

## Web-based and live counseling programs can reduce patients' risk for heart disease

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(Medical Xpress)—Web-based and live counseling programs can effectively reduce the risk of heart disease for patients at high risk for the disease, and web-based programs are particularly cost effective, according to research from the University of North Carolina at Chapel Hill.

The work, published Monday in *JAMA Internal Medicine*, adds to a growing body of evidence suggesting that nontraditional approaches to health care are becoming ever more important in managing health and disease.

"Following a healthy lifestyle and taking prescribed medications can reduce the risk for <u>heart disease</u>," said Thomas Keyserling, MD, MPH, lead author of the study. "However, most providers do not have the skills and resources to help their patients achieve these goals. Delivering programs in nontraditional and cost-effective ways gives providers more options to keep patients healthy."

Keyserling and Stacey Sheridan, MD, MPH, led a team from the UNC Center for Health Promotion and Disease Prevention for the study. Both Keyserling and Sheridan are faculty members in the division of general medicine and clinical epidemiology in UNC's School of Medicine.

"These programs offer doctors two great resources to serve their patients," said Sheridan. "The web program can be used to reach patients beyond the office and allows flexibility in the timing of counseling. The



counselor intervention, on the other hand, offers the human interaction and can be personalized for those who need it."

They recruited project participants from five primary care practices in central North Carolina for a comparative effectiveness study. A total of 385 participants who did not have heart disease but who were at moderate to high risk for developing it were randomized into either the counselor-delivered or web-based formats of the same intervention.

The main outcome for the study was change in a calculated score, called the Framingham Risk Score, that predicts the chances of future heart disease events. This score was reduced substantially in both groups at four and 12 months follow-up. Also of note, several risk factors improved, including blood pressure, <u>blood cholesterol levels</u>, selfreported dietary intake, physical activity and medication adherence.

In addition to examining health outcomes, the researchers compared the costs of each approach. The in-person counseling session cost \$207 per patient and the web-based program cost \$110 per person. Both interventions were cost effective by commonly accepted standards, especially the web-based format. Both intervention approaches were also very well received by participants, with 75 percent saying they would strongly recommend this program to others.

"We were pleased that the intervention appeared to be effective in both formats, highly acceptable to participants, and cost-effective," said Keyserling. "This study provides support for the importance of combining lifestyle and medication interventions to reduce <u>heart disease</u> <u>risk</u> and for the cost-effectiveness of the web-based format."

Provided by University of North Carolina at Chapel Hill School of Medicine



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