







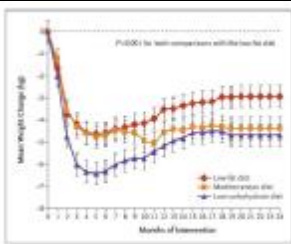


Self Management Network Newsletter

August – September 2008	
	<p>Welcome to all the nurses and GPs that have recently completed their Flinders Workshop training.</p> <p>This edition contains the following sections:</p> <ul style="list-style-type: none"> • Update for Health Navigator website project • Ministry of Health developing a long-term conditions framework • Review Articles • Articles of Interest • Flinders Workshops • Training • Conferences • Feedback & unsubscribe details
<p>Health Navigator Charitable Trust</p> 	<p>The Self Management Network is now a charitable Trust called the Health Navigator Charitable Trust.</p> <p>The Health Navigator NZ website is currently being piloted with smaller groups while content continues to be added. We hope to have it live by November 08 with an official launch in February 09.</p> <p>There are a number of ways you can help us make this website even better:</p> <ol style="list-style-type: none"> 1. Writers – anyone knowledgeable in a particular area, who would like to submit a short article or patient resource may now apply to the editor janine@webmail.org.nz. Current focus are general review type articles and easy to read consumer resources on common or significant long-term conditions. 2. Trustees – we are currently looking for 2 more trustees with expertise in any of the following areas: Accounting, legal, marketing, communication and business development. This is a voluntary position and if you or someone you know is interested in helping us make a difference for the health of New Zealanders, please contact the Trust Chairperson – Dr Jocelyn Tracey at 3. Recommend a website, consumer resource or online self-help tool for diabetes, heart disease, mental health problems, respiratory conditions, arthritis or chronic care. 4. Photos – we are still looking for photos of families, people, consultations, groups and cultural events or objects. If you have any from your work or organisation you are able to share, we would love to hear from you. janine@webmail.org.nz
<p>Ministry of Health</p> 	<p>Ministry of Health Long-Term Conditions Programme July / August up-date</p> <p>Extract from the MOH Long-Term Conditions webpages:</p> <p>“No marketing guru would ever dream up a phrase like 'Long-Term Conditions'. It lacks punch, is not catchy and doesn't conjure up a vivid mental picture for many of us. However Long-Term Conditions pack a powerful punch into the capacity and budget of our health system and into the lives of perhaps hundreds of thousands of New Zealanders every day.</p> <p>Work assessing the impact of Long-Term Conditions is planned but we already know the numbers will be dramatic.</p> <p>While the real work of improving the management of long-term conditions will happen in homes, communities, primary health care, clinics and</p>

