



## Patient Education August 2004

1: Health Serv Res. 2004 Aug;39(4 Pt 1):1005-26.

Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers.

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**BACKGROUND:** Controlling costs and achieving health care quality improvements require the participation of activated and informed consumers and patients. **OBJECTIVES:** We describe a process for conceptualizing and operationalizing what it means to be "activated" and delineate the process we used to develop a measure for assessing "activation," and the psychometric properties of that measure. **METHODS:** We used the convergence of the findings from a national expert consensus panel and patient focus groups to define the concept and identify the domains of activation. These domains were operationalized by constructing a large item pool. Items were pilot-tested and initial psychometric analysis performed using Rasch methodology. The third stage refined and extended the measure. The fourth stage used a national probability sample to assess the measure's psychometric performance overall and within different subpopulations. **STUDY SAMPLE:** Convenience samples of patients with and without chronic illness, and a national probability sample (N=1,515) are included at different stages in the research. **CONCLUSIONS:** The Patient Activation Measure is a valid, highly reliable, unidimensional, probabilistic Guttman-like scale that reflects a developmental model of activation. Activation appears to involve four stages: (1) believing the patient role is important, (2) having the confidence and knowledge necessary to take action, (3) actually taking action to maintain and improve one's health, and (4) staying the course even under stress. The measure has good psychometric properties indicating that it can be used at the individual patient level to tailor intervention and assess changes.

Publication Types:

Validation Studies

PMID: 15230939 [PubMed - indexed for MEDLINE]

2: Geriatrics. 2004 Jun;59(6):35-9; quiz 40.

Implementing evidence-based diabetes care in geriatric populations. The chronic

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**Office of Information**  
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care model.

Norris SL, Olson DE.

Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA, USA.

The prevalence of diabetes mellitus in older adults continues to increase and their health care is often suboptimal. The chronic care model discussed in this article provides a framework for change in the practice and organization of care for chronic illnesses, including diabetes. This model facilitates optimal care of both individuals and populations, including older adults with diabetes. Evidence-based, clinical interventions that can be implemented in the physician's practice are discussed.

PMID: 15224794 [PubMed - indexed for MEDLINE]

3: Geriatrics. 2004 Jun;59(6):31.

Comment in:

Geriatrics. 2004 Jun;59(6):10, 13.

Toolkit: ABCDEFGs of diabetes.

Sherman FT.

fsherman@advanstar.com

PMID: 15224792 [PubMed - indexed for MEDLINE]

4: Nurs Times. 2004 Jun 15-21;100(24):28-9.

Improving drug concordance in patients with chronic conditions.

Shuttleworth A.

A significant proportion of patients with chronic illnesses fail to take their medication as prescribed (Barber et al, 2004). Failure to adhere to medication regimens is a widespread problem that has serious implications for patients and the health service. However, to improve concordance, health care professionals need to understand patients' reasons for not taking their medication as prescribed. While in many cases these reasons are relatively straightforward, others are complex and difficult to identify. In addition, the concept of informed choice means that, provided they have been given all the relevant information about the treatment options, patients have the right to refuse the treatment recommended to them.

PMID: 15224487 [PubMed - indexed for MEDLINE]

5: Rehabil Nurs. 2004 Jul-Aug;29(4):112-3.

How do we manage fatigue in cancer patients?

Whitmer K, Tinari MA, Barsevick A.

College of Nursing, University of Cincinnati, 3110 Vine Street, PO Box 210038, Cincinnati, OH 45221-0038, USA.

Publication Types:

Case Reports  
Review  
Review, Tutorial

PMID: 15222090 [PubMed - indexed for MEDLINE]

6: Rehabil Nurs. 2004 Jul-Aug;29(4):111.

Collaboration: an essential element for patient teaching.

Hoskins P.

Rehabilitation Institute of Ohio, Miami Valley Hospital, 1 Wyoming St., Dayton, OH 45409, USA.

PMID: 15222089 [PubMed - indexed for MEDLINE]

7: BMJ. 2004 Jun 26;328(7455):1565.

Comment on:

BMJ. 2004 May 15;328(7449):1181-4.

Handheld computers in clinical practice: are useful in informing and educating patients...

Magos A, Sharma M, Buck L.

Publication Types:

Comment  
Letter

PMID: 15217883 [PubMed - indexed for MEDLINE]

8: Sex Transm Dis. 2004 Jul;31(7):443-7.

Feasibility and short-term impact of linked education and urine screening interventions for Chlamydia and gonorrhea in male army recruits.

