



Patient Education September 2004

1: Prof Nurse. 2004 Jul;19(11):51-2.

Statins.

McLoughlin C.

Statins are a lipid-lowering medication. They are increasingly being used for the primary and secondary prevention of cardiovascular disease, as a growing body of research shows that they reduce mortality rates. Carol McLoughlin explains how they work, discusses contraindications, and offers advice on educating patients in their use.

Publication Types:

Review

Review, Tutorial

PMID: 15317342 [PubMed - indexed for MEDLINE]

2: Prof Nurse. 2004 Jul;19(11):22-4.

Extending choice to patients needing dialysis.

Cropper L.

Nephrology Department, University Hospital of North Staffordshire,
Stoke-on-Trent. lizcropper@uhns.nhs.uk

PMID: 15317334 [PubMed - indexed for MEDLINE]

3: Nurs Times. 2004 Jul 13-19;100(28):28-9.

Guidelines to determine who should be tested for hepatitis C.

Williams J.

Hepatitis C is an increasing problem, with approximately 250,000 people in England being infected. New guidance on testing for hepatitis C (Department of Health, 2004a) includes an assessment of who should and who should not be tested, and the importance of providing information to patients before and after testing.

Publication Types:

Review

Review, Tutorial

PMID: 15311533 [PubMed - indexed for MEDLINE]

4: Am J Med Sci. 2004 Aug; 328(2):88-93.

Literacy and numeracy skills and anticoagulation control.

Estrada CA, Martin-Hryniewicz M, Peek BT, Collins C, Byrd JC.

Division of General Internal Medicine, Brody School of Medicine at East Carolina University, Asheville, North Carolina, USA.

BACKGROUND: The ability to use printed material to function in society (literacy) and to handle basic numerical concepts (numeracy) may have implications in patients' ability to follow dosing schedules. We examined literacy and numeracy skills among patients on warfarin and explored their association with anticoagulation control. **METHODS AND RESULTS:** Patients older than 50 years attending two anticoagulation management units were prospectively enrolled. We measured literacy, numeracy, and international normalized ratio (INR). During a 3-month follow-up period, we calculated the variability of the INR and the amount of time a patient's INR was within his or her therapeutic range, variables associated with bleeding and effectiveness. Among 143 patients, only 75 (52.4%) were able to read health-related words at the eighth grade level or less. Patients' self-reported grade completed was higher than the measured literacy grade level ($\kappa = 0.21$). While 79.0% had completed at least eight grades, only 47.6% had a score at that grade level. Sixty-nine patients answered none or correctly answered fewer than two of the six numeracy questions (48.3%). The INR variability was higher among patients with lower literacy ($P = 0.009$) and lower numeracy skills ($P = 0.004$). The time in range was similar among patients at different literacy levels ($P = 0.9$). Patients with lower numeracy level spent more time above their therapeutic range ($P = 0.04$) and had a trend of less time spent in range ($P = 0.10$). **CONCLUSIONS:** Low literacy was prevalent among study patients taking warfarin. Low literacy and numeracy were associated with measures of poor anticoagulation control.

PMID: 15311167 [PubMed - indexed for MEDLINE]

5: J Clin Oncol. 2004 Aug 15; 22(16):3309-15.

Patient beliefs and tamoxifen discontinuance in older women with estrogen receptor--positive breast cancer.

Fink AK, Gurwitz J, Rakowski W, Guadagnoli E, Silliman RA.

Boston Medical Center, 88 E Newton St, Robinson 2, Boston, MA 02118, USA.

PURPOSE: To investigate the patterns and predictors of tamoxifen discontinuance throughout a 2-year period in a cohort of women 65 years or older with newly diagnosed, estrogen receptor (ER)-positive breast cancer, focusing on the role of patients' beliefs about the risks and benefits of tamoxifen therapy. **SUBJECTS AND METHODS:** We enrolled a convenience sample of women cared for in four geographic regions of the United States with stage 1 (≥ 1 cm), stage II, or

stage IIIA disease; no prior history of breast cancer; and no simultaneously diagnosed second primary breast cancer. Data sources included medical records and telephone interviews with patients at 3, 6, 15, and 27 months following definitive surgery. RESULTS: Of the 597 women with ER-positive tumors, 516 women

(86%) were prescribed tamoxifen, and of these, 88 (17%) stopped taking tamoxifen during the 2-year follow-up period. Of the women who stopped taking tamoxifen, the majority (68%) took it for less than 1 year. Women with neutral or negative beliefs about the value of tamoxifen (3.0; 95% CI, 1.6 to 5.6) and those with positive nodes (odds ratio = 2.5; 95% CI, 1.0 to 6.3) were more likely to discontinue tamoxifen therapy. CONCLUSION: How women with early-stage breast cancer perceive the risks and benefits of tamoxifen therapy seems critical for sustaining adherence to adjuvant tamoxifen therapy. Interventions designed to educate women about the benefits and risks of tamoxifen therapy may help to reduce discontinuance.

