LIFESTYLE ADVICE FOR BETTER PATIENT OUTCOMES

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Chronic diseases continue to cause unprecedented burden of disease globally. Singapore is no exception. Obesity, hypertension, diabetes mellitus, and hyperlipidemia are high risk diseases that can be reduced if not prevented by attention to lifestyle change. Similarly, most of chronic obstructive airway disease is related to cigarette smoking. And bronchial asthma is aggravated by smoking.

Lifestyle advice and lifestyle change is therefore the focus of this Family Practice Skills Course – Three tools will be introduced namely, the Health Choices – Lifestyle Advice Resource for Healthcare Professionals which contains a practice manual for healthcare professionals and flip-chart for patient consultation which contains assessment methodologies such as 3As (ask, advise, action) and 5As (ask, advise, assess, assist and arrange) behavioural change strategy for smoking and obesity, besides stress management and safer sexual behaviour; the motivational interview technique of counselling behaviour change; and the health literacy principles which hopefully will help the patient build the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions including lifestyle change.

In Unit 1, we note that the chronic diseases contribute to 73.8% of the total deaths in Singapore in 2010. We need to work on lifestyle change to reduce the prevalence of the chronic diseases.

In Unit 2, smoking cessation is a most cost-effective medical intervention and helping our patients stop smoking is a highly worthwhile endeavor. A doctor providing smoking cessation counseling will do well to first realise why many smokers are unwilling (or unable) to quit. We should emphasise smoking cessation in the prevention and management of chronic obstructive pulmonary disease.

In Unit 3, the key concepts of motivational interview as a counselling technique for behaviour change is described. Essentially, the doctor needs to make the patient argue for change as he or she sorts out their ambivalence towards the desirability to change and the confidence to do that. The four counselling principles in motivational interview are: Develop discrepancy; Express empathy; Roll with resistance; and Support self-efficacy. Facilitating the patient to process and speak more about why and how to change then becomes one of the strategies to motivate change. In MI, this is known as change talk. Once change talk is elicited, the ways the practitioner can respond are: Elicit more (with open questions); Affirm; Reflect; and Summarise. Once the patient decides to change, goal setting becomes the next important process. Needless to say, the goal setting process must be done in collaboration with the patient, with the patient having the final say.

In Unit 4, the focus is on health literacy as a concept and the practical points to remember about implementing this concept. Health literacy may be defined as the degree to which people have the ability to find, understand, act and communicate health information to make informed health decisions. To communicate to the level the patient can make use of the health information given, there is a need for the healthcare professional to first be able to identify and understand the patient's health literacy by considering age, gender, cultural background, education level, thoughts and behaviours associated with the topic under discussion, and perceived benefits and barriers towards the topic. Five strategies can then be applied for improving that patient's understanding and self management of his or her medical condition: (1) Assess patients' health literacy using open-ended questions; (2) Speak in plain language; (3) Limit the number of teaching points; (4) Use visual aids, and (5) Incorporate the 'teach-back' method to ensure patient understanding.

In Unit 5, smoking cessation is used to illustrate the application of health literacy principles to meet patients' needs. There are three areas to focus on: developing a health literate patient; presenting information in a way that is easy to understand and use; and creating a health literate delivery system that provides ready access to and delivery of health information and health services. The Health Choices – flip chart tool kit for healthcare professionals launched on 1 September 2012 - illustrates the elements of a health literate tool for communicating smoking cessation.

In Unit 6, enhancing physician skills in health literacy development in the patient and health care system consists of improving on 6 things: Recognise and assist patients with low literacy to overcome their information handling problems; Improve usability of health information; Improve the usability of health services; Build knowledge to improve health decision making; Advocate for health literacy in your organisation; and Learn more about health literacy.

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A message from the Honorary Editor

In this issue of SFP in 2012, we publish the first PRISM article, which showcases a young patient who presented with acute eye pain and epistaxis in primary care. There are valuable lessons associated with case studies. We therefore welcome more PRISM submissions from medical students to established Family Physicians in Singapore, who would like to share their learning experiences with fellow primary care physicians. Together we will build up an enquiring and continuing learning culture, in order for Family Medicine to scale to a different pinnacle in Singapore.

Dr Tan Ngiap Chuan

Honorary Editor

The Singapore Family Physician