

Dimensions of health

Implications for the management of patients
with arthritis

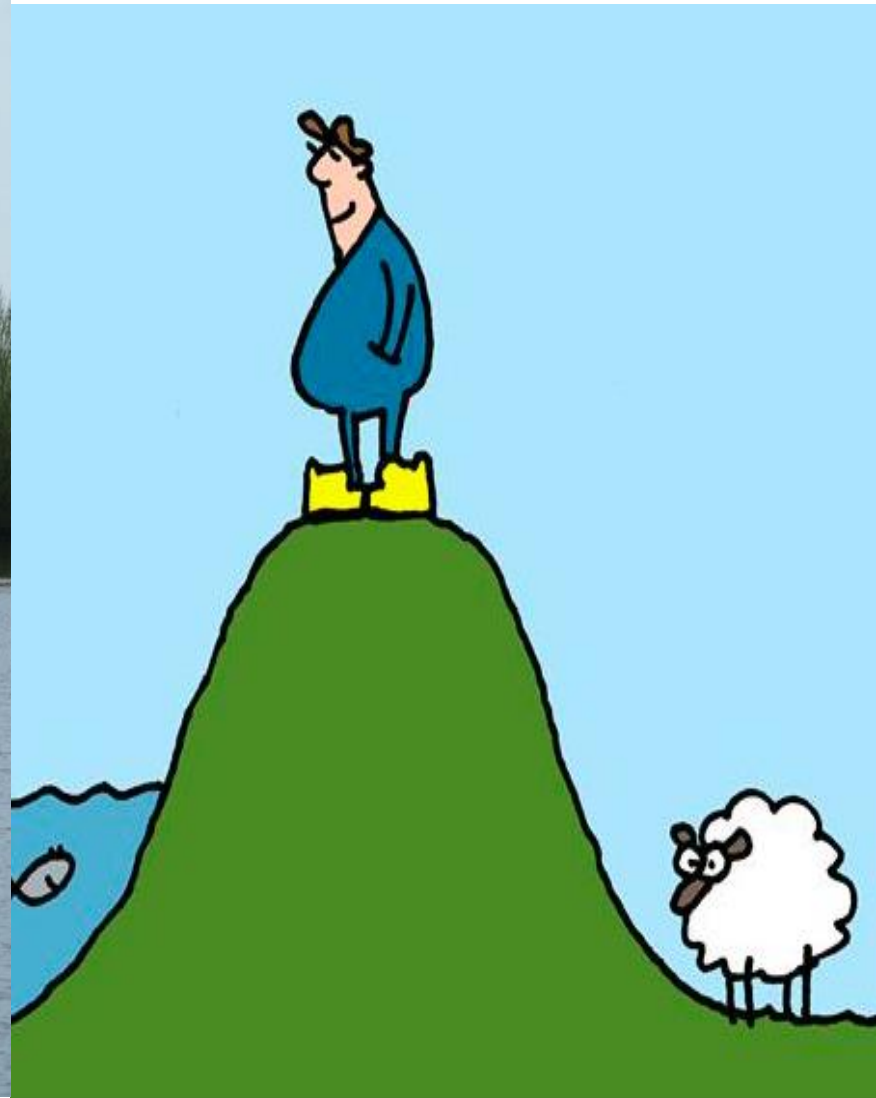
Piet van Riel, Rheumatologist
The Netherlands

January 2018 call from George Kitas



"I know nothing about the subject,
but I'm happy to give you my expert opinion."

