

nmD

*How to facilitate adherence and
maintenance of self-management
behaviours in people with chronic
conditions*

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Importance of change

- Health care professionals support change of health.
- Change comes and goes – sustainability??



Adherence - Compliance

- The concept of adherence can be seen as a development of the compliance concept.
- Compliance reflects from a patient's point of view that one need to follow orders from health care staff.
- Adherence can be described as a patient-centered way of communicating recommendations and letting the patient independently decide to follow a mutual agreement or advice (WHO).
(http://www.who.int/chp/knowledge/publications/adherence_report/en/)
- In pain management, high levels of adherence to e.g. physical activity have shown to be highly correlated with positive outcomes.

ARTICLE



"It's important to buy in to the new lifestyle": barriers and facilitators of exercise adherence in a population with persistent musculoskeletal pain


Laura B. Meade^a , Lindsay M. Bearne^a and Emma L. Godfrey^{a,b}

Table 3. Analytical themes.

Themes	The role of environment	The therapeutic relationship	Facilitating engagement with self-management	The influence of pain and negative affect
	<i>It's just helpful to have that additional support"</i>	<i>"Someone who considers me personally"</i>	<i>"It's important to 'buy in' to the new lifestyle"</i>	<i>"I was really feeling like pain was a huge barrier... so I had quite low mood"</i>
Subthemes	Physical environment Social environment	Collaborative partnership Tailored exercise prescription	Support to overcome environmental barriers Establishing realistic treatment expectations	Understanding pain Impact of negative affect

Factors that influence adherence =
Personal, social, environmental barriers ↓
Engagement with self-management, collaborative relationship ↑

Adherence



- 13 of 19 RCTs reported 56% and 97% of adherence to self-management programmes (Du et al, Syst rev, 2011).
- 42% completed a Reboot Online course; rurality and lower fear of movement scores predicted higher adherence (Lim et al 2021).
- Only self-efficacy was associated with exercise adherence in patients with neck and low back pain (Areerak et al, Syst rev, 2021)

Behaviour change techniques applied in interventions to enhance physical activity **adherence** in patients with chronic musculoskeletal conditions:

A systematic review and meta-analysis

- 22 studies comparing behaviour change interventions to no/placebo/minimal interventions/usual care and at least a three-month post-intervention follow-up
- Common BCTs were “graded tasks”, “goal setting”, “self-monitoring of behavior”, “problem solving” and “feedback”.
- Moderate quality evidence: Using BCTs is effective to enhance medium-term (3-6 months follow up) (no effect on long-term (7-12 months f-u, i.e. low maintenance of behavior)).
- Using more BCTs (>8) resulted better adherence.

A. Eisele, D. Schagga, LV. Krämerb, J. Bengelb, W. Göhnera. Patient Education and Counseling 102 (2019) 25–36




Effectiveness of behaviour change techniques in physiotherapy interventions to promote physical activity adherence in lower limb osteoarthritis patients: A systematic review

Matthew Willett^{1,4*}, Joan Duda^{4,5}, Sally Fenton^{4,5}, Charlotte Gautrey,
 Carolyn Greig^{2,3}, Alison Rushton^{1,2} PLOS ONE | <https://doi.org/10.1371/journal.pone.0219482> July 10, 2019

To identify and evaluate the effectiveness of behavioural change techniques (BCTs) within physiotherapy interventions to increase physical activity (PA) adherence in patients with lower limb OA.

- 24 RCTs about effects of a PT intervention integrating more than 1 behavior change technique supporting home or community-based PA adherence in patients with OA, 2366 participants
- Behavioral contract, non-specific reward, patient-led goal setting, social support showed highest effectiveness over time in promoting PA adherence

Availability, content and quality of commercially available smartphone applications for the self-management of low back pain: a systematic assessment