	<p>hospitals throughout every PHO and DHB, there is important work at a national level to do including developing a national Framework for Long-Term Conditions management into New Zealand's future. That work is coming closer to fruition and in this up-date you can catch up on our progress with:</p> <ul style="list-style-type: none"> • The August Leaders' Forum presentation • Timetable for feedback on the national Long-Term Conditions Management Framework • New national guidelines - 'Identification of Common Mental Disorders and Management of Depression in Primary Care' • New Zealand Pain Society - recognising the significance of chronic pain. • New Zealand Organisation for Rare Disorders • Counties Manukau Conference - Building Tomorrow's Health Services - Waihanga Ora • Up-date from the Across Ministry Working Group. <p>For more information go to the full article at: http://www.moh.govt.nz/moh.nsf/indexmh/longtermconditions-news-august08update</p>
<p>Reviews</p> <p>A health system with quality at the heart of it all</p> 	<p>High Quality Care For All: NHS Next Stage Review – Final Report</p> <p>In the UK, the final report of Lord Darzi's "NHS Next Stage Review" was released at the end of June 08. It responds to the 10 SHA strategic visions and sets out a vision for an NHS with quality at its heart.</p> <p><i>"In the 21st century, there remains a compelling case for a tax-funded, free at the point of need, National Health Service. This Report celebrates its successes, describes where there is clear room for improvement, looks forward to a bright future, and seeks to secure it for generations to come through the first NHS Constitution. The focus on prevention, improved quality and innovation will support the NHS in its drive to ensure the best possible value for money for taxpayers.</i></p> <p><i>Through this process, we have developed a shared diagnosis of where we currently are, a unified vision of where we want to be and a common language framework to help us get there. This Review has built strong foundations for the future of the service. It outlines the shape of the next stage of reform, with the clarity and flexibility to give confidence for the future."</i> (Lord Darzi)</p> <p><i>"My conclusions, and the measures described in this report, focus on how we can accelerate the changes that frontline staff want to make to meet those challenges, whilst continuing to raise standards.</i></p> <p><i>The vision this report sets out is of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe".</i></p> <p>The report then sets out the key steps the NHS must take to deliver this vision.</p> <ul style="list-style-type: none"> • Download full report (PDF, 2761K) • Online interactive magazine version (opens new window) • Download summary (product no: 288743) (PDF, 249K)
<p>New Zealand Guidelines Group. (2008, May)</p>	<p>Talking Therapies</p> <p>Talking therapies: a brief review of recent literature on the evidence of the use of cognitive behaviour therapy, dialectical behaviour therapy and motivational interviewing; on cultural issues in therapies and on therapeutic alliance.</p>

	<p>Auckland: Te Pou o Te Whakaro Nui: The National Centre of Mental Health Research and Workforce Development.</p> <p>Full Review. http://www.tepou.co.nz/file/PDF/publications/080711-Talking-Therapies-final.pdf</p>
	<p>Free Online Access to all SAGE Journals until 31 October 2008</p> <p>Visit the link below to have free online access to over 500 SAGE Journals until 31 October 2008.</p> <p>https://online.sagepub.com/cgi/register?registration=FTOct2008-17</p>
<p>Articles of Interest</p>	
<p><i>The Lancet</i> 2008; 372:246-255</p> 	<p>Lancet Review - Psychological adjustment to chronic disease</p> <p>Prof Denise de Ridder, Prof Rinie Geenen, Roeline Kuijer, and Henriët van Middendorp The Lancet 2008; 372:246-255 DOI:10.1016/S0140-6736(08)61078-8</p> <p><i>“This review discusses physiological, emotional, behavioural, and cognitive aspects of psychological adjustment to chronic illness. Reviewing the reports of the past decade, we identify four innovative and promising themes that are relevant for understanding and explaining psychological adjustment. In particular, the emphasis on the reasons why people fail to achieve a healthy adjustment has shifted to the identification of factors that help patients make that adjustment.</i></p> <p>To promote psychological adjustment,</p> <ul style="list-style-type: none"> • <i>patients should remain as active as is reasonably possible,</i> • <i>acknowledge and express their emotions in a way that allows them to take control of their lives,</i> • <i>engage in self-management, and</i> • <i>try to focus on potential positive outcomes of their illness.</i> <p><i>Patients who can use these strategies have the best chance of successfully adjusting to the challenges posed by a chronic illness.”</i></p>
 <p>Study design - RCT NEJM - abstract full article pdf</p>	<p>Weight Loss With a Low-Carbohydrate, Mediterranean, or Low-Fat Diet</p> <p>Author(s): Shai I, Schwarzfuchs D, Henkin Y, et al., on behalf of the Dietary Intervention Randomized Controlled Trial (DIRECT) Group. Citation: N Engl J Med 2008;359:229-241.</p> <p>Study Question: What is the effect of various weight loss diets on weight and metabolic parameters in middle-aged men and women requiring dietary intervention?</p> <p>Methods: The 2-year Dietary Intervention Randomized Controlled Trial (DIRECT) investigators randomly assigned 322 moderately obese Israeli subjects to one of three diets: low-fat, restricted-calorie; Mediterranean, restricted-calorie; or low-carbohydrate, nonrestricted-calorie. Eligibility included ages 40-65 years and a body mass index (BMI) at least 27 kg/m², or type 2 diabetes or coronary heart disease (CHD) regardless of age and BMI. The lunch meal, which is the main meal in Israel, was provided in a single workplace cafeteria. The primary outcome was change in weight at 2 years.</p> <p>Results: ... The rate of adherence to a study diet was 95.4% at 1 year and 84.6% at 2 years. Key findings – see table below.</p> <p>Conclusions: Mediterranean and low-carbohydrate diets may be effective alternatives to low-fat diets. The more favorable effects on lipids (with the</p>