LIKE ASKING A GREEK TO TALK ABOUT DIKES



The Netherlands would look different



GREECE IS

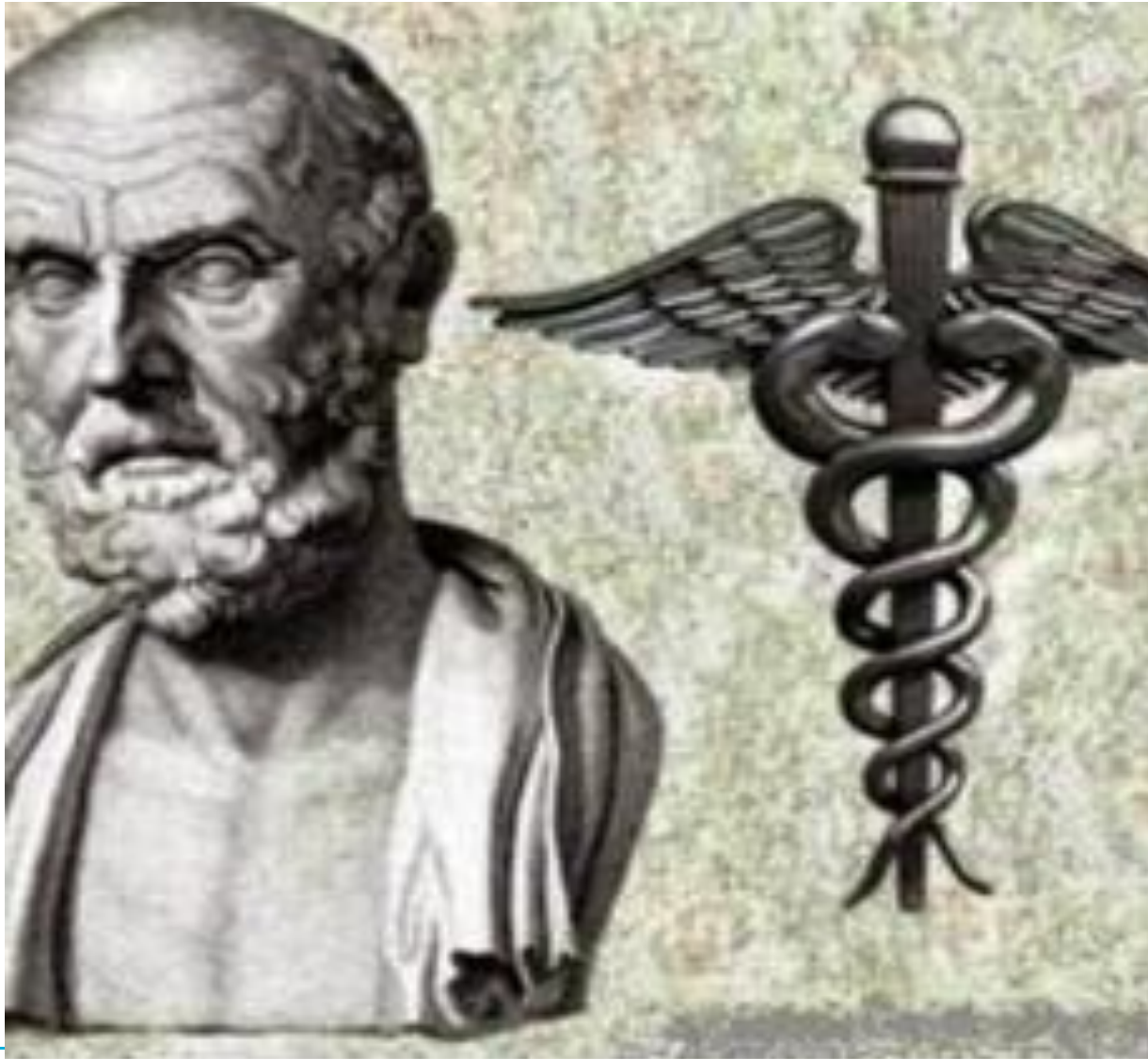
HEALTH

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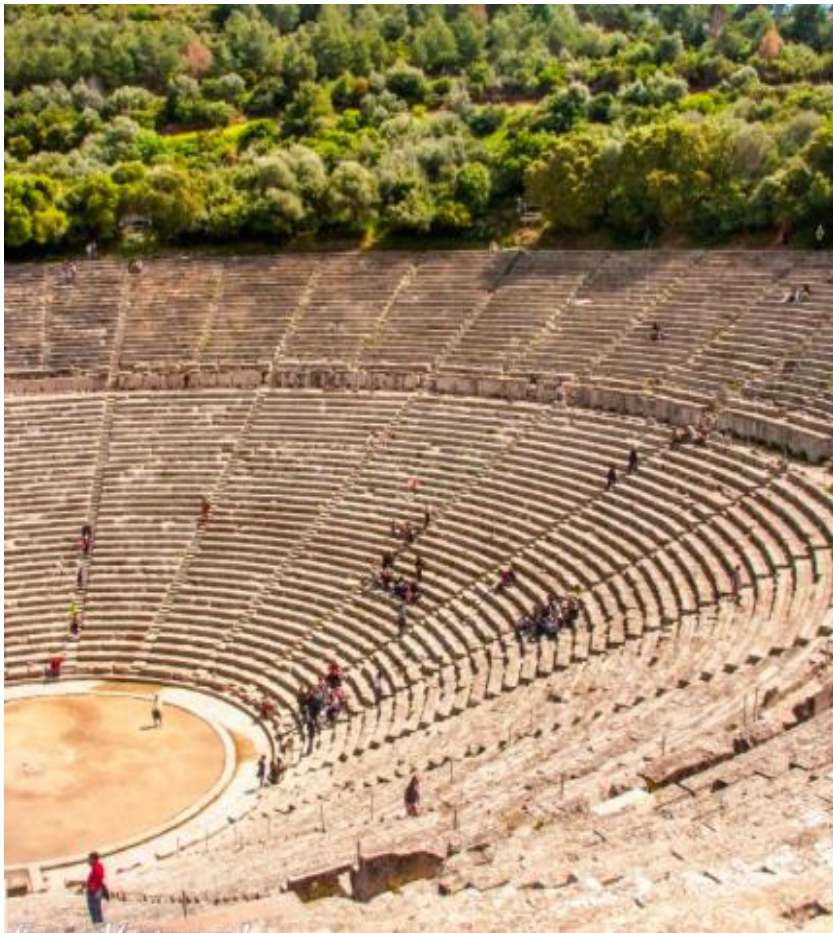
The Father of medicine



Statements from that time

- Healthy body = well balanced body
- Self- sufficiency = empowerment
- Education by Sophists
- Physiocratic School:
 - Natural causes
 - Physical environment
 - Emotional environment
 - Human behaviour

We are so close !



Biomedical Model



Definition of health – WHO -1948

Health is a state of **complete** physical, mental and social well- being and not merely the absence of disease or infirmity

Disadvantages of old definition

- Most of us are unhealthy most of our life: medicalisation of society
- Change in demography
- Change in nature of diseases



Ottawa Charter Health Promotion 1986

Biopsychosocial for health and disease

- Environment
- Human behavior
- Biological/psychological and social dimensions of both positive and negative health

New definition of health - 2011

Health is the ability to **adapt** and to **self manage**, in the face of social, physical and emotional challenges

- More dynamic
- Important for communication

Time for a Change

The Death of Paternalism in UK medicine

Incompetence killed babies like Samantha. Now surgeons who played God are to face tight Government controls

END OF DOCTOR KNOWS BEST

THE NHS was rocked yesterday by the most devastating indictment in its history.

The report into the Bristol heart scandal blamed incompetence, arrogance and secrecy for the deaths of dozens of babies.

By Beery Marsh and Michael Seamark

damaged after bungled operations. The 214-million public inquiry report revealed serious deficiencies in the basic culture of the health service.

It singled out medical and management individuals at all levels, from ward doctors up to senior officials at the Health Department. And it made the horrible admission

that a similar 'Greek tragedy' could be happening in another hospital today.

Inquiry head Professor Ian Kennedy said a 'club culture' of doctors and hospital bosses must never again keep patients in the dark.

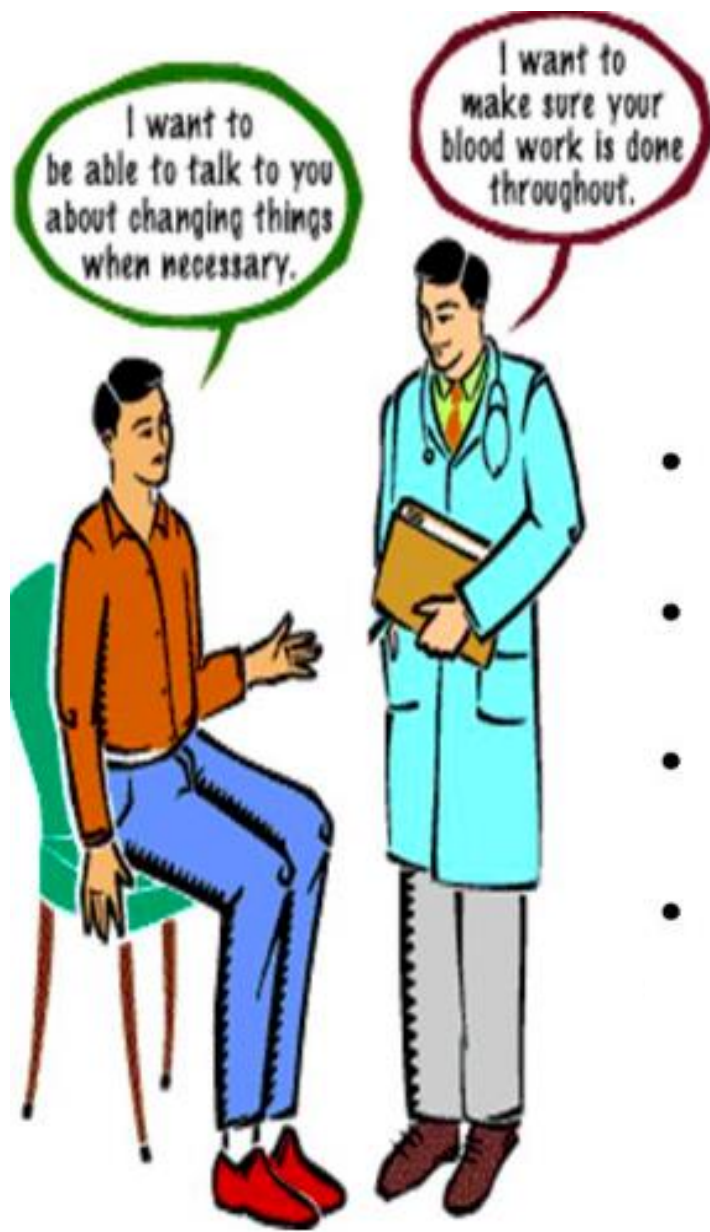
Trevor Jones, whose daughter Bethany died, said: 'This is the end of the age of "the doctor knows best". The whole system has been turned on its

