A Growing Trend: The Journey Into a Self-Management Approach to Nutrition Care

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### Chronic Disease Self-Management

What does "self-management" of chronic kidney disease mean to you?



### Definition: Self- Management

"Self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management and emotional management." (McGowan)

Patrick McGowan, Ph.D., New Perspectives: International Conference on Patient Self-Management, 2005. University of Victoria, Centre on Aging.



How does the self-management approach differ from traditional approach?





THE MEDICAL MODEL OF HEALTH

#### Traditional Approach

- Professional is expert
- Professional tells client what to do and sets goals
- Professional solves the problems
- Goal is for client to comply to the professional to achieve benefits
- Behaviour is changed by external motivation

Minimal behaviour change occurs

#### Self-Management Approach

- Client is the expert in their lives; professional expert in disease
- Client sets goals with professional
- Client identifies problems
- Client learns strategies to solve problems
- Client is internally motivated and uses problem solving, goals to achieve benefits that are meaningful

Maximal behaviour change occurs

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SELF-MANAGEMENT/SELF HELP/MUTUAL AID

### Principles for Self-Management: Professional

- 1. Place the patient as the centre of their care.
- 2. Fosters a collaborative patient and professional relationship.
- 3. Includes the family
- 4. Uses a holistic approach
- Uses pro-active and adaptive strategies to empower the individual.
- 6. Emphasizes the use of resources.



### Principles for Self-Management: Client

- Know your condition(s).
- Use problem solving and make decisions.
- 3. Set and achieve realistic goals.
- Follow the agreed upon care plan.
- 5. Monitor symptoms and take action.
- Recognize and manage the physical, emotional and social impact of the condition(s) on your life.



## How Can Clients Learn to Self-manage?

- Stanford University Kate Lorig Chronic Disease Self-Management Program
- 2. Licensed program
- 3. Self-referral
  - Clients with any chronic disease(s)
  - Caregivers of clients with chronic disease(s)
- 4. 6 weeks, 2 ½ hours/week
- 5. 2 trained leaders
- 6. Interactive



Disease

Fatigue

Shortness of breath

Tense muscles

Symptom Cycle

Depression

Pain

Difficult

Stress & Anxiety

65 yo Male: "Tony"

PMHx: CRF d/t IgA nephropathy, HD initiated 2008 HTN, DVT, CA bladder, (nil DM)

Tony is on HD 4x/wk May 2010.

MD referral: Fluid/high IDWG (ongoing) ~6kgx2d



• Tony's understanding of the problem: Drinking too much fluid between dialysis

#### Tony's concerns:

- 1. Nose polyps  $\rightarrow$  breath through mouth  $\rightarrow$  +dry mouth
- 2. Active outside in the summer (ie. gardening in the peak heat periods) → + thirsty
- 3. Enjoys eating out (ie. Kelseys, Wimpy's Diner, Fish 'n chips)
- 4. Enjoys going to his cottage on the w/e to spend time with his grand-children.
- 5. Enjoys traveling to Vegas, Buffalo, and Florida → ++ Eats out

#### Tony's goal(s):

To reduce fluid and sodium

#### Tony's barriers to achieving his goals:

- 1. Nose Polyps cause mouth breathing and dry mouth
- 2. Frequently eating out: + high Na foods identified
- 3. Enjoys being active outside in the summer
- 4. 30 year hx of nocturnal drinking



- Identified problem: Tony decides first address his high IDWG by reducing total fluid intake <1L/day (particularly in the evening).</li>
- Problem Solving:

#### Tony's possible solutions:

- 1) Create a 24 hour fluid plan
- 2) Stop using 1 litre water bottle and purchase a 125ml cup (take 4oz 8x/day)
- 3) Instead of drinking at night, find distractions: ie. read, tv, ebay
- 4) Chew sour gum or candy
- 5) Fruit cup instead of Jello
- 6) Spray bottle



#### Tony's Action Plan:

- "I will...." drink 125ml 8x/day using the fluid plan I (Tony) created.
- Time frame: trial one week
- Tony's \*Confidence level: "7 out of 10"

\*Note: How confident are you in completing the action plan? 0=no confidence to 10=total confidence, to be successful, should be a minimum confidence of 7 out of 10.

Feedback: Action plan was achieved at follow-up



- Outcome: After ~1 month of confidently managing fluid intake, Tony added a new goal: To reduce the sodium in his diet.
- Barrier: Enjoys eating out ~5x/week
- Problem-solving

#### Tony's possible solutions:

- Eat out less
- 2. Plan ahead, know menu (check on line)
- 3. Ask waiter/chef if sodium is present
- Eat more fresh low potassium salads with scoop of low sodium tuna
- 5. Choose lower sodium protein options



#### Tony's Action Plan:

- "I will...." Eat out less (5 → 2x/week) and read food labels
- Time frame: trial one week
- Confidence level: "7 out of 10"

#### Outcome:

After ~ 1 month Tony was more confident in managing the sodium in his diet.

By mid-autumn, HD decreased to 3x/week.



### Person-focused care

- Walk along with the person through their health care experience rather than leading it.
- Respect the person as the expert in their lives
- The persons' goals define the coordination of the practices of the health care team and delivering care according to what is important to the person and their family.



# Why do self-management programs work?

Self-Efficacy Theory:
 When patients have the
 confidence to do
 something, they will
 probably do it (Bandura)





### Conclusion

"Living a Healthy Life Workshop"

 Participant's feedback (November 2010/March 2011)

• Participant's Letter to MD (March 2011)



### Question for the Future

Does self-management education improve health outcomes of clients with chronic conditions (ie. kidney disease)?



### Where to go from here?

Journey into a self-management approach to nutrition care:

- Potassium Education
- Phosphorus Olympics





















