

Contents lists available at [ScienceDirect](#)

Canadian Journal of Diabetes

journal homepage:  
[www.canadianjournalofdiabetes.com](http://www.canadianjournalofdiabetes.com)

 Canadian  
Diabetes  
Association


Original Research

## Comparing Effectiveness of Generic and Disease-Specific Self-Management Interventions for People With Diabetes in a Practice Context



Setareh Ghahari BSc, MSc, PhD, OT Reg (Ont)<sup>a,b,\*</sup>, Tanya Packer BSc(OT), MSc, PhD, OT, Reg (NS)<sup>a,c</sup>, Duncan Boldy CertEd BSc(Hons), MSc PhD, FCHSE, AAGF<sup>d</sup>, Lauren Melling BSc<sup>e</sup>, Richard Parsons BSc(Hons), MSc, PhD<sup>a</sup>

<sup>a</sup> School of Occupational Therapy and Social Work, Curtin University, Perth, Australia<sup>b</sup> School of Rehabilitation Therapy, Queen's University, Kingston, Ontario, Canada<sup>c</sup> School of Occupational Therapy and School of Nursing, Dalhousie University, Halifax, Canada<sup>d</sup> School of Nursing, Curtin University, Perth, Australia<sup>e</sup> Department of Health, Western Australia, Perth, Australia

## ARTICLE INFO

## Article history:

Received 5 December 2014

Received in revised form

11 April 2015

Accepted 13 April 2015

## Keywords:

chronic conditions

chronic illness

diabetes

self-management

## ABSTRACT

**Background:** The effectiveness of self-management interventions has been demonstrated. However, the benefits of generic vs. disease-specific programs are unclear, and their efficacy within a practice setting has yet to be fully explored.

**Objective:** To compare the outcomes of the diabetes-specific self-management program (Diabetes) and the generic chronic disease Self-management Program (Chronic Condition) and to explore whether program characteristics, evaluated using the Quality Self-Management Assessment Framework (Q-SAF), provide insight into the results of the outcome evaluation.

**Methods:** A pragmatic pretest, post-test design with 12-week follow up was used to compare the 2 self-management interventions. Outcomes were quality of life, self-efficacy, loneliness, self-management skills, depression, and health behaviours. People with diabetes self-selected attendance at the Diabetes or Chronic Condition program offered as part of routine practice.

**Results:** Participants with diabetes in the 2 programs (Diabetes=200; Chronic Condition=90) differed significantly in almost all demographic and clinical characteristics. Both programs yielded positive outcomes. Controlling for baseline and demographic characteristics, random effects modelling showed an interaction between time and program for 1 outcome: self-efficacy ( $p=0.029$ ). Participants in the Chronic Condition group experienced greater improvements over time than did those in the Diabetes group. The Q-SAF analysis showed differences in program content, delivery and workforce capacity.

**Conclusions:** People with diabetes benefited from both programs, but participation in the generic program resulted in greater improvements in self-efficacy for participants who had self-selected that program. Both programs in routine care led to health-related improvements. The Q-SAF can be used to assess the quality of programs.

© 2015 Canadian Diabetes Association

## R É S U M É

**Introduction :** L'efficacité des interventions de prise en charge autonome a été démontrée. Cependant, on en sait peu sur les avantages des programmes généraux par rapport aux programmes propres à la maladie, et on n'a pas encore véritablement exploré leur efficacité dans le milieu de la pratique.

**Objectif :** Comparer les résultats du programme de prise en charge autonome propre au diabète (diabète) et le programme général de prise en charge autonome des maladies de longue durée (affection chronique), et étudier si les caractéristiques des programmes évalués à l'aide du Q-SAF (Quality Self-Management Assessment Framework) offrent un aperçu des conclusions de l'évaluation des résultats.

## Mots clés :

affections de longue durée

maladie de longue durée

diabète

prise en charge autonome

\* Address for correspondence: Setareh Ghahari, BSc, MSc, PhD, OT Reg (Ont), School of Rehabilitation Therapy, Queen's University, 31 George Street, Kingston, Ontario K7L 3N6, Canada.

E-mail address: [setareh.ghahari@queensu.ca](mailto:setareh.ghahari@queensu.ca)

**Méthodes :** Un devis pragmatique prétest – posttest avec un suivi de 12 semaines était utilisé pour comparer les 2 interventions de prise en charge autonome. Les critères d'évaluation étaient la qualité de vie, le sentiment d'efficacité personnelle, l'isolement, les habiletés de prise en charge autonome, la dépression et les comportements en matière de santé. Les personnes diabétiques choisissaient par eux-mêmes de participer au programme portant sur le diabète ou au programme portant sur les affections de longue durée offerts dans le cadre de la pratique courante.