PMID: 15310774 [PubMed - indexed for MEDLINE]

6: Nurs Stand. 2004 Jul 21-27;18(45):57-8, 60, 62 passim.

Causes and management of leg and foot ulcers.

Casey G.

gmlcasey@hotmail.com

This article reviews the main causes of leg and foot ulcers and provides guidance for the assessment of patients with ulcers. Common treatments are reviewed in the context of underlying pathophysiological processes. Follow-up care and patient education are also addressed.

Publication Types:

Review

Review, Tutorial

PMID: 15305817 [PubMed - indexed for MEDLINE]

7: Arch Intern Med. 2004 Aug 9-23;164(15):1641-9.

Self-management education programs in chronic disease: a systematic review and methodological critique of the literature.

Warsi A, Wang PS, LaValley MP, Avorn J, Solomon DH.

Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital, Harvard Medical School, Boston, Mass 02120, USA.

BACKGROUND: Self-management programs have been widely reported to help patients manage symptoms and contain utilization of health care resources for several chronic conditions, but to date no systematic review across multiple chronic diseases has been reported. We evaluated the efficacy of patient self-management educational programs for chronic diseases and critically reviewed their methodology. METHODS: We searched MEDLINE and HealthSTAR for the period January

1, 1964, through January 31, 1999, then hand searched the reference section of each article for other relevant publications. We included studies if a self-management education intervention for a chronic disease was reported, a concurrent control group was included, and clinical outcomes were evaluated. Two authors reviewed each study and extracted the data on clinical outcomes. RESULTS: We included 71 trials of self-management education. Trial methods varied substantially and were suboptimal. Diabetic patients involved with self-management education programs demonstrated reductions in glycosylated hemoglobin levels (summary effect size, 0.45; 95% confidence interval [CI], 0.17-0.74); diabetic patients had improvement in systolic blood pressure (summary effect size, 0.20; 95% CI, 0.01-0.39); and asthmatic patients experienced fewer attacks (log rate ratio, 0.59; 95% CI, 0.35-0.83). Although we found a trend toward a small benefit, arthritis self-management education programs were not associated with statistically significant effects. Evidence of publication bias existed. CONCLUSIONS: Self-management education programs resulted in small to moderate effects for selected chronic diseases. In light of evidence of publication bias, further trials that adhere to a standard methodology would help clarify whether self-management education is worthwhile.

Publication Types:

Meta-Analysis
Review
Review, Academic

PMID: 15302634 [PubMed - indexed for MEDLINE]

8: Am J Nurs. 2004 Aug;104(8):75-6, 78-9, 81-2.

Relaxation & pain management: the relaxation response can play a role in managing chronic and acute pain.

Schaffer SD, Yucha CB.

College of Nursing, University of Florida-Gainesville, USA.
sdschaf@nursing.ufl.edu

Publication Types:

Review
Review, Tutorial

PMID: 15300063 [PubMed - indexed for MEDLINE]

9: Am J Nurs. 2004 Aug;104(8):52-9; quiz 60.

Innovations in blood pressure monitoring: new, automated devices provide in-home or around-the-clock readings.

Artinian NT.

College of Nursing, Wayne State University, Detroit, USA. n.artinian@wayne.edu

Publication Types:

Review
Review, Tutorial

PMID: 15300049 [PubMed - indexed for MEDLINE]

10: Am J Manag Care. 2004 Jul;10(7 Pt 2):493-500.

Comment in:

Am J Manag Care. 2004 Jul;10(7 Pt 2):471-2.

Impact of an educational intervention for secondary prevention of myocardial infarction on Medicaid drug use and cost.

Zuckerman IH, Weiss SR, McNally D, Layne B, Mullins CD, Wang J.

