

Patient self-help in the management of chronic wounds



Richard White
Scientific Editor, Wounds UK
Professor of Tissue Viability,
University of Worcester
and Director of Plymouth
Wound Care

There is implicit in our healthcare system a philosophy that, in certain cases, patients can be involved in their own clinical management through the principles of 'self-help' (Bower et al, 2001; Durand and King, 2003; van Twillert et al, 2015). There are many reasons why patients should, under certain circumstances, be empowered to self-help, i.e. to encourage concordance with treatments and activities; and to self-manage by monitoring and treating their own wounds. Equally, there are implications for industry, academia and social care if self-help is to be embraced and be effective. In the UK national healthcare policy has been directed at patients with long-term conditions, encouraging self-management and support groups (Department of Health [DH], 2002); the emphasis being on enabling patients to cope and adapt to living with their chronic condition, rather than relying on 'total care'.

SPECIFIC PATIENT-RELATED IMPLICATIONS

Apart from the prudent healthcare measures that patients are advised to adopt, such as lifestyle changes — stopping smoking, adopting a healthy diet, exercising as appropriate, there are aspects of daily management which relieve clinicians of some workload and may also prevent wounds, or enhance recovery. Indeed, self-help is a fundamental component of any preventative strategy for chronic wounds: in this respect, early lifestyle changes are essential. However, for the patient with an existing wound (and the underlying pathological state which has precipitated the lesion), much can be done to reduce morbidity in the long term, as well as in helping the healing process. For example, in the diabetic patient at risk of foot ulceration, a commitment to regular and ongoing precautions to avoid trauma is established, although this does involve a lot of patients' time (Russell et al, 2005). The venous leg ulcer patient can elevate

and mobilise as instructed. Self-management is but one aspect of self-help; in this respect wound management, including application and removal of compression systems has considerable potential (Nugent, 2013; Bianchi et al, 2013). The judicious selection of the appropriate patients for education into self-management is to be encouraged as it is likely to increase concordance through empowerment.

INDUSTRY (COMMERCIAL) ASPECTS

The development of compression systems for self-application, such as described by Nugent (2013) and Bianchi (2013) must be regarded as a positive step. The reported poor healing rates for VLU in primary care can be attributed to poor care, including inadequate compression. This will, in part, be due to poor technique and to poor concordance; thus, in order to overcome these problems a safe and effective compression system is needed which will be as reliable as is technically possible in exerting therapeutic pressures.

ACADEMIC ASPECTS

Education of both patients and clinicians will be required for successful self-help. In diabetes this has been underway for some time (Pibernik-Okanovic et al, 2004). Research is required to show how clinicians and guideline developers can help patients make the best use of their self-care time; and, to develop evidence on the health consequences of self-care.

SOCIAL ASPECTS

The Leg Club social model of care serves to foster self-help through empowerment of patients to become stakeholders in their own care (Lindsay, 2004; Brown, 2013; Upton et al, 2015; Bailey and Wright, 2016). This, combined with the social interaction afforded by the club helps self-esteem and concordance (Brown, 2007). Abundant evidence from various areas of chronic disease management reveals that

self-help, including self-care, can for a vital part of the holistic patient management plan (Lawn and Schoo, 2010; Higgins et al, 2012; Franek, 2013). Our experiences with diabetes and foot ulceration are beginning to show similar positives; much more now needs to be done in respect of self-care for VLU and community management (Brown, 2013). **WUK**

REFERENCES

- Bailey A, Wright K (2016) Lindsay Leg Club Foundation. *Br J Community Nurs* 21 (Suppl 3):S40–1
- Bianchi J, Mahoney K, Nugent L, Keen D (2013) A fresh way to treat venous leg ulceration with measured compression. *Brit J Comm Nurse* 18 (Suppl 6):S34–40
- Bower P, Richards D, Lovell K (2001) The clinical and cost-effectiveness of self-help treatments for anxiety and depressive disorders in primary care: a systematic review. *Br J Gen Pract* 51(471): 838–45
- Brown A (2007) From theory to practice. in: Lindsay E, White RJ. eds, *Leg Ulcers and Problems of the Lower Limb: an Holistic Approach*. Healthcomm UK, Aberdeen: 115–25
- Brown A (2013) "Self-care support in leg ulcer services should be the priority". *Nurs Times* 109(40): 11
- Department of Health (2001) *The Expert Patient: a New Approach to Chronic Disease Management for the 21st Century*. Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_4006801 (accessed 7.04.2016)

- Durand MA, King M (2003) Specialist treatment versus self-help for bulimia nervosa: a randomised controlled trial in general practice. *Br J Gen Pract* 53(490):371–7
- Franek J (2013) Self-management support interventions for persons with chronic disease: an evidence-based analysis. *Ont Health Technol Assess Ser* 13(9):1–60
- Higgins R, Murphy B, Worcester M, Daffey A (2012) Supporting chronic disease self-management: translating policies and principles into clinical practice. *Aust J Prim Health* 18(1):80–7
- Lawn S, Schoo A (2010) Supporting self-management of chronic health conditions: common approaches. *Patient Educ Couns* 80(2):205–11
- Lindsay E (2004) The Lindsay Leg Club Model: a model for evidence-based leg ulcer management. *Br J Community Nurs* Suppl: S15–20
- Nugent L (2013) Juxta CURES: compression for healing venous leg ulcers. *Br J Community Nurs* Suppl: S40, S42–5
- Pibernik-Okanovic M, Prasek M, et al (2004) Effects of an empowerment-based psychosocial intervention on quality of life and metabolic control in type 2 diabetic patients. *Patient Educ Couns* 52(2): 193–9
- Russell LB, Suh DC, Safford MA (2005) Time requirements for diabetes self-management: too much for many? *J Fam Pract* 54(1):52–6
- Upton D, Upton P, Alexander R (2015) Contribution of the Leg Club model of care to the well-being of people living with chronic wounds. *J Wound Care*. 24(9):397–405
- van Twillert S, Postema K, Geertzen JH, Lettinga AT (2015) Incorporating self-management in prosthetic rehabilitation: case report of an integrated knowledge-to-action process. *Phys Ther* 95(4):640–7

THE Comfi™ RANGE

Simple and effective woundcare solutions



ComfiFast™ Easywrap™ Garments

Elasticated Viscose Garments

Our range of garments for head to toe dressing in the treatment of atopic eczema.



ComfiFast™

Elasticated Viscose Tubular Bandage

A comfortable, breathable and washable range of tubular bandages.



ComfiCompression™

Hosiery and Liner Kit

Two-piece 40mmHg compression system for management of venous disease.

Why pay more, with no difference in quality or clinical efficacy, isn't it time you realised the benefits of switching to Comfi™.

Contact us for information by calling 01772 299 900 or email us at healthcaresolutions@synergyhealthplc.com or visit our website at www.comfi-range.com