**Résultats :** Les participants diabétiques des 2 programmes (diabète = 200; affection chronique = 90) montraient dans la quasi-totalité des caractéristiques démographiques et cliniques significativement différentes. Les deux programmes produisaient des résultats positifs. En tenant compte des caractéristiques initiales et démographiques, le modèle à effets aléatoires montrait une interaction entre le temps et le programme pour 1 résultat : l'efficacité personnelle ( $p=0,029$ ). Les participants du groupe portant sur les affections chroniques obtenaient avec le temps de meilleures améliorations que celles du groupe portant sur le diabète. L'analyse Q-SAF montrait des différences dans le contenu des programmes, la prestation et la capacité des effectifs.

**Conclusions :** Les personnes diabétiques tiraient profit des deux programmes, mais la participation au programme général entraînait de meilleures améliorations du sentiment d'efficacité personnelle chez les participants qui avaient choisi par eux-mêmes ce programme. Les deux programmes offerts en soins courants entraînaient des améliorations de la santé. Le Q-SAF peut être utilisé pour évaluer la qualité des programmes.

© 2015 Canadian Diabetes Association

## Introduction

The World Health Organization has labelled the increasing incidence and prevalence of long-term conditions the *chronic disease epidemic* and has called for urgent action. Many countries, including Australia, are implementing system changes to manage the impacts on health systems and on the broader community (1). One of the most common changes is the adoption of 6- to 8-week group self-management programs. There are 2 common types: disease-specific programs tailored to people with specific diagnoses; and generic programs attended by people with any conditions. Both are designed to increase the active participation of individuals in their own care.

Although confusion exists about exactly what constitutes a self-management intervention, almost all definitions refer to the pivotal work of Corbin and Strauss (2), whose qualitative research described 3 forms of work undertaken when living with a chronic condition. These are now referred to as medical management, role management and emotional management, and most programs support participants in developing knowledge and skills in 1 or more of these areas.

Despite evidence of program effectiveness (3–5), it is unclear what the active ingredient is in successful self-management programs and who benefits most. Some evidence suggests that duration of program and provision of booster sessions are related to better outcomes (4). Other reviews suggest that generic group programs result in improved self-efficacy and quality of life (5), whereas disease-specific programs lead to improvements in medically focused interim outcomes, such as glucose control or hypertension in younger people with a single condition (for example, diabetes, hypertension or asthma) (6–8). With 1 exception, studies have not compared generic programs with disease-specific programs. In the exception (9), a disease-specific self-management program for people with arthritis appeared to have advantages over the more generic Chronic Disease Self-Management Program (CDSMP).

It is interesting that attempts to increase the understanding of and evidence of effectiveness through systematic reviews and meta-analyses have largely ignored the question of whether the interventions are similar or comparable in terms of theoretic bases, content, deliveries or the backgrounds and preparation of program facilitators. Limited attempt has been made to ensure that like programs have been included in analyses or to link results to specific components of interventions.

Randomized controlled trials and systematic reviews of both diabetes and generic self-management programs provide evidence of effectiveness under rigorous research conditions (10–12). Although clinical trials are considered the gold standard for testing the efficacy of interventions, they still have shortcomings when implemented in everyday clinical settings. Strict inclusion criteria may reduce their appeal to eligible participants and may also reduce generalizability to clinical settings, which often include clients who have diverse and complex conditions. The intensity of the interventions, frequencies of sessions, methods of delivery and adherence requirements are strictly controlled. This raises the question of whether the interventions are effective in real life. Pragmatic studies, however, can test complex interventions because they would normally be delivered in clinical practice. Using a pragmatic study enables researchers to examine the entire package of a complex intervention, such as a self-management program, in real life. Pragmatic studies are low in cost and have good external validity, and their results are likely to be more influential on policy makers (13–15).

In summary, self-management interventions are increasingly being regarded as part of the solution to the crises created by today's chronic-disease burden. However, clinical questions still exist. The benefits of generic vs. disease-specific programs are unclear and their efficacy within a practice setting has yet to be fully explored. An opportunity to shed light on some of these issues occurred when the Department of Health in Western Australia funded both generic (any diagnosis) and diabetes-specific self-management interventions concurrent with outcome evaluations.

## Purpose

This article reports the results of a pragmatic, comprehensive outcome evaluation that compared outcomes for participants with diabetes in a disease-specific diabetes program (Diabetes) and the well-known Chronic Disease Self-management Program (Chronic Disease) generic self-management programs offered by 2 community agencies as part of day-to-day practice in Western Australia. Diabetes was offered through a not-for-profit peak-body agency, whereas Chronic Disease was delivered through the Western Australian General Practice Network (primary care practices grouped together to access support and education). The programs and evaluation were both funded by the Department of Health, but the research team was at arm's length from the clinical services; i.e.

Download English Version:

<https://daneshyari.com/en/article/3254984>

Download Persian Version:

<https://daneshyari.com/article/3254984>

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