> <ul style="list-style-type: none"> • manage the disease, including knowledge and awareness about the disease • listening to and challenging care providers, • communicating with the doctor, • managing pain, and • managing emotions. <p>Conclusion. Adolescents were united in their call for more information, self-management strategies, and meaningful social support to better manage their arthritis. They believed that Web-based interventions were a promising avenue to improve accessibility and availability of these interventions. > American College of Rheumatology.</p>
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Conferences – Local and International

<p>Diabetes Congress</p>	<p>7th International Diabetes Federation Western Pacific Congress March 30 – April 3, 2008, Wellington</p> <p>Diabetes New Zealand and New Zealand Society for the Study of Diabetes <i>invite you to the 7th IDF WPR Congress</i> to be held in Wellington, New Zealand March 30 - April 3, 2008.</p> <p>Plenary sessions will be delivered by:.</p> <ul style="list-style-type: none"> • Professor Shiriki Kumanyika , Pennsylvania on Global Strategies for prevention of obesity and diabetes; • Professor Mark Cooper, Baker Institute, Melbourne on the kidney, RAS and CVD; • Professor Mark Febbraio, Baker Institute, Melbourne on diabetes and vascular disease; • Dr Susan Ozanne, University of Cambridge on the origins of diabetes and early development; • Professor Sven-Erik Bursell of Joslin Diabetes Centre on delivery of eye care; and closing session • Chaired by Dr E S Tai and Professor Len Harrison with Keith Woodford, Boyd Swinburn and Bob Elliot. <p>http://www.idfwpr2008.org/programme.php</p>
<p>Goodfellow Symposium</p>	<p>The Goodfellow Symposium 2008: Looking after our patients and ourselves</p> <p>12 -13 April, Hyatt Regency, Auckland Keynote speakers: Ron Paterson, Craig Hasted, Hilton Koppe. Weekend refresher – eligible for MOPS points.</p>

	<p>Early bird discounts apply until 14 March.</p> <p>Find out more, and register online at www.health.auckland.ac.nz/goodfellow/symposium.htm Contact: goodfellow@tcc.co.nz Phone: +64 9 360 1240 Fax: +64 9 360 1242</p>
<p>Screening Symposium</p>	<p>Screening Symposium 2008 14-15 April, Te Papa, Wellington, NZ</p> <p>The National Screening Unit is co-ordinating a screening symposium looking at current and future screening trends. Note: The deadline for abstracts has now closed. Conference website: http://www.nsu.govt.nz/2468.asp</p>
<p>Australia - Chronic Disease Self Management Conference</p>	<p>International Congress on Chronic Disease Self-management 26th to 28th November 2008, Grand Hyatt Melbourne</p> <p>“Chronic Disease Self-management: Innovation and evidence of effectiveness”</p> <p>The University of Melbourne will again host Australia’s premier conference on Chronic Disease Self-management. The 2007 conference generated unprecedented interest and sponsored international linkages between researchers, practitioners and policymakers. In the context of new and emerging national and international policy and programs, this year’s conference represents a very valuable opportunity for international knowledge exchange.</p> <p>Keynote speakers include internationally renowned leaders in the field such as:</p> <ul style="list-style-type: none"> - Professor Stan Newman, London University, UK - Dr Teresa Brady, Centres for Disease Control and Prevention, USA, - Professor Bob Lewin, University of York, UK. <p>Conference themes include:</p> <ul style="list-style-type: none"> - The workplace – an untapped opportunity for Chronic Disease Self-management - Innovations in Chronic Disease Self-management program content and delivery - Optimising the role and impact of primary care - The needs of indigenous people and those from culturally and linguistically diverse backgrounds - Chronic Disease Self-management for young people - Health Literacy: the foundation of self-care and self-management support - Introduction of innovation - making Chronic Disease Self-management sustainable <p>The conference will consist of one day of workshops followed by two days of presentations. These will include those showcasing innovations in Chronic Disease Self-management in a variety of contexts (disease groups and modes of intervention), proffered papers, and presentations from both Australian and</p>

	<p>international leaders in the field.</p> <p>To express interest in receiving updates on the conference including speakers, program, registration and call for abstracts opportunities please email conference@union.unimelb.edu.au</p> <p>You can visit the website of the Centre for Rheumatic Diseases for downloads of the 2007 conference: The Way Forward - Chronic Disease Self-Management in Australia.</p>
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What is the Self Management Network?

	<p>The self management network is an informal and voluntary group of people interested in self management principles to prevent disease development and improve the health of people with long-term health conditions. The group includes doctors, nurses, nurse specialists, consumers, managers, psychologists and allied health professionals. We now have over 150 healthcare providers from throughout NZ on the email list and researchers from Australia, Canada and the USA.</p> <p>PURPOSE:</p> <ul style="list-style-type: none"> • To raise awareness of self-management & encourage increased self management support • Forum for meeting like-minded people • Identify opportunities to work together collaboratively • Learn from each other • Promote system changes that recognise & support the central role of individuals & their families • Promote healthy public policies for prevention and reduction of long term conditions • Promote training and research in this area <p>As one of the 6 key components of the Wagner & WHO Chronic Care Models, self management is increasingly recognised internationally and nationally as an important concept for improving chronic care and preventing disease onset.</p> <p>Self-management support is defined by Adams and colleagues as “the systematic provision of education and supportive interventions by health care staff to increase patients’ skills and confidence in managing their health problems, including regular assessment of progress and problems, goal setting, and problem-solving support.”</p> <p>Equally important is a paradigm shift that recognises the importance of matching care with patient/whanau values, beliefs and priorities and partnering together to ensure you receive the best and most appropriate care possible to maximise your health and wellbeing.</p> <p>It also refers to the multilevel changes healthcare organisations and systems can implement to facilitate prepared, proactive health teams/organisations and informed, activated patients/families/communities .</p>
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Feedback & Subscribe

	<p><u>Suggestions & regional news</u> We are always interested in receiving suggestions, regional news and articles for future newsletters. Let us know if anything interesting is happening in your area or organisation or you come</p>
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across a great website or article.

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Contact details: janine@webmail.org.nz