Claudia Didyk , Lucy Kate Lewis  and Belinda Lange 

DISABILITY AND REHABILITATION

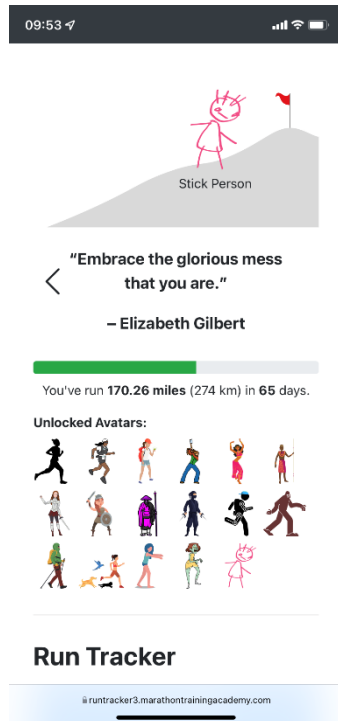
<https://doi.org/10.1080/09638288.2021.1979664>

Purpose: Explore smartphone apps that may be recommended by clinicians for the self-management of low back pain.

25 apps were included.

Only one of these 25 apps had been evaluated in a trial

- Apps have limited self-management supporting qualities in accordance with behavior change principles.
- Exercise was used as self-management in 80% of apps.
- 80% included behavior change technique "instructions to perform a behavior".
- None included "willingness for behavior change", "allow social comparison" or "rewards".
- Unsure how supporting adherence to use the apps was integrated.⁸



Capability: knowledge and skills needed to engage in the behavior/activity

Motivation: cognitive, emotional, decision making and habitual processes

Opportunity: external behavior prompting

Anne Söderlund and Petra von Heideken Wågert.
Adherence to and the Maintenance of Self-Management
Behaviour in Older People with Musculoskeletal
Pain—A Scoping Review and Theoretical Models J. Clin. Med.
2021, 10, 303.

