

ARTHRITIS
NEW ZEALAND

ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA

Te whakapiki i te kounga ora

Self-management of Chronic Conditions in Ageing Population



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Content



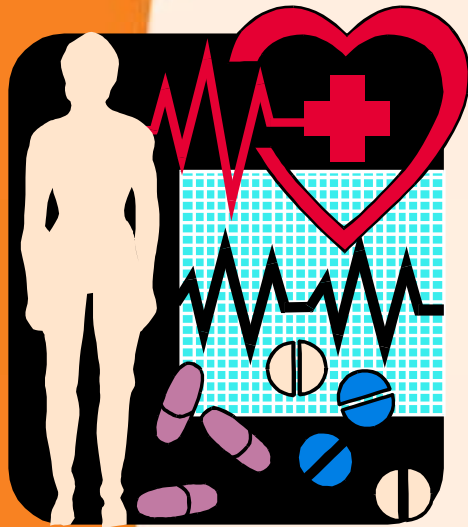
- Disturbing statistics
- Why self-management?
- Arthritis New Zealand's approach to self-management education
- Evaluation of Arthritis clinics
- "Living a Healthy Life" Stanford programme

Ageing population

- The 65+ age group is projected to make up over 1/4 of New Zealand population in the late 2030s
- The oldest 10% of the population:
 - in 2005 aged 68+
 - in 2026 aged 74+
 - in 2051 aged 81+

(Statistics New Zealand, 2006)

Chronic conditions



- Two in every three NZ adults have at least one chronic condition *(MOH 2008)*
- Chronic conditions account for more than 80% of deaths *(NHC 2007)*
- 69% of women and 64% of men aged 75 and over have a disability

Arthritis

- One of the leading causes of disability in New Zealand
- Arthritis was diagnosed in one in seven adults - 460,500 (*A Portrait of Health, MOH 2008*)
- More than 50% of women aged 75+ were diagnosed with arthritis
- Estimated direct cost of arthritis in 2005 - \$564 million (*Access Economics 2006*)

Issues

- Ageing population
- Co-morbidity
- Complications from multiple medications
- Limitations of the Health budget
- Shortage of doctors, nurses and specialists
- Lack of facilities

Why self-management?



Self-management can contribute to successful ageing by increasing the self-efficacy of patients in maintaining improvements in their health outcomes

Arthritis New Zealand's approach to self-management education



- Inclusive
- Community based in local settings
- Culturally appropriate (hui)
- Professional staff & educational resources
- Multi-disciplinary team approach

Core services

In the 2008/09 financial year Arthritis New Zealand provided information and advice to 78,318 people

Client services:

- Clinics
- Seminars and Community Education talks
- Six-week Stanford self-management programme “Living a Healthy Life”

Clinics

- Held in pharmacies, health centres, community facilities
- Free and confidential
- An average 5-6 people are seen daily
- 45 minutes spent with each person
- Individually focused
- Include: needs assessment, information & advice, self-management care plan, support and relevant referrals
- Follow-up 4-6 weeks post clinic

Community Gout clinics at Marae



Evaluation of clinics in CCDHB area

- Performed by Acqumen Quality Solutions in cooperation with Capital and Coast DHB
- 29 clinics with 143 attendees
- Held in pharmacies and health centres
- Between July and October 2006
- Sample size 72 (51%)
- Qualitative evaluation
- Interviews by phone post 2 weeks and 6 weeks

Demographic profile

- Age: 53% 61 to 75 years, 25% 75 years
- Gender: 85% female and 15% male
- Ethnicity: 63% NZ European, 10% Maori, 3% Pacific Island, 10% European, 14% other
- Diagnoses: 68% OA, 8% Gout, 5% RA, 5% Osteoporosis

Results (post 2 weeks)

- 38% reported improvement in their arthritis
- 83.6% reported the information to be useful
- 75% reported behavioural changes, the most common included:
 - exercises
 - trying new techniques (eg heat or cold)
 - changes in pain management
 - dietary changes
- Other benefits included: understanding their condition, increased confidence, “human touch” of arthritis educators