Center on Drugs and Public Policy, University of Maryland School of Pharmacy, Baltimore, MD 21201, USA. izuckerm@rx.umaryland.edu

OBJECTIVES: The objectives of this drug utilization review program were (1) to increase beta-blocker prescribing to fee-for-service post-acute myocardial infarction (AMI) Medicaid patients; (2) to improve compliance among patients who were prescribed beta-blockers post-AMI; and (3) to evaluate the economic implications of increased beta-blocker prescribing. **STUDY DESIGN:** Pre-post nonequivalent group design. **PATIENTS AND METHODS:** The intervention targeted physicians of Pennsylvania Medicaid recipients who had an AMI between November 1, 1998, and November 1, 1999. Educational materials were sent to the physicians of post-AMI patients not receiving beta-blockers. Preintervention and postintervention rates of beta-blocker prescribing in the Medicaid program within 7 and 30 days of discharge after an AMI hospitalization were compared. Similarly, pre- and postintervention compliance rates were compared for AMI patients who were prescribed beta-blockers. Cost savings and number of avoided deaths also were calculated. **RESULTS:** There was a 5.5%, to 6.9% increase in beta-blocker prescribing after the intervention, depending on the follow-up period. Postintervention AMI patients were 16% more likely to be prescribed a beta-blocker. There was an 8.3% increase in patient compliance with beta-blocker therapy from preintervention to postintervention. In the first 2 years of the intervention, the estimated cost savings to the Pennsylvania Medicaid program ranged from 71,970 dollars to 76,678 dollars, respectively. An estimated 3 deaths were avoided. **CONCLUSIONS:** The intervention resulted in increased appropriate prescribing and compliance with beta-blockers among post-AMI patients. There also were estimated cost savings to Pennsylvania Medicaid as a result of reduced hospitalization, and fewer deaths.
PMID: 15298236 [PubMed - indexed for MEDLINE]

11: J Aerosol Med. 2004 Summer;17(2):129-39.

Comparison of patient preference and ease of teaching inhaler technique for Pulmicort Turbuhaler versus pressurized metered-dose inhalers.

Welch MJ, Nelson HS, Shapiro G, Bensch GW, Sokol WN, Smith JA, Parasuraman BM.

Allergy & Asthma Medical Group and Research Center, San Diego, California 92123, USA. mwelch@pol.net

A multicenter, randomized, open-label, crossover study with two 4-week evaluation periods compared patient preference and ease of teaching correct inhaler technique for Pulmicort Turbuhaler versus pressurized metered-dose inhalers (pMDIs). Patients 18 to 65 years of age with stable, mild to moderate asthma, who required or were eligible for inhaled corticosteroid therapy, were

randomized to treatment sequences consisting of 4-week evaluation periods with Pulmicort Turbuhaler (budesonide inhalation powder) two puffs (400 microg) bid and one of three inhaled corticosteroids via pMDI: Aerobid-M (flunisolide) four puffs (1 mg) bid, Flovent (fluticasone propionate) two puffs (440 microg) bid, or Vanceril Double Strength (beclomethasone dipropionate) five puffs (420 microg) bid. Patients indicated device preference at study end and completed the Patient Device Experience Assessment (PDEA) questionnaire after each evaluation period. Ease of teaching, time required to master use of the device, percentage of patients demonstrating mastery on the first attempt, and the number of attempts required to demonstrate mastery were assessed. Despite previous use of pMDIs by most patients, Pulmicort Turbuhaler was significantly preferred ($p < 0.001$) and required significantly less time to master than pMDIs ($p < 0.001$). Median times to device mastery were 3.67 min for Pulmicort Turbuhaler versus 5.33 min for pMDIs. Patients rated Pulmicort Turbuhaler significantly better than pMDIs on PDEA ease of use ($p = 0.0005$) and overall satisfaction ($p < 0.0001$) single-item scales and all four multi-item scales (pharyngeal symptoms, oral sensation, operational use, and inhaler attributes; $p < 0.05$). Overall, patients preferred Pulmicort Turbuhaler over pMDIs and required less time to be taught how to correctly use Turbuhaler trade mark.

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 15294063 [PubMed - indexed for MEDLINE]

12: Am Fam Physician. 2004 Jul 15;70(2):295-302.

Comment in:

Am Fam Physician. 2004 Jul 15;70(2):246, 248.

HIV counseling, testing, and referral.

Gallant JE.

Garey Lambert Research Center, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, Maryland 21287, USA. jgallant@jhmi.edu

Over the past decade, the annual number of new cases of human immunodeficiency virus (HIV) infection has been relatively stable but remains unacceptably high (an estimated 40,000 new cases per year). Furthermore, the demographics for HIV infection are changing. Rates of new infections are declining in newborns, older men who have sex with men, and whites. However, rates of new infections are rising in young persons, women, Hispanics, and blacks. In 2001, the Centers for Disease Control and Prevention issued revised guidelines for HIV counseling, testing, and referral. The guidelines focus on the reduction of barriers to testing, voluntary routine testing of high-risk populations and persons with risk factors, case management and partner tracing for infected persons, and universal testing of pregnant women. Effective strategies for reducing HIV infection include behavioral interventions, comprehensive school-based HIV and sex education, access to sterile drug equipment, screening of the blood supply, and postexposure prophylaxis for health care workers.