Turn to Page 6, Col. 1



Samantha Rickard. She died just before her first birthday





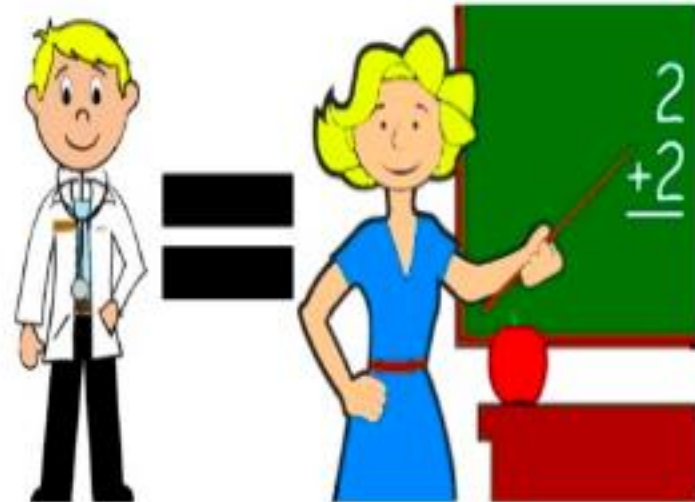
Paternalistic relationship

- Traditionally characterized medical consultation
- High physician control and low patient control
- The doctor is dominant and takes on role of “parent”
- Patient submissive

Doctor in the new Health Model

Coaching role

- Biopsychosocial approach
- Facilitator/ Listener
- Behavior Change Expert
- Patient-Centered Communication



Degree of Sharing

- ☐ doctor alone
- ☐ doctor led & patient acknowledgement (sought or offered)
- ☐ doctor led & patient agreement (sought or offered)
- ☐ doctor led & patient views/opinion (sought or offered)
- ☐ shared equally
- ☐ patient led & doctor views/opinion (sought or offered)
- ☐ patient led & doctor agreement (sought or offered)
- ☐ patient led & doctor acknowledgement (sought or offered)
- ☐ patient alone

Gregory Makoul, Marla L. Clayman

An integrative model of shared decision making in medical encounters

Patient Education and Counseling, Volume 60, Issue 3, 2006, 301-312



I prefer to make the final selection about which treatment I will receive



I prefer to make the final selection of my treatment after seriously considering my doctor's opinion



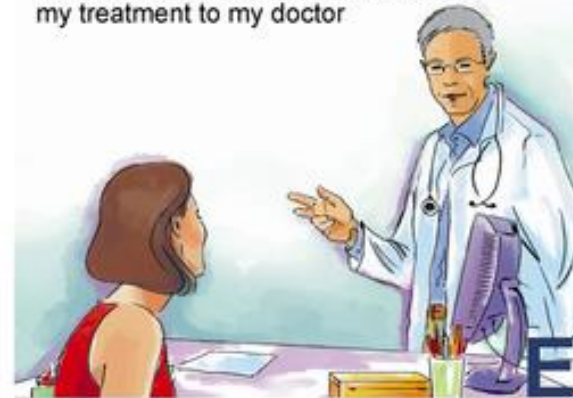
I prefer that my doctor and I share responsibility for deciding which treatment is best for me



I prefer that my doctor makes the final decision about which treatment will be used, but seriously considers my opinion



I prefer to leave all decisions regarding my treatment to my doctor



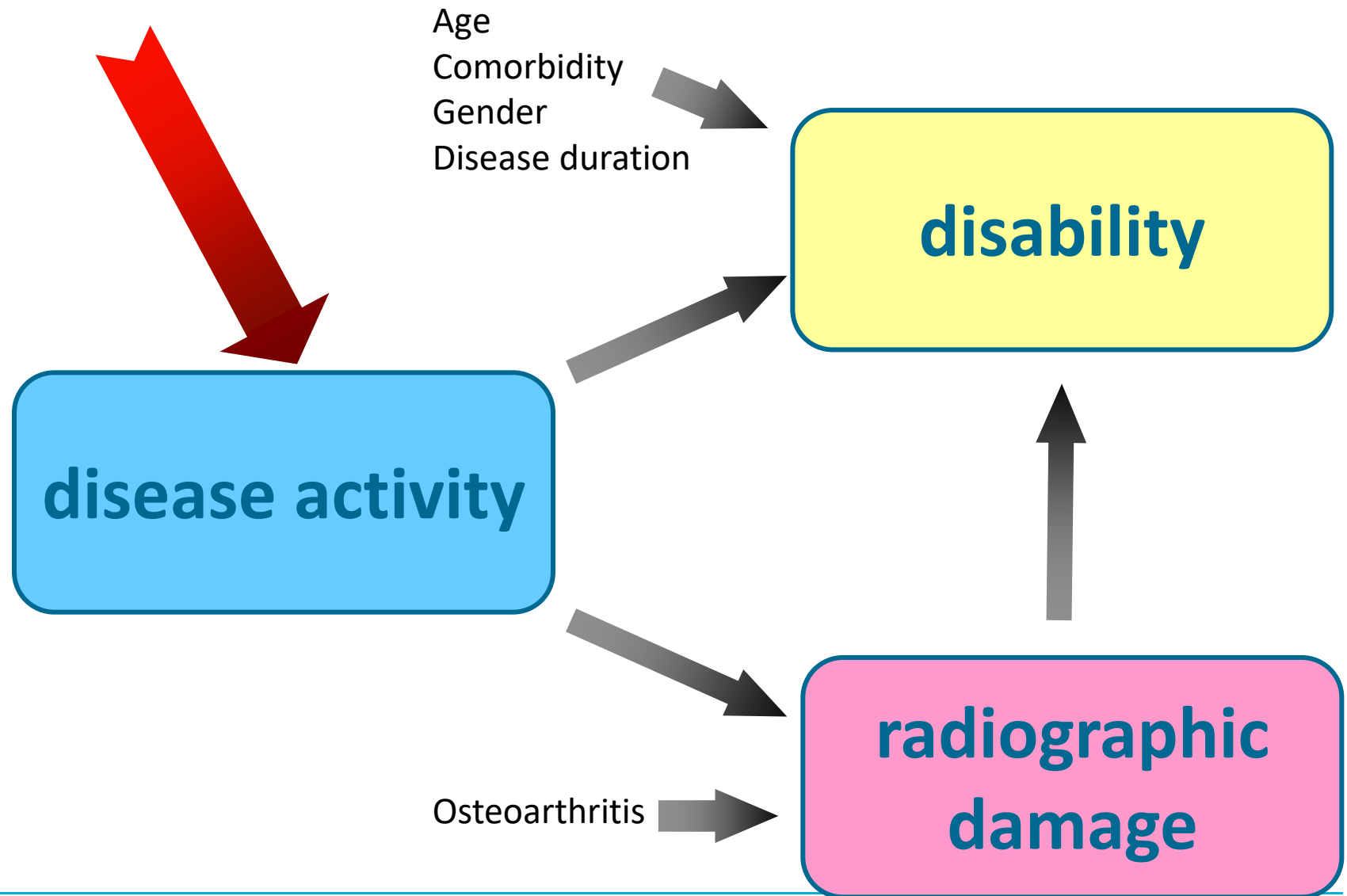
Rheumatoid arthritis (as an example)