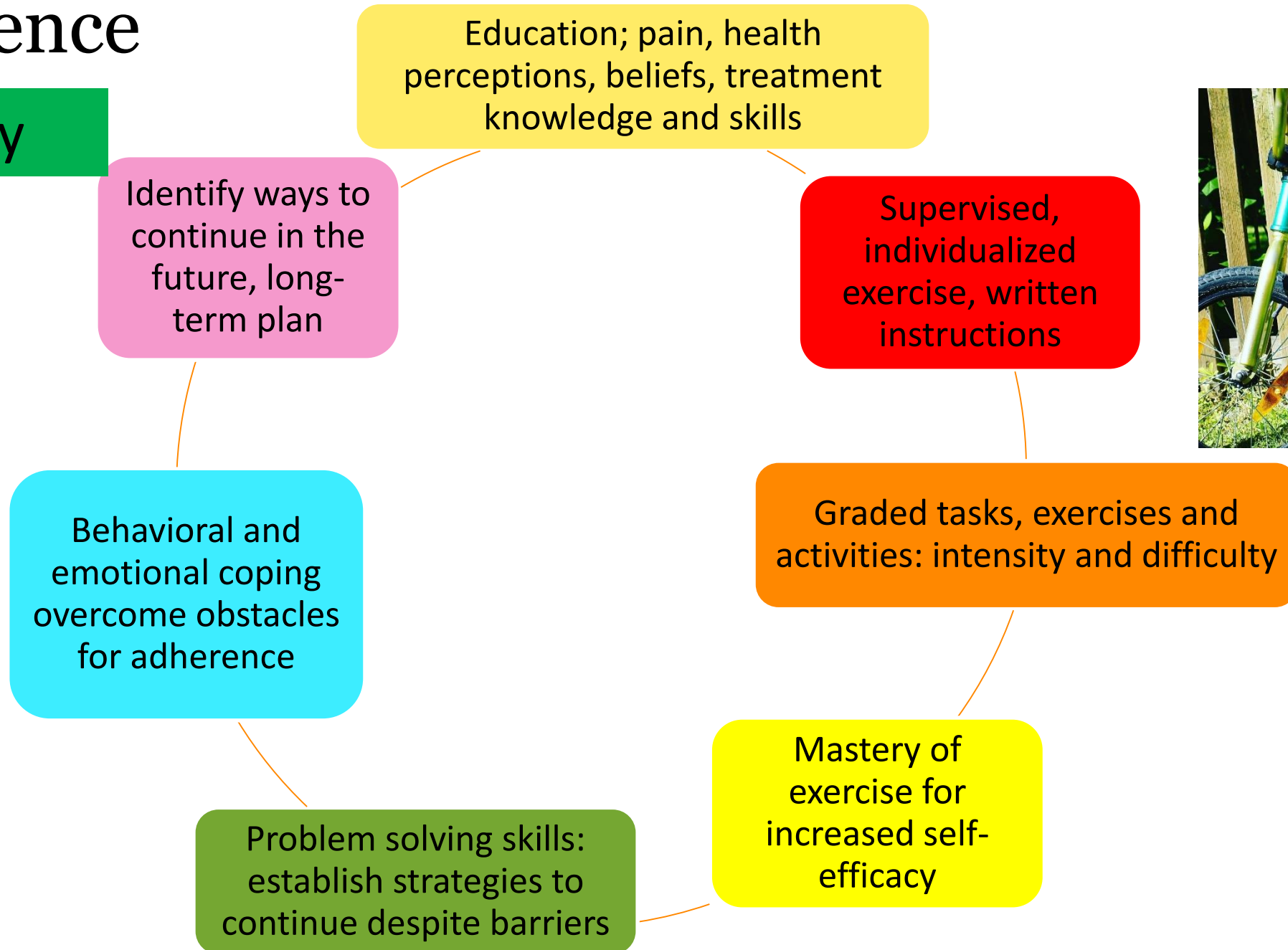
Adherence
to
behavior



Maintenance
of behavior

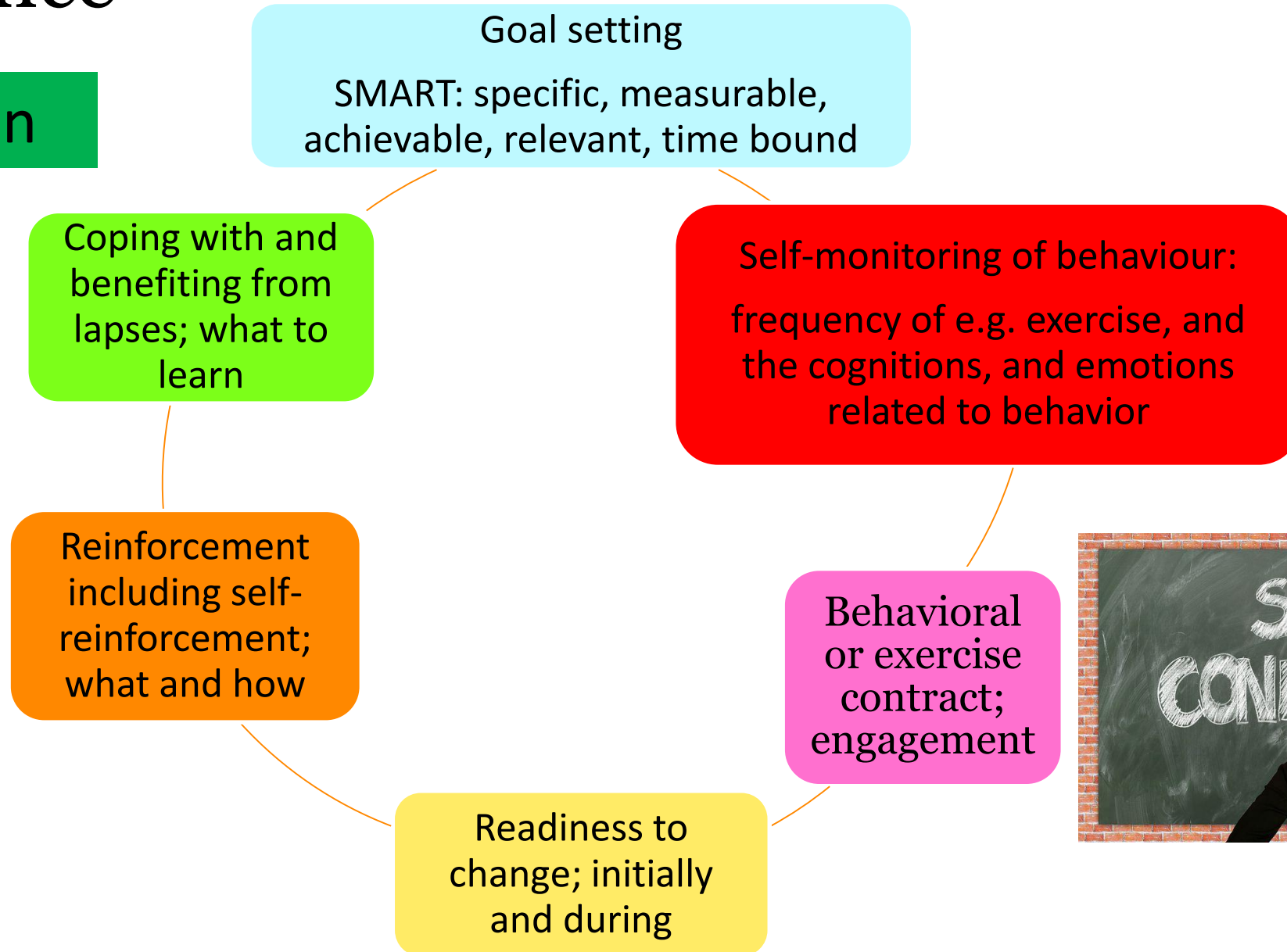
Adherence

Capability



Adherence

Motivation



Adherence

Opportunity

Booster sessions with problem solving discussions; email, phone, IRL of how upcoming problems have been solved



Feedback; significant other to give feedback on performance

Social support; engage significant other

What is maintenance? - Sustainability of behavior

- No consensus on definition.