low-carbohydrate diet) and on glycemic control (with the Mediterranean diet) suggest that personal preferences and metabolic considerations might inform individualized tailoring of dietary interventions.

Perspective: The results are similar to many reported in free-living moderately obese adults and those with insulin resistance. The message for physicians, dietitians, and their patients is that the best choice is a caloric-restricted diet chosen by the patient. We try to promote the Mediterranean diet in CHD and the metabolic syndrome, but give the patient the choice to begin with a low-carbohydrate diet to jump start weight loss and enhance initial compliance, and transition to the Mediterranean diet over time.” (Melvyn Rubenfire, M.D., F.A.C.C. for CardioSource)

Type of Diet	Low-fat Diet	Mediterranean Diet	Low-Carb Diet
Different characteristics		Higher fibre & highest ratio monounsaturated fat to saturated fat	largest amounts of fat, protein, and cholesterol, non-restricted calorie
Mean wt loss	2.9 kg	4.4 kg	4.7 kg
Mean wt loss in those that completed intervention (n=272)	3.3 kg	4.6 kg	5.5 kg
RR of Total chol/HDL ratio	Decrease by 12 %		Decrease by 20 %
High sensitive CRP	No change	Decrease by 21%	Decrease by 29 %
Diabetes (n=36)		Improved fasting plasma glucose & insulin levels cf to low-fat diet group	

For further information see:

- NEJM - [abstract](#) [full article](#) [pdf](#)
- CardioSource - <http://www.cardiosource.com/cjrpicks/CJRPick.asp?cjrID=4435>
- Cardiosource CVN News – 2 minute video www.cardiosource.com/cvn/index.asp?videoID=581

Source: Arthritis & Rheumatism. 59(7):1009-17, 2008 Jul 15.



The internet-based arthritis self-management program: a one-year randomized trial for patients with arthritis or fibromyalgia

Lorig KR. Ritter PL. Laurent DD. Plant K. Arthritis & Rheumatism. 59(7):1009-17, 2008 Jul 15.

OBJECTIVE: To determine the efficacy of an Internet-based Arthritis Self-Management Program (ASMP) as a resource for arthritis patients unable or unwilling to attend small-group ASMPs, which have proven effective in changing health-related behaviors and improving health status measures. **METHODS:** Randomized intervention participants were compared with usual care controls at 6 months and 1 year using repeated-measures analyses of variance. Patients with rheumatoid arthritis, osteoarthritis, or fibromyalgia and Internet and e-mail access (n = 855) were randomized to an intervention (n = 433) or usual care control (n = 422) group.

Measures included:

- 6 health status variables (pain, fatigue, activity limitation, health distress, disability, and self-reported global health),
- 4 health behaviors (aerobic exercise, stretching and strengthening exercise, practice of stress management, and communication with physicians),

	<ul style="list-style-type: none"> • 5 utilization variables (physician visits, emergency room visits, chiropractic visits, physical therapist visits, and nights in hospital), and • self-efficacy. <p>RESULTS: At 1 year, the intervention group significantly improved in 4 of 6 health status measures and self-efficacy. No significant differences in health behaviors or health care utilization were found.</p> <p>CONCLUSION: The Internet-based ASMP proved effective in improving health status measures at 1 year and is a viable alternative to the small-group ASMP.</p>
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Update re Flinders Model

How about establishing a Peer Review Group in your area



Within NZ, a number of Flinders Workshops have been held around the country including as far south as Westport and Invercargill. Some participants are meeting for peer review and support sessions – check if anything is happening in your area by asking your trainer or ring a few colleagues and start one. It can be great to get together, discuss cases, brainstorm and support each other while learning something new. It's also helpful to have support from others when implementing changes within your practice or work.