- No cure: Chronic
- Has implications for:
 - Physical component
- And may have implications for:
 - Social
 - Psychological component

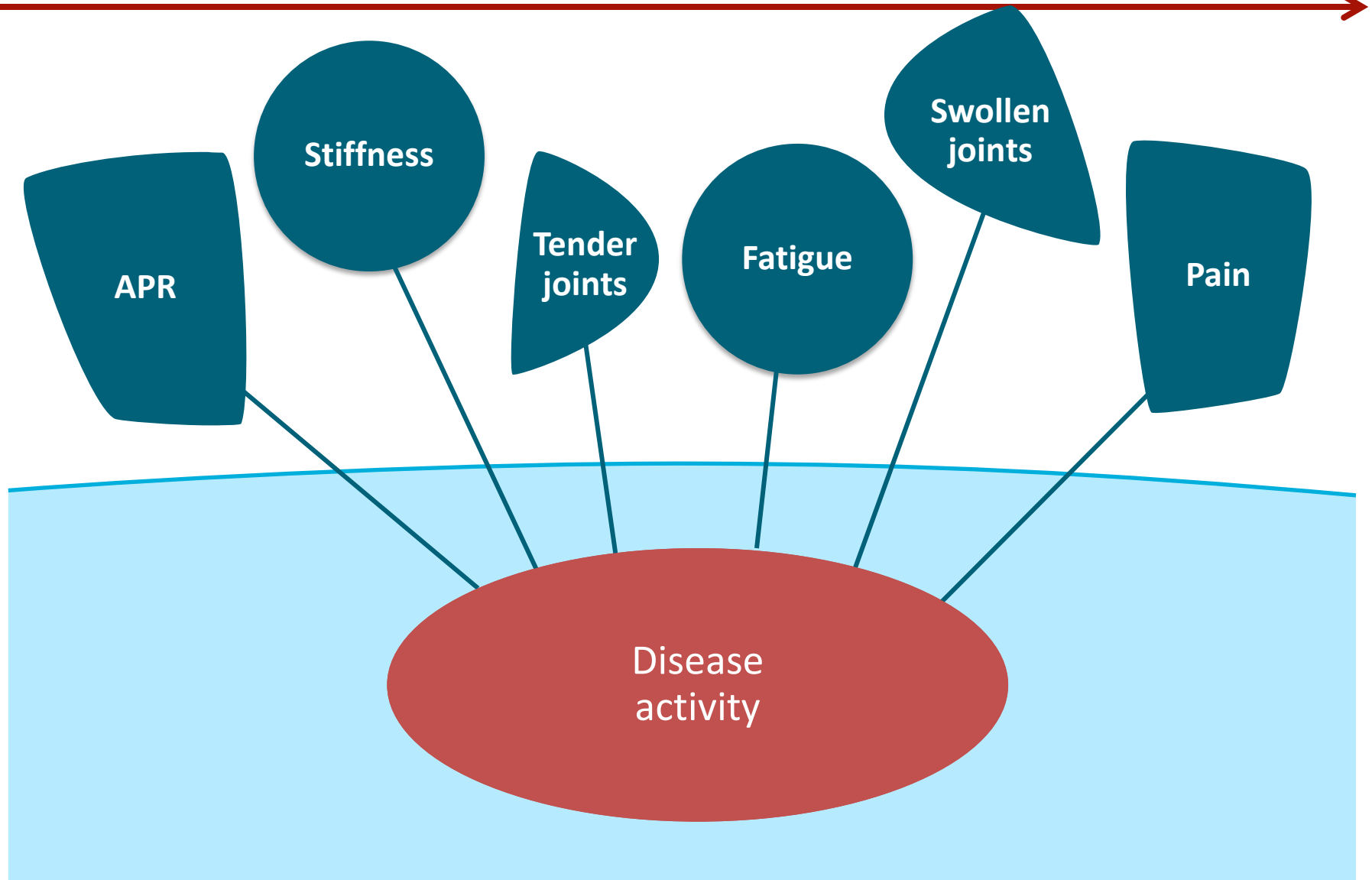


Rheumatoid Arthritis

- It affects the joints but also bones, blood vessels, immune system etc etc
- Inflammatory process of the joints leads to destructions which are irreversible
- Finally: Disability and shorter life expectancy
- But also more than 35% work disability
- Fatigue
- Lower Quality of Life



Rheumatoid Arthritis: Heterogeneous Disease



There is more than physical functions !