- Maintenance – lifestyle changes have been made and the person is working to prevent relapse prevention. (<https://www.prochange.com/transtheoretical-model-of-behavior-change>)
- It is not clear what conditions are needed to maintain a new behavior and prevent relapse, or how to re-establish the new behavior after a relapse.
- Maintenance depends on motives, self-regulation, habits, resources, environmental and social influences

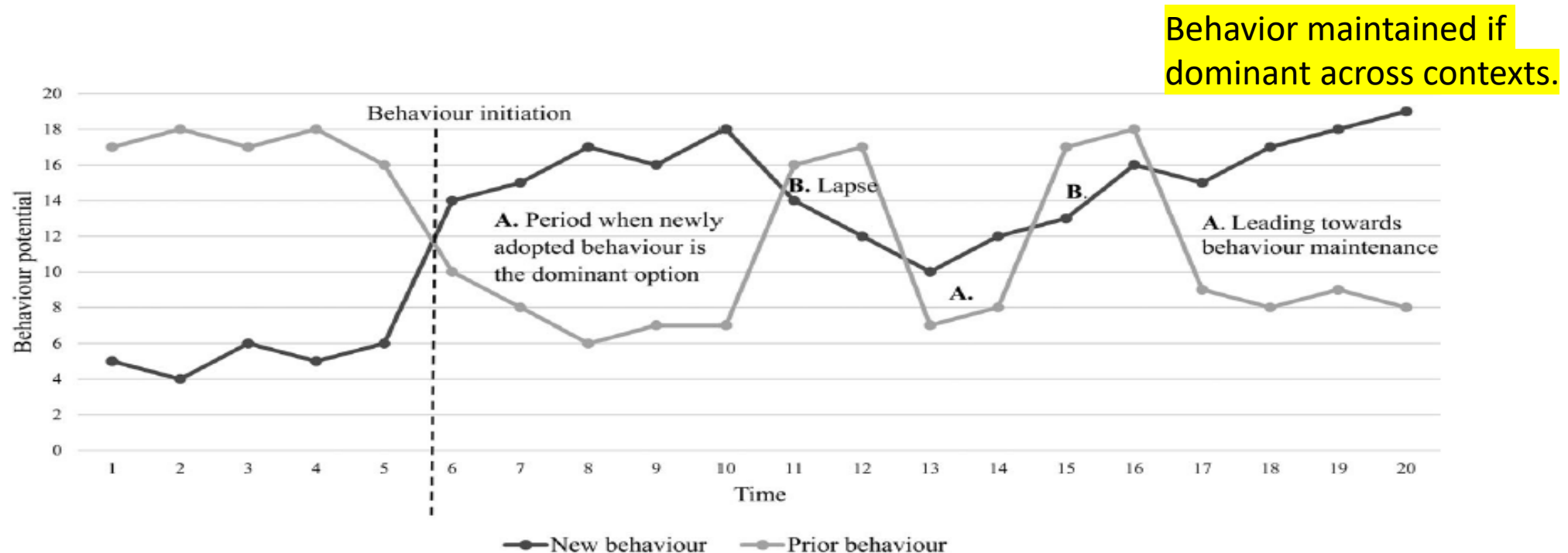


Figure 1. Changes in behaviour potential (likelihood of engaging in a particular behaviour) over time following initial behaviour change. Kwasnicka et al. Health Psychology Review 2016

