Practising Self-Management in Cardiac Rehabilitation

The Hong Kong Society for Rehabilitation
Community Rehabilitation Network

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History of chronic disease self-management

• The self-management program originated from the School of Medicine at Stanford University in the 1991
• Developed by several investigators: Dr H. Holman, Dr K. Lorig, Dr. D. Sobel et al
• Over 1000 people with heart disease and other chronic illness joined the program with positive feedback
• Favorable results include improvements in exercise, communication with physicians, health distress, fewer outpatients visits and hospitalization…..
Chronic Disease Self Management Program

- Based on patient perceived problems
- Builds self-efficacy and skills to perform
  - Disease Management
  - Role Management
  - Emotional Management
Self Management (K. Lorig 1993)

Participants can:

- make informed choices
- Adapt new perspectives and generic skills on problem solving
- Practice new health behaviors
- Maintain and regain emotional stability
Essentials of Self-management

- Knowledge on disease management
- Involvement in decision making
- Follow care plan
- Monitor symptoms and respond to different conditions
- Manage the physical, emotional and social impact
- Live a healthy lifestyle
Active participation of the patient

• Goal setting
• Implementation of action plan
• Evaluating
• Problem solving skills
• Seeking help from the peers or professionals
Community Rehabilitation Network
(社區復康網絡)

• Service Target: People with chronic illness and their families. Heart disease is one of the serving illness.

• Providing self management course, exercise rehabilitation training, therapeutic groups, social recreational activities and mutual aid support groups
Strategies of CRN

Individual empowerment

Self-acceptance awareness ➔ Self-care/management ➔ Self-help Mutual aid ➔ Advocacy Public

Collective Empowerment
Heart Disease in Hong Kong

- About 200,000 patients, mainly suffering from coronary artery disease
- Patients in Hong Kong are of younger age
- Cardiac rehabilitation: Phase I and II rehabilitation training in hospital while Phase III and IV in the community
Needs of Patients with Heart Disease in Hong Kong

Some observations:

- “Should I stop doing exercise after having a heart attack?”
- “My heart is beating really fast, is that a heart attack?”
- “I felt a boom in my heart, will I have sudden death?”
- “I feel unease around my chest/my arm, should I take the TNG?”
- “After having my pacemake op, I never raise my arm”
- “I don’t need to pay attention to my cholesterol level as long as I take my medication”
- “Diabetes and heart disease are unrelated illnesses. But I think heart disease is more serious than diabetes”
Cardiac Self-management Program in CRN

- Phase 2.5 cardiac rehabilitation in community setting, most participants are suffering from CAD
- 6 sessions: Once a week, 2.5 hours
- Areas covered: CAD symptoms and treatment, exercise, medication, nutrition, maintaining active lives and stress management
- Exercise in each session
Session 1: Symptoms and Treatment of CAD

Knowing more about your condition / problems:
1) What is CAD
2) Symptoms and treatment
3) Changeable and un-changeable risk factors
4) Self monitoring and self review
5) Exercise practice
6) Homework: walking exercise and record your time
Session 2: Exercise

Active involvement in individual’s care plan:
1) Significance of exercise training for CAD patients
2) Appropriate exercise level
3) Self monitoring
4) Precautions before and during exercise
5) Homework: exercise record with self monitoring record (blood pressure, heart rate, rating of perceived exertion RPE)
Session 2: Exercise

- Mastering the skills for self-monitoring

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Let’s TRY
Session 3: Medications

Active involvement in the care plan:
1) Importance of medications compliance
2) The benefits of your drugs and possible side effects
3) The use of TNG and its storage
4) Communicating effectively with your doctors
Session 4: Healthy Diet

Active involvement in the care plan:
1) Cholesterol monitoring and control
2) Choosing the appropriate food
3) High fibre and balanced diet
4) Homework: Diet record

Let’s TRY
Session 5: Role management

Active involvement in the care plan:
1) Social / family role changes after onset of heart disease
2) Understanding limitations
3) Tips for sustaining the fullest social / role activities as possible
4) Sex life rehabilitation
Session 6: Emotional Management

Active involvement in the care plan:

• Sources of stress and its impact
• Discussion on stress management
• A temporary way out: Mindfulness

Let’s TRY
Essentials of Self-management

- **Knowledge** on disease management
- **Involvement** in decision making
- Follow **care plan**
- **Monitor** symptoms and **respond** to different conditions
- Manage the physical, emotional and social impact
- Live a healthy **lifestyle**
Active participation of the patient

- Goal setting
- Implementation of action plan
- Evaluating
- Problem solving skills
- Seeking help from the peers or professionals
Phase III Cardiac Rehabilitation

• Sustain healthy life style by joining different classes including:
  1) Diet Control
  2) Walking/ other exercise
  3) Weight management
• Lead by instructors
• Self-monitoring heart-rate and any negative responses to exercise and daily activity
Phase IV: Mutual Aid Network Building

- Self help exercise groups specifically tailored for the patients with heart disease (Gymnastic exercise, walking, BaDuanJin, Ping-Pong and Tai Chi)
- Weekly base, 1.5-2 hours
- Led by the patient leaders
- Contents: regular exercise, personal symptoms sharing and disease information update
Strategies of CRN

Individual empowerment

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Collective Empowerment
Further Development

- Use of whatsapp group for updated disease knowledge and mutual support
- Use of mobile apps for self-monitoring
- Use of media: Facebook, e2care from the HKSR
The emergence of the concept of Community Based Rehabilitation

“If you give a person a fish, he’ll eat for a day; if you teach him to fish, he’ll eat for a lifetime.”
Thank You