

New support method improves health of kidney disease patients

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A healthcare intervention developed by researchers at the University of Manchester and funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester has been shown to have significant health benefits for patients with chronic kidney disease (CKD).

Using novel methods to support self-management, the intervention produced improvements in health-related quality of life and the maintenance of [blood pressure control](#).

There is a need for new models of self-management support because it has proved difficult to implement self-management support for people with long-term conditions in traditional primary care settings. This has encouraged the development of alternative models which utilise personal networks and actively link people to community resources.

There is also a need to provide better support for people with [chronic kidney disease](#). Effective management of CKD may prevent progression of the disease and reduce the risk of cardiovascular events. A key element of recommended practice is to offer high-quality education at appropriate stages of the person's condition to enable understanding and informed choices about treatment.

However, there have been concerns among GPs and nurses that raising awareness of early stage CKD could have detrimental effects on patients because of raised anxiety.

With a particular focus on the interface between primary care and resources in the community, the BRIGHT intervention was delivered to patients with stage 3 CKD and entailed provision of: a kidney information guidebook that incorporated both clinical and lay knowledge; a booklet and interactive website (plansforyourhealth.org) to signpost access to community resources; and telephone-guided help from a lay health worker.

436 patients with a diagnosis of stage 3 CKD were recruited from 24 general practices in Greater Manchester. Patients were randomised to the BRIGHT intervention (215) or usual care (221). At six months, the intervention was associated with significant improvements in health-related quality of life and blood pressure control, which was maintained in the [intervention](#) group but not in the control group. The [intervention group](#) also reported a reduction in healthcare costs compared with control.

Dr Christian Blickem, joint lead of the BRIGHT trial, said: "The BRIGHT trial highlights the potential benefits of patient involvement in the development of information resources as well as potential benefits of widening the types of support offered to people with long-term conditions, in particular by shifting the emphasis towards supporting access to community resources and personal networks of support."

Dr Tom Blakeman, joint lead of the BRIGHT trial, added: "This study also provides a model for informing patients about the diagnosis in the context of the maintenance of general vascular health, with good evidence for benefits in both clinical and quality of life outcomes and no noticeable increase in anxiety."

The full results of the research have been published online and are available on the website of *PLOS ONE*.

More information: Blakeman T, Blickem C, Kennedy A, Reeves D,

Bower P, et al. (2014) "Effect of Information and Telephone-Guided Access to Community Support for People with Chronic Kidney Disease: Randomised Controlled Trial." *PLoS ONE* 9(10): e109135. [DOI: 10.1371/journal.pone.0109135](https://doi.org/10.1371/journal.pone.0109135)

Provided by University of Manchester

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