Maintenance of behavior

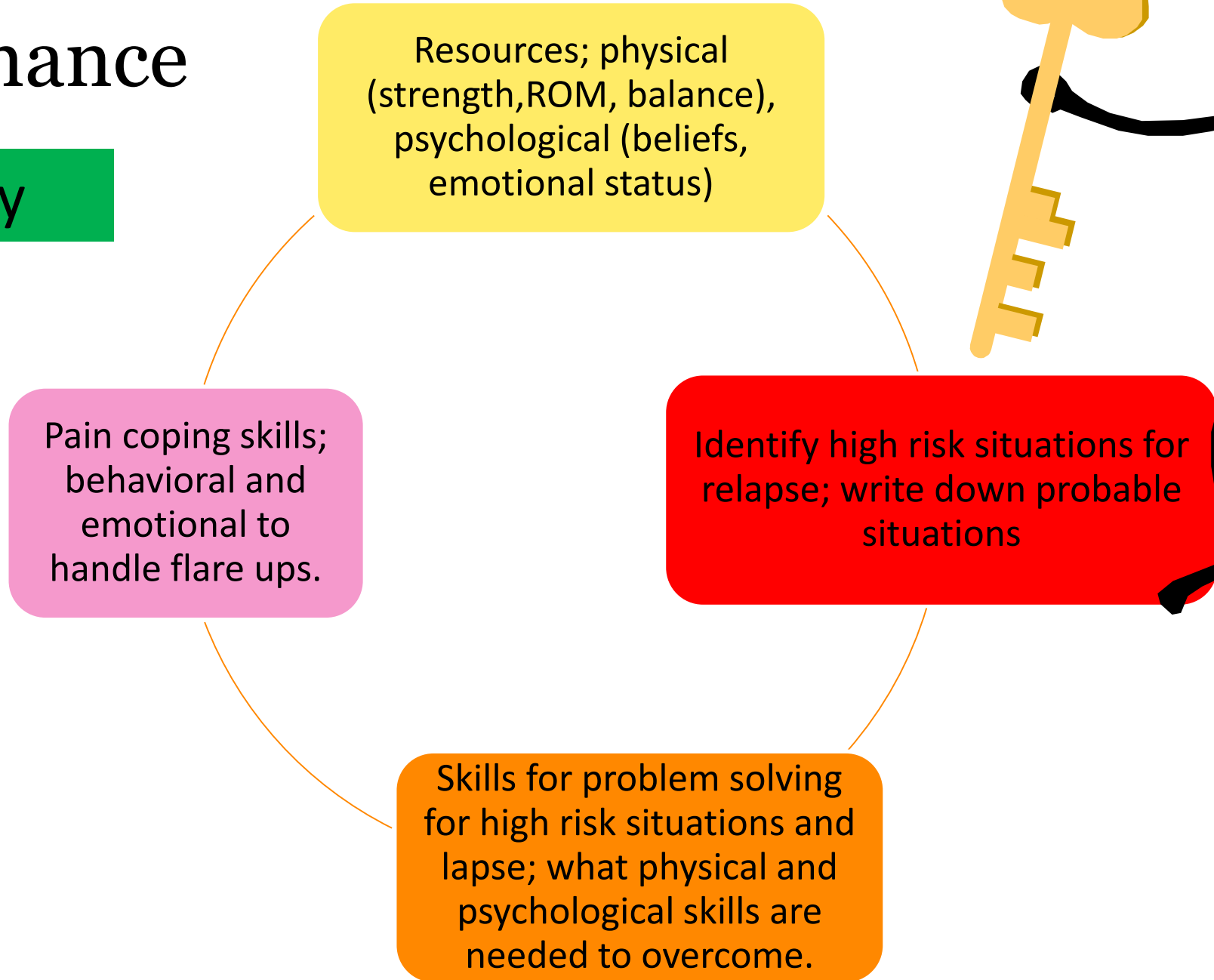
- Longer intervention was better (>24 v)
 - Partly face-to-face
 - Use of multiple behavior change techniques (>6)
 - The most used behavior change techniques in studies that reached maintenance:
 - Instruction how to sustainably change behavior
 - Include "booster" follow-up as reinforcement
 - Identify barriers for maintenance of behavior change
 - Opportunities for social comparison
- (Fjeldsoe, Neuhaus, Winkler, Eakin, 2011, Health Psychology.)