Publication Types:

Review

Review, Tutorial
PMID: 15291088 [PubMed - indexed for MEDLINE]

13: J Gerontol Nurs. 2004 Jul;30(7):33-43.

Medication non-adherence among older adults: a review of strategies and interventions for improvement.

Schlenk EA, Dunbar-Jacob J, Engberg S.

University of Pittsburgh, School of Nursing, Pennsylvania 15261-0001, USA.

Medication non-adherence among older adults is a prevalent and costly problem; approximately one half have problems following their prescribed medication regimen, and more than 10% of hospital admissions are the result of medication non-adherence. In this literature review, medication non-adherence is defined and described among adults age 50 and older. Factors associated with medication non-adherence are presented, interventions to improve medication non-adherence are discussed, and methods for assessing medication non-adherence are reviewed. In addition, nursing assessment and intervention to improve medication non-adherence are described.

Publication Types:

Review

Review, Tutorial

PMID: 15287325 [PubMed - indexed for MEDLINE]

14: Sociol Health Illn. 2004 Jul;26(5):617-44.

The use of technology at home: what patient manuals say and sell vs. what patients face and fear.

Lehoux P, Saint-Arnaud J, Richard L.

Department of Health Administration, University of Montreal.
pascale.lehoux@montreal.ca

Over the past 15 years, the use of specialised medical equipment by patients at home has increased in most industrialised countries. Adopting a conceptual framework that brings together two research perspectives, i.e. the sociology of technology and the sociology of illness, this paper empirically examines why and how patients use health technology at home and in the broader social world. Our study compares and contrasts the use of four interventions: antibiotic intravenous therapy, parenteral nutrition, peritoneal dialysis and oxygen therapy. We conducted interviews with patients (n = 16) and caregivers (n = 6), and made direct observations of home visits by nurses (n = 16). The content and structure of patient manuals distributed by major manufacturers and hospitals were analysed (n = 26). The aim of our study was to determine how technology was supposed to be used versus how it was actually used. This study shows that patients are deeply ambivalent about the benefits and drawbacks of technology, and that these advantages and disadvantages are shaped by the various places in which the technology is used. While technology can be pivotal in making patients autonomous and able to participate in the social world, it also imposes heavy restrictions that are intimately interwoven with the nature of the particular

disease and with the patient's personal life trajectory.

PMID: 15283780 [PubMed - indexed for MEDLINE]

15: Ann Otol Rhinol Laryngol. 2004 Jul;113(7):565-70.

Use of a "hands-free" tracheostoma valve in patients with laryngectomy and tracheoesophageal puncture.

Roxburgh J, Perry A.

School of Human Communication Sciences, Faculty of Health Sciences, La Trobe University, Melbourne, Australia.

The goals of the study were 1) to investigate the relationship between tracheal air pressure and the tracheostoma valve seal in patients with laryngectomy and tracheoesophageal puncture (TEP) and 2) to assess whether tracheal pressure contributes to the duration of the valve seal. Ten patients with TEP after laryngectomy underwent training with an outer Blom-Singer tracheostoma valve and a 30-day trial with this "hands-free" speaking valve. We found that tracheal pressure was not a significant predictor variable in assessing the duration of the outer tracheostoma valve seal achieved by the patients with TEP. Factors other than tracheal pressure appeared to affect the duration of the tracheostoma valve seal. Mastery of use of the tracheostoma valve, the subject's neck anatomy, and the amount of time, training, and experience that was given to each subject were significant predictors of the valve seal. Tracheal pressure measurements might be of use in deciding between a standard or a low-pressure outer tracheostoma valve for an individual patient.

PMID: 15274418 [PubMed - indexed for MEDLINE]

16: Harv Health Lett. 2004 Jul;29(9):1-2.

Nine tips for patients. Few of us like being patients, but there are ways to take charge of the situation and make the best of it.

[No authors listed]

PMID: 15273038 [PubMed - indexed for MEDLINE]

17: Nursing. 2004 Jul;34(7):54-5.

Patient education series. Gastroesophageal reflux disease (GERD).

Rayhorn N.

Centocor, Inc., Phoenix, Ariz., USA.

