

# Heart patients find education programs lead to better health

January 4 2008

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Older women heart patients benefit from educational programs as a supplement to clinical care to help significantly lower cardiac symptoms, lose weight and increase physical activity, a new study shows.

Different program formats produce different results for this notoriously difficult to treat patient population.

The new research from the University of Michigan suggests that if hospitals and clinicians offered specially designed group or individual programs, depending on the desired outcome, female heart patients over 60 would need less health care and have a better quality of life.

Group programs worked significantly better when the patient's goal was to lose weight and increase physical activity. Self-directed programs worked significantly better when the patient's goal was to control symptoms, the study found.

Noreen Clark, professor in the U-M School of Public Health and director of the University's Center for Managing Chronic Disease, said the results will help clinicians treat patients more successfully. Doctors, she said, are unable to personally offer in-depth education and counseling, yet they know that their patients need some type of supplemental support to adhere to prescribed cardiac care regimens.

"Every good clinician wants his or her patients to do well," Clark said. "Clinicians are very busy and can only provide basic education, not in-

depth support of the type we are talking about here. This research suggests that if these educational programs were available the patient will do much better."

In the study, researchers looked at 575 female heart patients 60 years of age or older from five hospitals and followed their progress for 18 months. They designed the two education programs based on theory and proven health research. "The information was the same, but the method of delivery was different," said Nancy Janz, associate director of the Center for Managing Chronic Disease. The women were assigned to one of three groups: the self-directed program, the group program, and the control group, which only had usual care from the doctor without any follow-up education program.

"We were surprised, we expected that one intervention would work better on all fronts," Clark said. Ideally patients and their physicians should first decide on desired treatment outcomes, and then the physician should recommend a program. But, Clark said, in the country's health care system, which values technology and pharmaceuticals over health education, one of the big problems is a dearth of well-designed programs.

The proper follow-up education and support program, however, would result in greater quality of life and fewer hospital visits, she said. Research that Clark's group published several years ago demonstrated that educational programming for women to help manage their heart disease resulted in 46 percent fewer inpatient hospital days, and 49 percent lower inpatient costs.

Heart disease is a leading cause of death among women, and management problems are prevalent as women live longer. Women with heart disease compared to men tend to be older, widowed, living alone, and report more severe symptoms and are more likely to avoid physical

activity. They report greater negative impact on their mobility and social interactions.

The U-M research group is working with the U-M Office of Technology Transfer to make the educational programs in the study available to hospitals and clinicians, Janz said.

Source: University of Michigan

Citation: Heart patients find education programs lead to better health (2008, January 4) retrieved 25 April 2024 from <https://medicalxpress.com/news/2008-01-heart-patients-health.html>

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