From Flinders Human Behaviour & Health Research Unit:

- The Flinders Model is proving equally popular in Canada with Assoc Prof Malcolm Battersby heading off to Alberta in Canada to help set up a Training Centre and train over 20 new trainers.

The development of a prevention and self-management training program for lifestyle advisors

In a six month project, Flinders Human Behaviour & Health Research Unit and the South Australian Department of Health, aim to adapt the Flinders Model of self-management assisted care planning to include risk factor assessment as part of a self-management approach. A risk factor tool will be developed which is web-based. The training program is aimed at lifestyle advisors who will be providing assessments and goal setting for risk factor reduction in people at highest risk of chronic disease, with diabetes a principle focus of the program.

Flinders Workshop

Charlene Pretorius will be running Flinders Workshops

- 12-13th November – Auckland
- 14-15th January 2009 – Auckland

Stanford Master Training

Australian T-Trainers Pauline Kelly and Sally Rowe will be conducting a CDSMP Master Training in Melbourne, Victoria 22 - 25 November 2008.

Conferences



INNOV'08 Weaving Innovation into Healthcare

Monday 3rd – Wed 5th November, Wellington, NZ


[New Zealand Trade and Enterprise and the Ministry of Health](#) invite you to join world-leading health, disability, rehabilitation innovators, service providers, and researchers as they share their journeys.

Learn from international experts about best practices and success stories in implementing innovative solutions for healthcare.

LEARN FROM INTERNATIONAL EXPERTS INCLUDING:

- Lynne Maher Head of Innovation Practice, NHS Institute for Innovation and Improvement
- Richard Bohmer Senior Lecturer of Business Administration,

	<p>Harvard Business School</p> <ul style="list-style-type: none"> • Roger Killen Managing Director, The Learning Clinic • David Chilvers CEO, NHS Innovations London – UK • Carol Haraden Vice President, Institute for Health Improvement – US • Scott Young and Carolyn Mustille Co-Executive Directors, Kaiser Permanente’s Care Management Institute – US • Jonathan Lomas Inaugural CEO, Canadian Health Services Research Foundation – Canada • Steven Alder Clinical Director for Neuroscience and Ophthalmology – UK <p>For further information, visit the website: http://www.innov08.org.nz/</p>
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	<p>International Congress on Chronic Disease Self-Management – 26-28th Nov, 2008</p> <p>“Chronic Disease Self-management: Innovation and evidence of effectiveness”</p> <p>Keynote speakers include internationally renowned leaders in the field such as:</p> <ul style="list-style-type: none"> • Professor Anne Rogers, • Professor Stan Newman, London University, UK • Dr Teresa Brady, Centres for Disease Control and Prevention, USA, • Professor Bob Lewin, University of York, UK. • Prof Boyd Swinburn, Director, WHO Collaborating Centre for Obesity Prevention, Deakin University, VIC. • A/Prof Malcolm Battersby, Director Flinders Human Behaviour and Health Research Unit, Dept Psychiatry Flinders University <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>Conference information at: www.cdsm2008.com</p>
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<p>Feedback & Subscribe</p>	
	<p>Suggestions & regional news</p> <p>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 across a great website, resource or article.</p> <p>Subscribe/unsubscribe</p> <p>If you have received this newsletter via a colleague or friend and would like to be added to the distribution list (which is not shared with anyone else) then let us know.</p> <p>Likewise, if you would like to be removed, simply reply and add remove or unsubscribe in the subject box. Thank you.</p> <p>Contact details: janine@webmail.org.nz</p>