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OBJECTIVE: The objective of this study was to assess the feasibility of an intervention for sexually transmitted diseases (STDs) and a screening program for Chlamydia trachomatis and Neisseria gonorrhoeae infections in male Army recruits. GOALS: The goals of this study were to identify and treat chlamydia

and gonorrhea infections in recruits, assess their perceptions of risk, and increase their STD knowledge and behavioral intentions. STUDY DESIGN: Volunteers (n = 3911) entering basic training (July 1999-June 2000) at Fort Jackson, South Carolina, attended an educational intervention, completed pre- and post-questionnaires, and provided a urine specimen for chlamydia and gonorrhea screening by nucleic acid amplification testing. RESULTS: Chlamydia and gonorrhea prevalences were 4.7% and 0.4%, respectively. The mean STD knowledge score, intent to use condoms, and confidence in using condoms correctly increased (P <0.001). Participants reported increased risk perception and considered the educational program valuable (96.9%) and a learning experience (94.6%). CONCLUSIONS: A linked educational and screening program is feasible and acceptable in male Army recruits.

PMID: 15215702 [PubMed - indexed for MEDLINE]

9: Am Surg. 2004 Jun;70(6):553-8.

Internet use by colorectal surgery patients: a surgeon's tool for education and marketing.

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The goal of this study is to understand the role of the Internet in the education and recruitment of patients within colorectal surgery practices. Surveys of Internet use were completed by 298 patients visiting five outpatient colorectal surgery clinics affiliated with the University of Southern California. Data collected included the patient's age, gender, level of education, zip code at home, type of clinic visited, and information on the respondent's Internet use. Overall, 20 per cent of the respondent patients visiting our clinics had used the Internet to research the medical condition that prompted their visit. Highest grade level completed (P < 0.001), age (P < 0.01), type of clinic (P < 0.001), and household income (P < 0.001) were all found to be associated with any prior use of the Internet whereas gender was not (P = 0.58). Among Internet users, only household income and frequent use of the Internet were associated with searching the Internet for medical information (P < 0.001). Ultimately, all of the Internet-using patients surveyed felt the medical information they found was "some what" or "very helpful." Understanding which patients "go online" to search for medical information is essential for surgeons who wish to use the Internet for marketing their practices and educating their patients.

PMID: 15212415 [PubMed - indexed for MEDLINE]

10: J Health Commun. 2004 Mar-Apr;9(2):91-3.

Assessment of selected patient educational materials of various chain pharmacies.

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Florida A&M University, College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health, Tallahassee, Florida 32307, USA.

Pharmacy literature commonly used to inform patients about medication side-effects and complications was examined for readability. Forty-five (45) informational sheets were obtained from nine national and regional pharmacies. According to the McLaughlin's SMOG (Simple Measure of Gobbledegook) formula, the reading level of the informational sheets ranged from grade 8-14 (8 = 8th grade level and 14 = collegiate level), with a mean reading level of 12. The sampled pharmacy educational materials may be too difficult for most Americans to read and comprehend. The pharmacist may assist in increasing patient compliance by offering education in a form that is understandable, which increases the likelihood of adherence to desired health behaviors.

Publication Types:  
Evaluation Studies

PMID: 15204820 [PubMed - indexed for MEDLINE]

11: Disabil Rehabil. 2004 Apr 8;26(7):401-9.

Long-term evaluation of a health education programme for elderly persons with visual impairment. A randomized study.

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In order to implement evidence-based practice, a randomized study was set up to evaluate the ADL- based Health Education Programme 'Discovering new ways' for elderly persons with age-related macular degeneration. PURPOSE: To investigate the impact of this program on perceived security in the performance of daily activities 28 months after the intervention. METHOD: Two-hundred and twenty-nine persons randomized to either the Health Education programme or an Individual Intervention Programme participated in the study. At the 28-month follow-up there was a dropout of 98 persons and the results are based on 62 persons participating in the Health Education Programme and 69 persons in the Individual Intervention Programme. RESULTS: There were statistically significant differences in perceived security between the groups in 15 out of 28 daily activities. Furthermore, the Health Education Group showed a significant tendency towards an improved level of security while the Individual Intervention Group tended to deteriorate. CONCLUSIONS: The findings provide strong support for the long-term effect of the programme and for the implementation of evidence-based practice. The study corroborates the effectiveness of the Health Education Programme in enhancing security and hindering a progressive decline in perceived security in daily activities.

Publication Types:  
Clinical Trial  
Randomized Controlled Trial

PMID: 15204476 [PubMed - indexed for MEDLINE]

12: Ann Intern Med. 2004 Jul 20;141(2):147.

Comment on:

Ann Intern Med. 2004 Jul 20;141(2):118-25.

