

Treatment for chronic illness needs to be less disruptive to people's lives

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(PhysOrg.com) -- Many patients with complex chronic illnesses are being overburdened by their treatment, according to research by a Newcastle University academic.

In a paper published today on bmj.com, Professor Carl May at Newcastle University with co-authors Professors Victor Montori and Frances Mair argue that some of these problems are induced by the healthcare systems themselves. They say that, to be effective, care must be less disruptive to the daily lives of patients.

In the paper they outline how chronic disease is the great epidemic of our times, but the strategies that have been developed to manage it have created a growing burden for patients.

The burden of this [treatment](#) leads to poor adherence, wasted resources, and poor outcomes.

They give the example of a man who was being treated for heart failure in UK [primary care](#) who rejected the offer to attend a specialist [heart failure](#) clinic to optimise management of his condition. He explained that in the previous two years he had made 54 visits to specialist clinics for consultant appointments, diagnostic tests and treatment - the equivalent of one full day every two weeks.

Against this background, Professor May and colleagues call for minimally disruptive medicine that seeks to tailor treatment regimens to the realities of the daily lives of patients. Such an approach, they say,

could greatly improve the care and quality of life for patients.

Being a patient includes much more than drug management and self monitoring, they explain. It includes organising doctors' visits and laboratory tests. Patients may also need to take on the organisational work of passing basic information about their care between different healthcare providers and professionals. In some countries, they must also take on the contending demands of insurance and welfare agencies.

Patients can become overwhelmed not just by the burden of illness, but by the ever present and expanding burden of the treatment, say the authors.

Furthermore, some of these problems are induced by healthcare systems themselves, and clinicians don't have the tools to respond adequately to this problem.

They suggest that clinicians and researchers need reliable tools to identify overburdened patients. They also call for a shift towards improving the co-ordination of care and developing clinical guidelines for managing multiple chronic conditions.

They also argue that patients and their caregivers must play a central role in improving the co-ordination of their care.

"We need to think more about the burdens of treatment," concludes Professor May and his co-authors. "Thinking seriously about the burden of treatment may help us begin to think about minimally disruptive medicine - forms of effective treatment and service provision that are designed to reduce the burden of treatment on their users."

More information:

www.bmj.com/cgi/content/extract/339/aug11_2/b2803

Provided by Newcastle University

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