- Self-monitoring +/- ?
- Self-efficacy in maintaining the behaviour
- Social norms
- Satisfaction with the change



Maintenance

Capability



Maintenance

Motivation



Goal setting

SMART: specific, measurable, achievable, relevant, time bound

Self-efficacy in problem solving of high risk situations, handle barriers and relapse: mastering experience

Self-monitoring of behaviour and progress; diary what has been done and how, thoughts, emotions

Self-reinforcement; plan what rewards would work for the individual in behavior maintenance purposes

Habits; exercise habits, other habit to integrate e.g. exercise with

Self-regulation; how to stand against temptations to stop new behavior

Maintenance

Opportunity

Problem solving of high risk situations with social support; engage significant other to discuss what to do with risk situation and after a lapse



Environmental triggers of relapse; e.g. TV-program to skip exercise, take elevator in stead of stairs, bad wether not taking walk.

Problem solving of high risk situations by social reinforcement by significant others; engage significant other to reinforce to get past a risk situation and a lapse

Multiple self-management behaviors – work for adherence to and maintenance of all of them!!

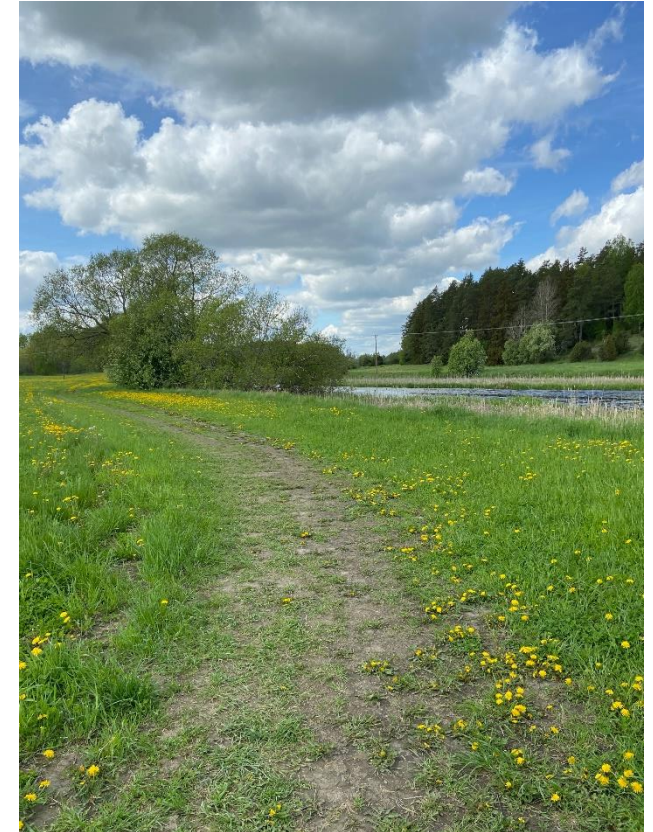
Self-management behaviors in chronic conditions is ability to:

1. manage symptoms;
2. manage treatment;
3. manage physical and psychosocial consequences;
4. manage lifestyle changes;
5. monitor the condition;
6. monitor effects of cognitive, behavioural and emotional responses



Barlow, J.;Wright, C.; Sheasby, J.; Turner, A.; Hainsworth, J. Self-management approaches for people with chronic conditions: A review. Patient Educ. Couns. 2002, 48, 177–187

Which behavior change techniques would you like to work with and why?



Mälardalen University



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Spørg din nabo - refleksioner



1. Hvordan arbejder du med målsætning så det skaber værdi for forløbet?
2. Hvornår lykkes du med at facilitere patientens beslutning i stedet for at foreslå egne løsninger?



3. What strategies do you use to help engage patients in pain Self Management ?

4. What do you consider to be a 'good outcome' from a pain Self Management intervention?



5. Which behavior change techniques would you like to work with and why?

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