Publication Types:

Patient Education Handout

PMID: 15270045 [PubMed - indexed for MEDLINE]

18: Prog Cardiovasc Nurs. 2004 Summer;19(3):107-13.

Educating patients with diabetes about cardiovascular disease risk.

Quinn L.

College of Nursing, University of Illinois at Chicago, Chicago, IL 60612, USA.
lquinn1@uic.edu

In persons with diabetes mellitus, atherosclerosis is increased, develops prematurely, and is associated with an accelerated progression of atherosclerotic changes. More than 55% of deaths from diabetes are from cardiovascular disease. Central to the optimal management of diabetes and the prevention of chronic complications is effective patient education. The necessity of optimal glycemic control in the prevention of long-term diabetes-related complications, particularly microvascular disease, has been a primary focus of diabetes education during the past decade. It has become clear that to prevent cardiovascular disease in persons with diabetes, an increased emphasis on patient education aimed at reducing cardiovascular disease risk factors is essential. This review explores the scope, impact, and prevention of diabetes-related cardiovascular disease, focusing on integration of cardiovascular disease risk reduction during patient teaching and education programs.

Publication Types:

Review

Review, Tutorial

PMID: 15249771 [PubMed - indexed for MEDLINE]

19: Prog Cardiovasc Nurs. 2004 Summer;19(3):95-101.

Nursing education and implications for left ventricular assist device destination therapy.

Bond E, Bolton B, Nelson K.

Brigham Young University, Provo, UT, USA. elaine_bond@byu.edu

The HeartMate VE Left Ventricular Assist Device (vented electric abdominally positioned pulsatile blood pump; Thoratec Corp., Pleasanton, CA), approved as a permanent support, or destination therapy, by the US Food and Drug Administration in 2002 and Medicare in 2003, is now a potential therapy for numerous patients. Postimplantation nursing care is crucial to the success of left ventricular support device therapy and long-term recipient outcome. Nurses also contribute to cost containment, making this a viable treatment for the facility and the patient. Consequently, nurses must be educated about left ventricular assist device concepts and challenges, the benefits of device placement, intensive care unit and postintensive care unit daily care requirements, and outpatient preparation. This knowledge will enable nurses to provide necessary care and to educate recipients, families, and community health care providers on how to give appropriate posthospital care.

PMID: 15249769 [PubMed - indexed for MEDLINE]

20: Prof Nurse. 2004 Jun;19(10):26-8.

How workshops can support health staff helping patients move to insulin therapy.

Dromgoole P.

York Hospitals NHS Trust, University of York.

The need to start insulin therapy for patients with Type 2 diabetes marks a significant turning point in disease progression. It can be an anxious time for patients, who may fear the thought of insulin treatment. This paper looks at a model of insulin initiation in primary care, with an emphasis on patient self-management.

PMID: 15233068 [PubMed - indexed for MEDLINE]

21: Psychosomatics. 2004 Jul-Aug; 45(4): 343-9.

Psychosocial predictors of relapse among diabetes patients: a 2-year follow-up after inpatient diabetes education.

Akimoto M, Fukunishi I, Kanno K, Oogai Y, Horikawa N, Yamazaki T, Morokuma Y.

Tokyo Institute of Psychiatry, Nerima-ku, Tokyo, Japan. Mrakmt@aol.com
In a 2-year follow-up study of diabetes patients (N=309) who received 2 weeks of inpatient diabetes education, the authors investigate the relationship of several demographic, clinical, and psychosocial factors with relapse, defined as the worsening of glycemic control. The patients with no improvement in glycemic control after diabetes education were more likely to have higher scores on the depression subscale of the Profile of Mood States, compared to the patients with improvement. Kaplan-Meier survival analyses showed that patients who had no prior diabetes education, whose meals were prepared by their spouses, and who had less social support were more likely to relapse and relapsed within a significantly shorter period of time than those who had prior diabetes education, cooked for themselves, and had more social support.

PMID: 15232049 [PubMed - indexed for MEDLINE]

22: 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.

Hibbard JH, Stockard J, Mahoney ER, Tusler M.

Department of Planning, Public Policy, and Management, University of Oregon, Eugene 97403-1209, USA.

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]

23: Can J Cardiovasc Nurs. 2004;14(2):12-22.

Learning by heart: a focused group study to determine the self-management learning needs of chronic stable angina patients.

McGillion MH, Watt-Watson JH, Kim J, Graham A.

University of Toronto, Faculty of Nursing, 50 George Street, Toronto, ON M5S 3H4.

PMID: 15230024 [PubMed - indexed for MEDLINE]