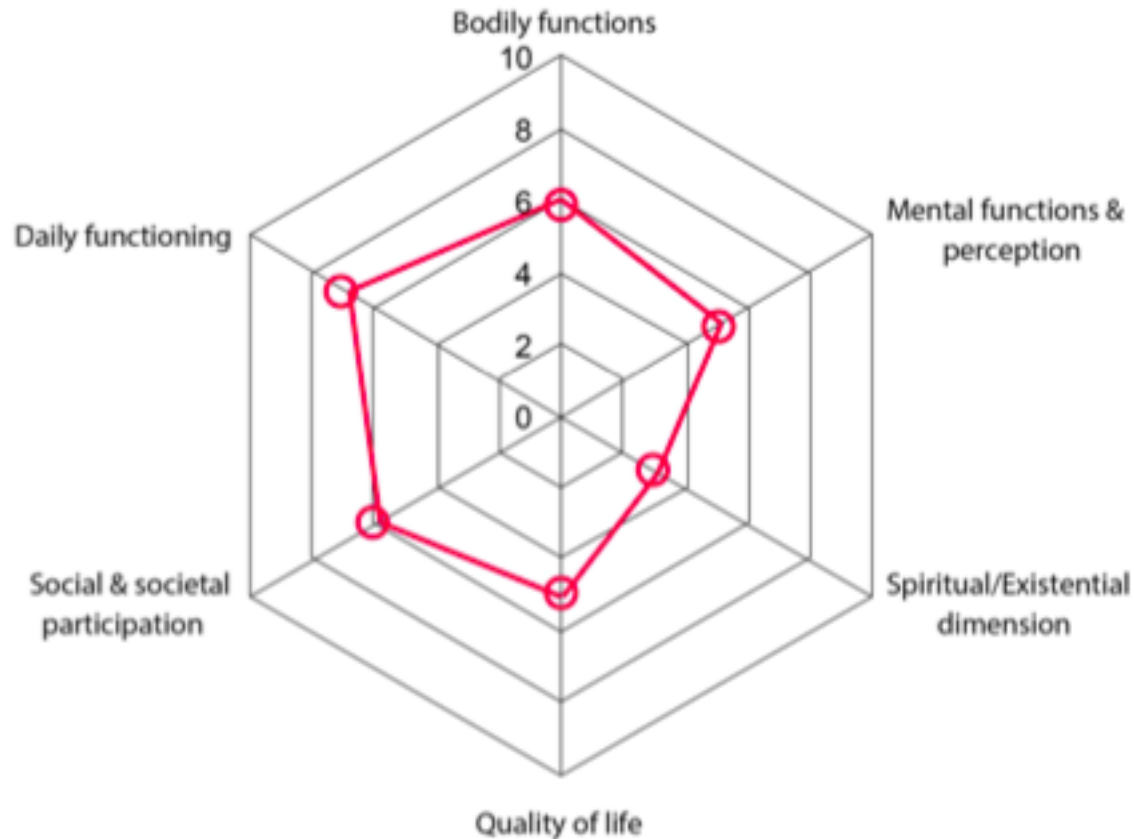
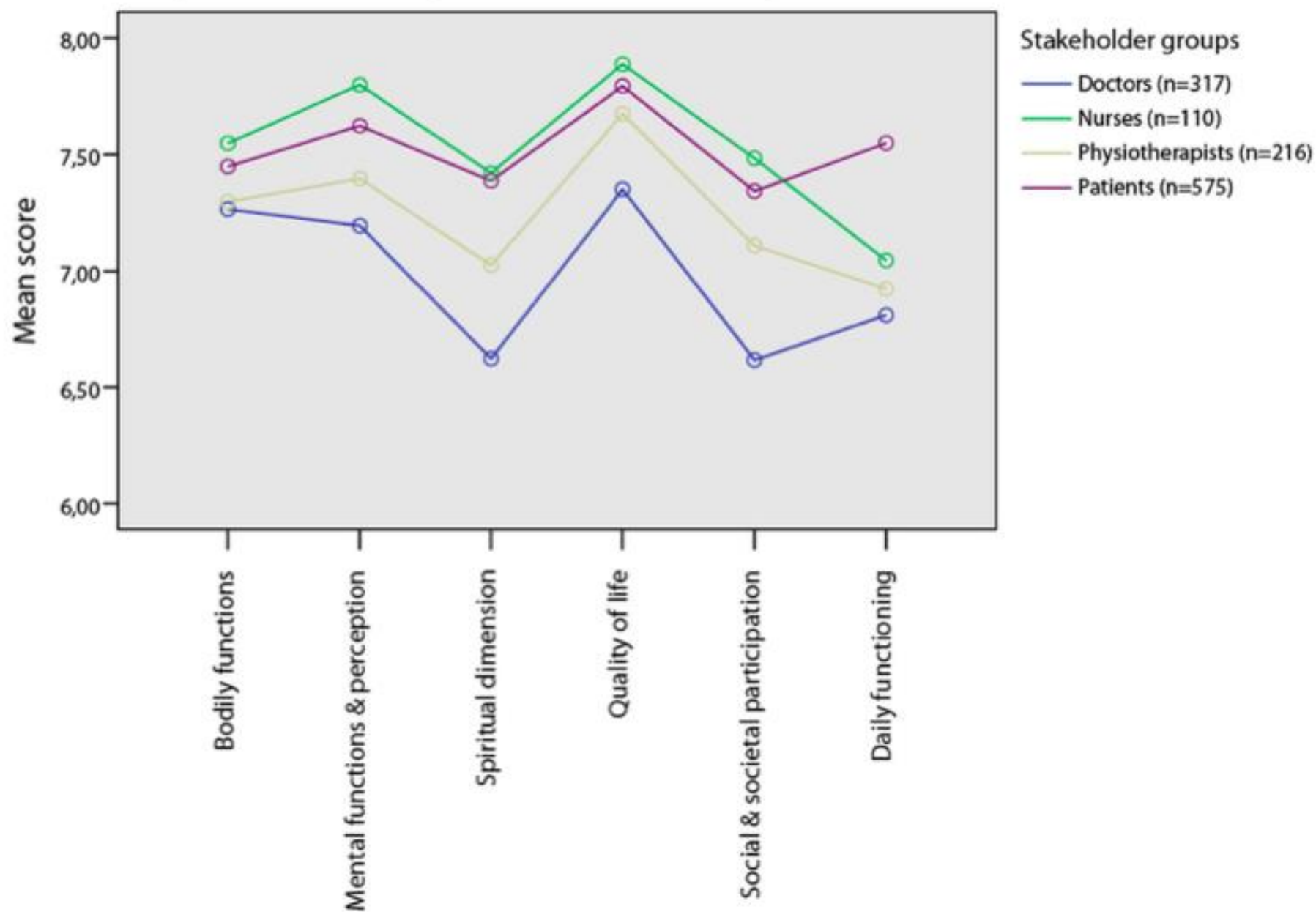


Figure 3 The six dimensions on a subjective scale, visualised for practical use, indicating a fictional estimation of a person's state of 'positive health'.