Summaries for patients. Reducing the prescription of hormone replacement therapy after the release of study results.

[No authors listed]

Publication Types:

Comment

Patient Education Handout

PMID: 15262684 [PubMed - indexed for MEDLINE]

13: South Med J. 2004 Jun;97(6):560-5.

Nutrition care of older adults with chronic disease: attitudes and practices of physicians and patients.

Coombs JB, Barrocas A, White JV.

Department of Family Medicine, University of Washington Academic Medical Center, Seattle, WA, USA.

**OBJECTIVES:** Eighty percent of older adults have at least one chronic disease. Most conditions could be improved with nutritional intervention. This scientific study assessed physician and patient knowledge of, and behaviors about nutrition, resulting in tools to guide physicians in nutrition management of chronic diseases. **METHODS:** Surveys were conducted of 300 practicing physicians and 600 older adults to identify current attitudes and practices regarding the role of nutrition in chronic disease management. **RESULTS:** Ninety percent of physicians surveyed recognize the relationship between nutrition and chronic disease. Yet nutrition care occurs only sporadically in primary care settings. **CONCLUSIONS:** Most physicians are aware of nutrition in managing chronic disease, but a significant percentage do not routinely include nutrition in their practice. This research led to the development of tools to assist in identifying and managing the nutritional aspects of chronic disease.

PMID: 15255422 [PubMed - indexed for MEDLINE]

14: Cancer Nurs. 2004 Mar-Apr;27(2):119-26.

Care diaries: a way of increasing head and neck cancer patient's involvement in their own care and the communication between clinicians.

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Head and neck (H&N) cancer patients and their families meet a large number of clinicians during their long treatment period and many of them find it difficult to understand all the information given concerning their illness, treatment, and care. We have developed a care diary for these patients and their families, used

also by the clinicians involved, to improve communication and patient involvement. The present survey was an evaluation of the helpfulness of those diaries. Anonymous answered questionnaires were collected from 42 H&N cancer patients, 28 family members, and 47 clinicians of different categories. Altogether 85% of the respondents stated that the care diaries had a positive effect on information, in general, and communication. It is recommended that care diaries should be implemented in the standard care for H&N cancer patients and their families. To improve the clinical value, it is particularly important to inform the clinicians on how to use the care diaries. The content and layout of the care diaries needs to be developed according to suggestions given from the respondents in this survey.

Publication Types:

Evaluation Studies

PMID: 15253169 [PubMed - indexed for MEDLINE]

15: Geriatrics. 2004 Jul;59(7):26-31; quiz 32.

Diabetes prevention. A GAMEPLAN for success.

Kelly JM, Marrero DG, Gallivan J, Leontos C, Perry S.

National Diabetes Education Program, Centers for Disease Control and Prevention, Atlanta, USA.

Diabetes prevalence is growing at epidemic proportions, and the greatest increase in number of cases is anticipated to be among older adults. The Diabetes Prevention Program (DPP) showed that diabetes can be prevented or delayed among people with pre-diabetes (impaired glucose tolerance, impaired fasting glucose, or both). The National Diabetes Education Program has developed tools adapted from the DPP that primary care providers can use to counsel middle-age and older patients on diabetes prevention.

PMID: 15250193 [PubMed - indexed for MEDLINE]

16: Nursing. 2004 Apr;34(4):52-3.

Patient-education guide. Melanoma.

Ayers DM.

Nursing, Kent State University, New Philadelphia, Ohio, USA.

Publication Types:

Patient Education Handout

PMID: 15247676 [PubMed - indexed for MEDLINE]

17: Issue Brief (Public Policy Inst (Am Assoc Retired Pers)). 2004 Jun; (IB70):1-11.

Adequate literacy and health literacy: prerequisites for informed health care

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Veterans Health Administration

decision making.

Dubow J.

PMID: 15243980 [PubMed - indexed for MEDLINE]

18: Am J Nurs. 2004 Jul;104(7):24-6.

Pick a card--any card? Helping patients understand the new Medicare-approved drug discount cards.

Stubenrauch JM.

PMID: 15243246 [PubMed - indexed for MEDLINE]

19: Ann Intern Med. 2004 Jul 6;141(1):81.

Comment on:

Ann Intern Med. 2003 Nov 18;139(10):875-8.

The crucial link between literacy and health.

Nardone DA.

Publication Types:

Comment

Letter

PMID: 15238386 [PubMed - indexed for MEDLINE]

20: Dis Manag Advis. 2004 May;10(5):49-52.

Use the power of peer pressure to boost diabetes care.

[No authors listed]

PMID: 15233007 [PubMed - indexed for MEDLINE]