



ORIGINAL ARTICLE

Pilot study of the efficacy of empowering patients through coaching as a complementary therapy in attention deficit hyperactivity disorder[☆]



A. García Ron^{a,*}, R. Serrano Grasa^b, R. Blanco Lago^c, B. Huete Hernani^c,
D.A. Pérez Martínez^d

^a Unidad de Neuropediatría, Instituto del Niño y del Adolescente, Hospital Universitario Clínico San Carlos, Spain

^b Coach en salud, Comunidad de Madrid, Spain

^c Unidad de Neuropediatría, Hospital Universitario Infanta Cristina, Spain

^d Servicio de Neurología, Hospital Universitario Infanta Cristina, Spain

Received 22 January 2015; accepted 15 June 2015

Available online 2 February 2016

KEYWORDS

Empowerment;
Coaching;
Attention deficit
hyperactivity
disorder;
Hyperactivity;
Attention deficit;
Psychostimulants

Abstract

Introduction: Attention deficit hyperactivity disorder (ADHD) is the most frequent neurodevelopmental disorder and must be considered a public health priority because of its functional repercussions in school, family, and social settings. Health empowerment is an innovative model of care for patients with chronic diseases based on self-management education. Our goal is to evaluate the effectiveness of empowerment using coaching within a multimodal treatment plan in paediatric patients with ADHD.

Material and methods: Descriptive open prospective study. We included children between 6 and 12 years old belonging to patient association in a suburban area of the Region of Madrid. We evaluated the situation before and after 5 cost-free coaching sessions using the Conners Questionnaire, Dundee difficult times of day scale, and satisfaction scales.

Results: We included 49 patients (73.5% males) with an average age of 8.5 years. The ADHD hyperactive-impulsive subtype was present in 63.3% and 77.6% had some type of comorbidity. All were treated with methylphenidate and their clinical course was poor. Clinical improvements were observed in 79.6% with a 34.6% mean reduction in symptoms (SD 11.1), and improvements remained stable at 6 months follow-up after coaching. We reached a satisfaction level of 7.8 out of 10 (SD 1.7), and 95.9% of the participants recommended this treatment to other families.

[☆] Please cite this article as: García Ron A, Serrano Grasa R, Blanco Lago R, Huete Hernani B, Pérez Martínez DA. Estudio piloto de la eficacia de empoderar a pacientes mediante coaching como tratamiento asociado en el trastorno por déficit de atención e hiperactividad. Neurología. 2016;31:83–88.

* Corresponding author.

E-mail address: adrian.garcia@salud.madrid.org (A. García Ron).

PALABRAS CLAVE

Empoderar;
Coaching;
Trastorno por déficit
de atención e
hiperactividad;
Hiperactividad;
Déficit de atención;
Psicoestimulantes

Conclusions: Our results provide information on the potential benefits of coaching as complementary treatment for ADHD.

© 2015 Sociedad Española de Neurología. Published by Elsevier España, S.L.U. All rights reserved.

Estudio piloto de la eficacia de empoderar a pacientes mediante coaching como tratamiento asociado en el trastorno por déficit de atención e hiperactividad

Resumen

Introducción: El trastorno por déficit de atención e hiperactividad (TDAH) es el trastorno del neurodesarrollo más frecuente y debe ser considerado un problema de primer orden de salud pública por sus repercusiones funcionales a nivel escolar, familiar y social. Empoderar en salud es un modelo innovador en el cuidado de pacientes con enfermedades crónicas, basado en la educación de automanejo. Nuestro objetivo es valorar la eficacia de empoderar mediante coaching, dentro de un plan de tratamiento multimodal en pacientes pediátricos con TDAH.

Material y métodos: estudio descriptivo, abierto y prospectivo. Incluimos a niños de entre 6 y 12 años pertenecientes a una asociación de pacientes de un área suburbana de la Comunidad de Madrid. Valoramos la situación previa y posterior a 5 sesiones gratuitas de coaching mediante el Cuestionario de conducta de Conners de dificultades a lo largo del día (D-DTODS) y escalas de satisfacción.

Resultados: Incluimos a 49 pacientes, el 73,5% varones, con una edad media de 8,5 años. El 63,3% tenía TDAH subtipo hiperactivo/impulsivo y el 77,6% algún tipo de comorbilidad. Todos tratados con metilfenidato y mala evolución clínica. El 79,6% mejoró clínicamente, con una reducción media $\pm$ DT de los síntomas del $34,6 \pm 11,1\%$ y mantenida en el 79,6% tras 6 meses de seguimiento post coaching. Alcanzamos un nivel de satisfacción de $7,8 \pm 1,7$ sobre 10 y el 95,9% recomendó el tratamiento a otras familias.

Conclusiones: Nuestros resultados aportan información sobre los posibles beneficios del coaching como tratamiento asociado en el TDAH.

© 2015 Sociedad Española de Neurología. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Attention deficit hyperactivity disorder (ADHD) is the most frequent neurodevelopmental disorder in childhood. Its estimated prevalence ranges between 5% and 8% depending on the diagnostic criteria, assessment method, sources of information, and social and cultural characteristics of the analysed population.^{1–3} It is more frequent in boys than in girls (3:1) and its peak prevalence occurs between the ages of 6 and 9, although it has also been reported in preschool children and adults. Therefore, it should be considered a lifetime disorder.⁴

ADHD is a concept that includes a series of cognitive and behavioural alterations manifesting with a heterogeneous yet identifiable clinical pattern; it has well-defined core symptoms (inattention, hyperactivity, and impulsiveness) and a functional impact in school, family, and social settings. Treatment must be personalised and depends on needs, dysfunction, consequences, comorbidities, and even preferences of patients or their carers. Several clinical guidelines, such as those published by the American Academy of Pediatrics⁵ and the National Institute for Health and Clinical Excellence,⁶ recommend pharmacological treatment with psychostimulants as the first therapeutic option for children older than 6 years,

with or without psychosocial interventions, parent training, or other therapies. Multimodal treatment, which combines pharmacological treatment (psychostimulants or non-psychostimulants) and non-pharmacological treatment (metacognitive, cognitive-behavioural, and psychoeducational therapy, cognitive rehabilitation programmes), has been proved the most effective in adolescents and adults with ADHD and in patients with comorbid symptoms of anxiety, depression, and oppositional defiant disorder.^{5–9}

Health empowerment is a process by which people gain more control over actions and decisions affecting their health. This innovative approach to chronic patient care is based on training patients to manage themselves; this way, the healthcare professional transmits his or her knowledge of the disease to actively involve patients in treatment and the development of strategies allowing them to lead as productive and satisfactory a life as possible. Empowerment interventions are heterogeneous and range from health training interventions to teaching patients to be experts in their chronic disease.

Recent years have seen the development of a new and less paternalistic approach to patient empowerment: health coaching. Coaching is a technique in which a coach or trainer teaches and/or trains one or more people to reach a goal or develop a specific ability. Coaches never give advice,

Download English Version:

<https://daneshyari.com/en/article/3077095>

Download Persian Version:

<https://daneshyari.com/article/3077095>

[Daneshyari.com](https://daneshyari.com)