BMJ Open Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study

M Huber,¹ M van Vliet,^{1,2} M Giezenberg,³ B Winkens,⁴ Y Heerkens,⁵
P C Dagnelie,⁶ J A Knottnerus⁷

Mean score per dimension for patients and healthcare providers



Communication on different levels:

- Identical questionnaire for 213 RA patients and 109 rheumatologists
- 58 factors, Different combinations of 5 items

The most important	
<input type="radio"/>	Lack of data about long term side effects Current level of CRP or ESR
<input type="radio"/>	Presence of fatigue Presence of generalized bodily pain
<input type="radio"/>	Patient's life expectancy

Results

Rheumatologists

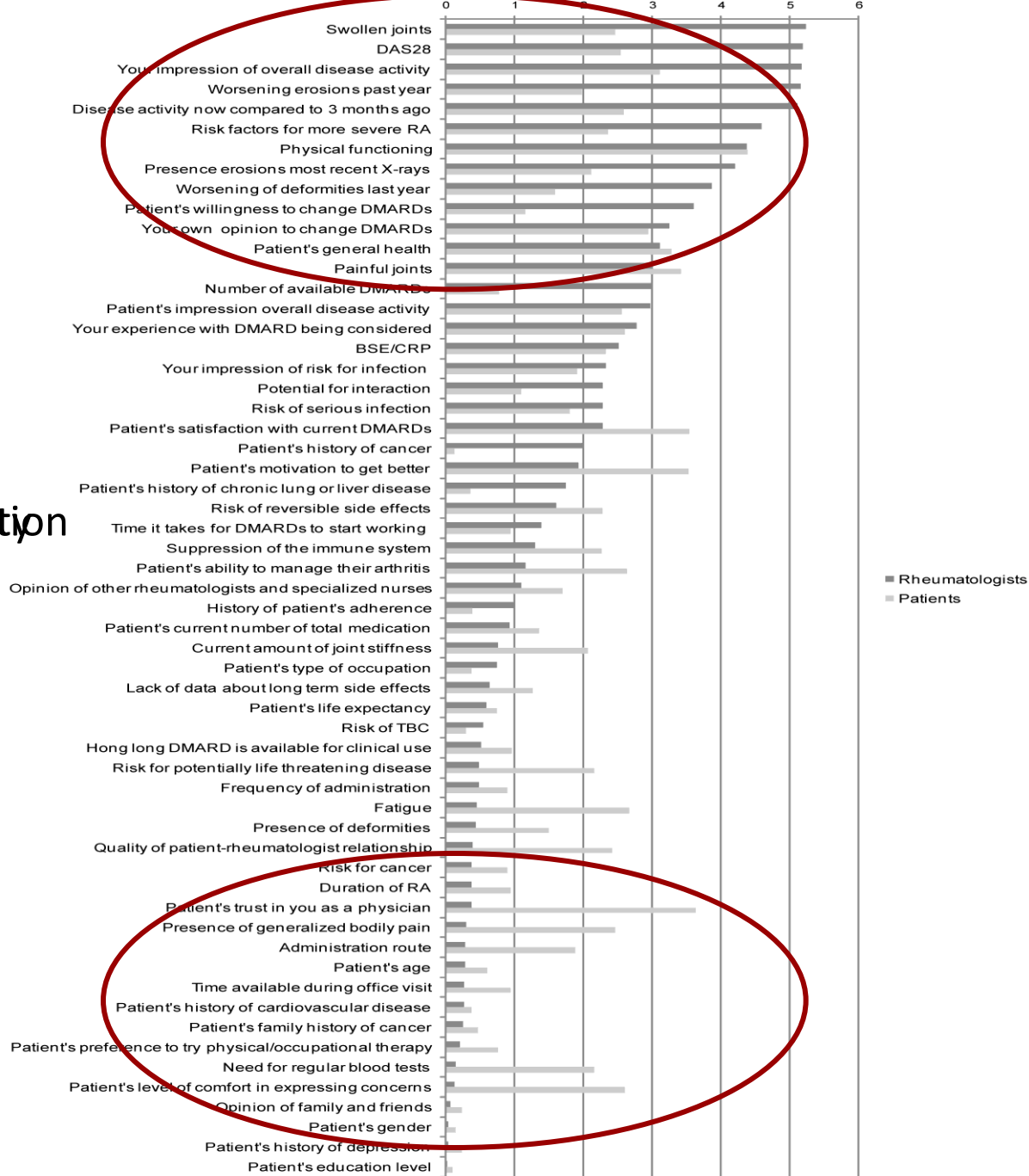
Swollen joints

DAS28 in rheumatologist

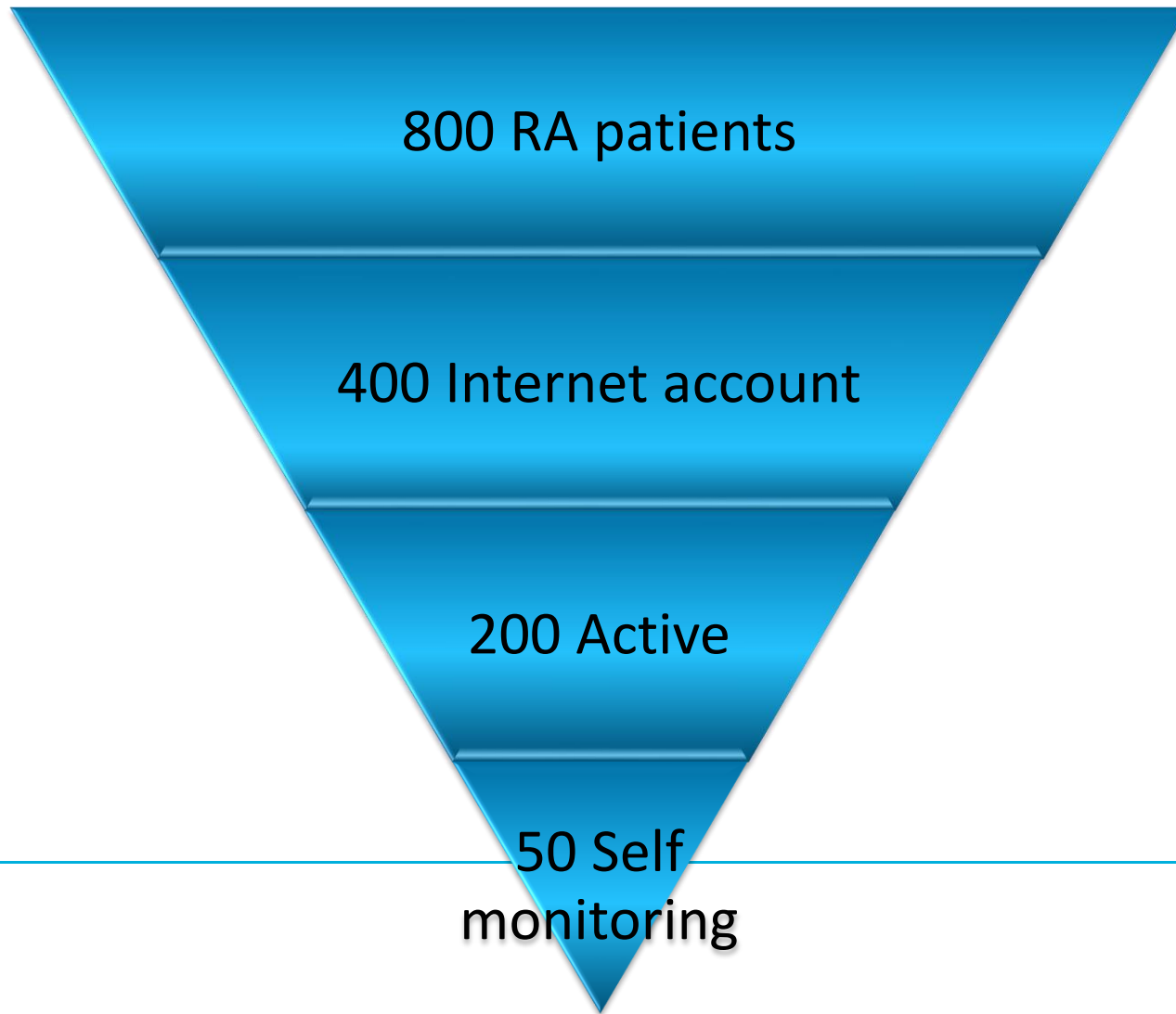
Motivation

Satisfaction of disease medication

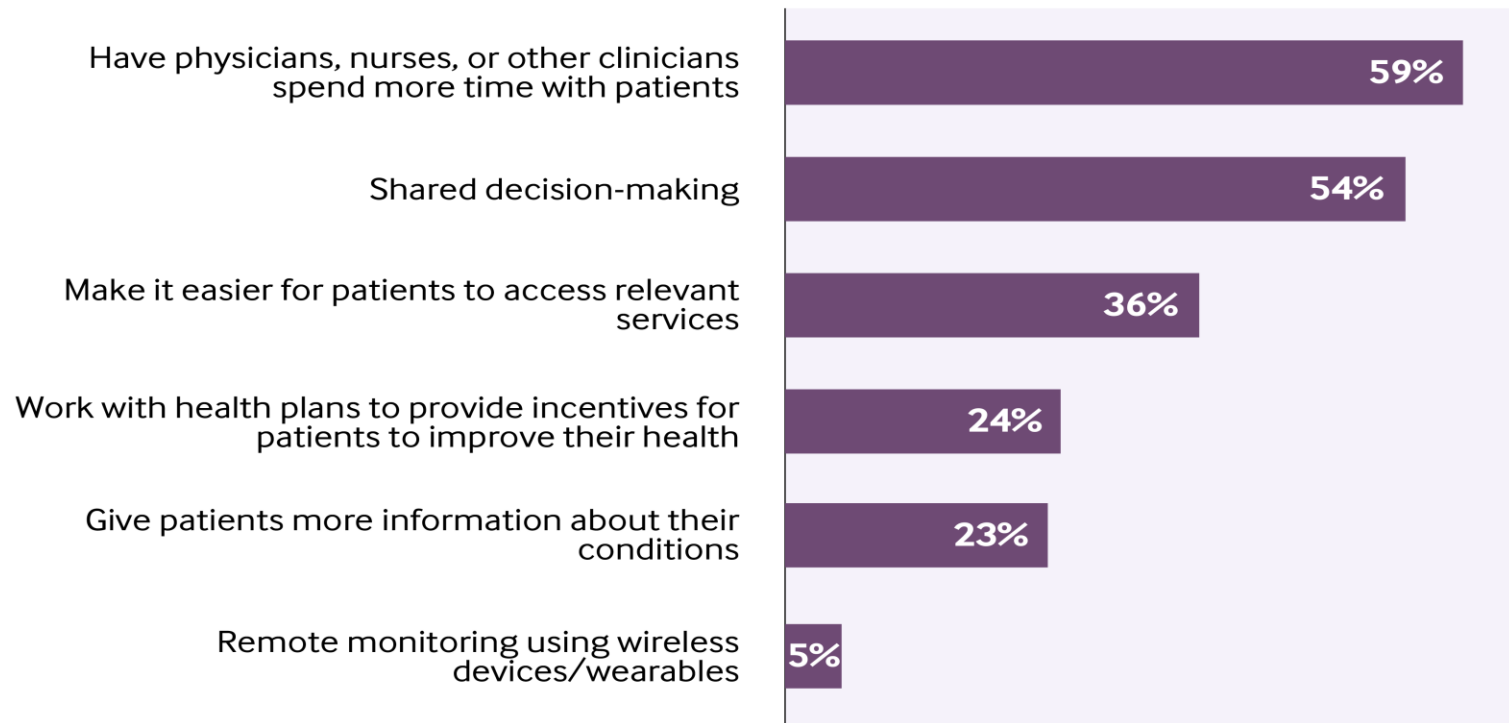
Expressing disease activity



PPO's in Daily Clinical Practice



Most Effective Patient Engagement Initiatives



What are the top two initiatives that are most effective at improving patient engagement?



Sample size = 340, Multi-response

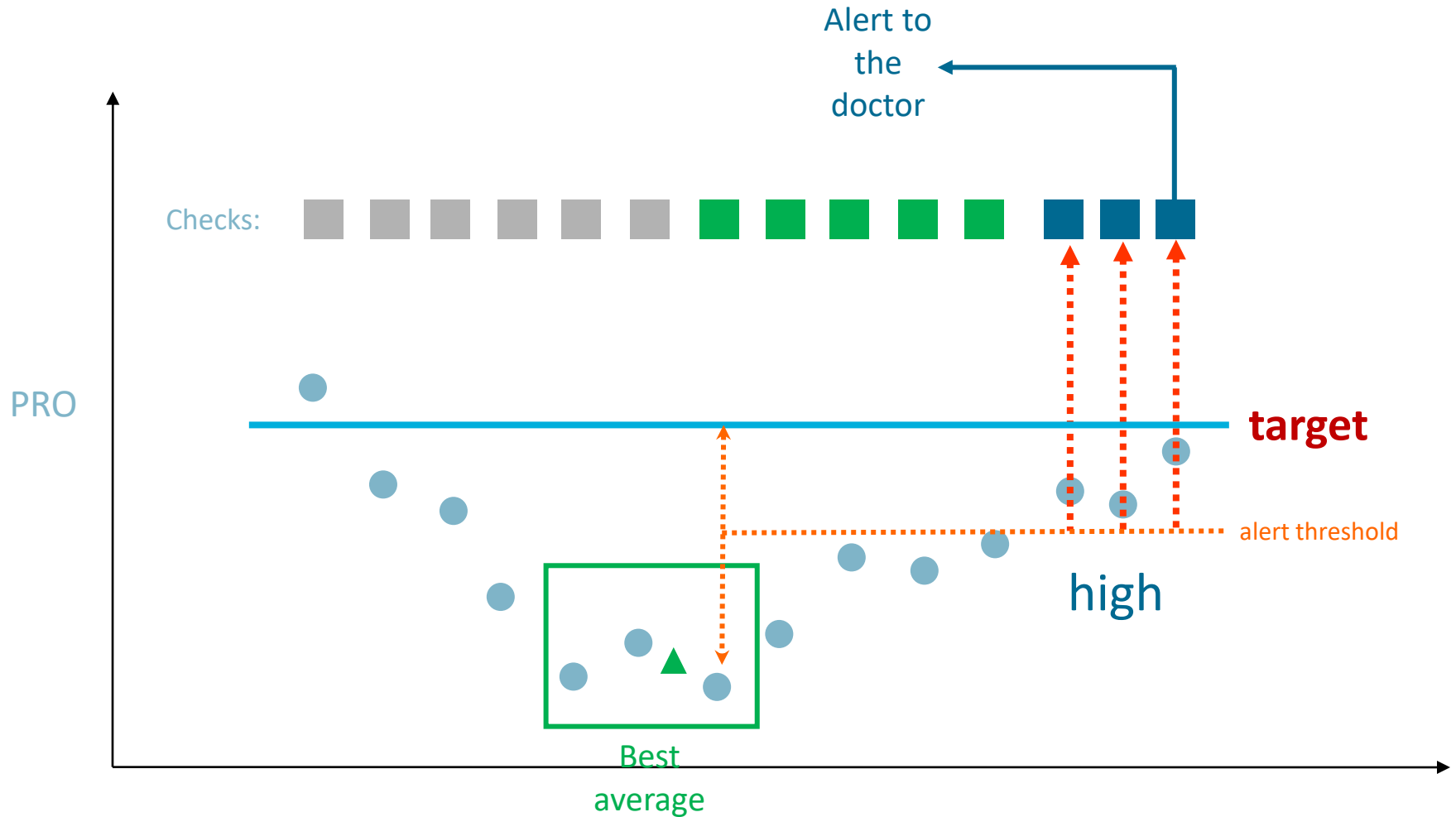
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Self management