Results (post 6 weeks), n=27

- 44% reported improvement in their arthritis:
 - can use my hands
 - fingers are freer
 - increased confidence
 - less pain
- Behavioural changes - 64 % positive response including:
 - new exercises (eg going to Tai Chi)
 - new medication
 - walking regularly

Outcome-based evaluation 2009

- 3-month pilot survey undertaken by Arthritis New Zealand and Canterbury DHB
- Prior to first clinic appointment and six weeks later
- Results included:
 - 100% improvement in coping skills (when having symptoms, know how to cope)
 - 31% improvement in engaging at least in one activity to improve health
 - 17% improvement in understanding medications

Seminars and Community Education talks 2008-09



- 545 delivered nationally throughout the country with 13,486 attendees
- Hui and other culturally appropriate events were attended by 1,113 people identified as Maori

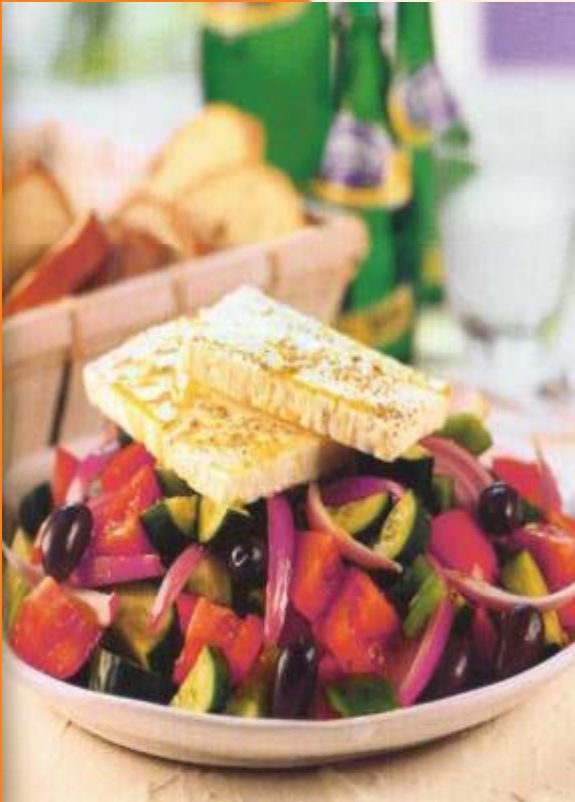
“Living a Healthy Life” Programme



- Developed at Stanford University by Kate Lorig, supported by research
- Proven record in 12 countries
- Holistic approach
- Focus on problem solving
- Duration - six weeks
- Buddy system

“Living a Healthy Life” Programme:

- Cognitive symptom management
- Use of medication
- Healthy eating
- Appropriate exercise & breathing
- Problem solving
- Communication with family and health professionals
- Dealing with emotions such as anger, fear and frustration



Arthritis New Zealand's evaluation of LHL courses

Number of courses: 117 (2000-2005)

- Total participants = 1028
- Gender: 79% female, 21% male
- Age: 35% 50-64 yrs, 30% 65-74 yrs
- Diagnoses included:
 - OA - 29%, RA - 9%
 - Fibromyalgia - 7%
 - Diabetes - 7%
 - Heart conditions – 5%

Results



- 93% reported feeling more confident in their ability to cope with their condition
- 93% reported they would continue to make the changes suggested in the course
- 95% were positive about their ability to continue healthy eating
- 92% were positive about their ability to keep up social contacts

LHL participants' comments

- *“This course should be provided for everyone with chronic illness, there’s nothing else like it. It gives you confidence and motivation and you learn to be in control.”*
- *“I have suffered fatigue for years and always felt guilt that I wasn’t robust. This course, sharing with others, has given me permission to have days when I don’t cope too well and it’s ok.”*

Thank you for your attention



For more information visit our website:

www.arthritis.org.nz

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