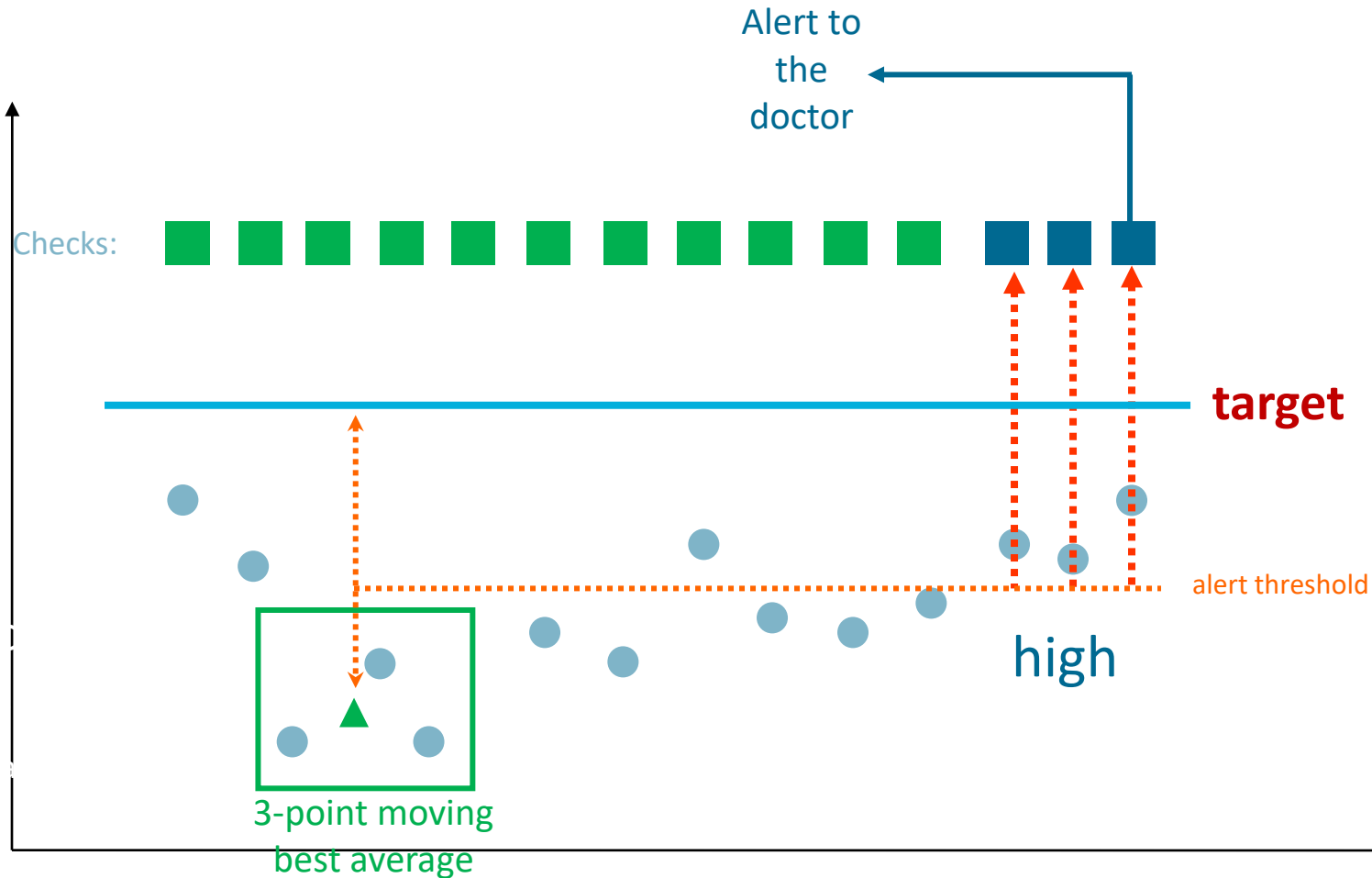
- Advantages:
 - Patients are involved in their treatment: Empowerment
 - Time efficient – Cost effective
 - Possibility to check information medical record
 - Possibility for off-site/home monitoring
 - Possibility for increased frequency of monitoring
- What can be done:
 - Disease activity assessment
 - Medication check and update
 - Comorbidity check and update
 - Simple measurements: wearables!



Example algorithm: target reached



Preliminary algorithm parameters



Minimal clinically important improvement and patient acceptable symptom state for subjective outcome measures in rheumatic disorders.

Author(s): Tubach F, Ravaud P, Beaton D, Boers M, Bombardier C, Felson DT, van der Heijde D, Wells G, Dougados M.

Source: J Rheumatol. 2007 May;34(5):1188-93

Dashboard Patient



Patient
Demographics

1. Quality of Life

2. Lifestyle

3. Knowledge disease

4. Self- management

5. CVRM

6. DAS28

7. Patient satisfaction

8. Medication

9. Co-morbidities

Take Home Messages

- Management of people with arth
 - There is more than disease and damage
 - Listen to your patient
 - Team approach
 - Patient is member of the team
 - Self management is important
 - Education is mandatory for both professional and patient
 - Tools are important: Dashboard
 - Keep It Simple



"Of course I'm listening to you. Don't you see me making eye contact, adopting an open posture, leaning

Take Home Messages

- Management of people with arthritis:
 - There is more than disease activity, function and radiographic damage
 - Listen to your patient
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 - Patient is member of the team
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