



Review

A systematic review of the literature on self-management interventions and discussion of their potential relevance for people living with HIV in sub-Saharan Africa



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ABSTRACT

Objective: This study systematically reviews the literature on self-management interventions provided by health care teams, community partners, patients and families and discusses the potential relevance of these interventions for people living with HIV in sub-Saharan Africa.

Methods: We searched major databases for literature published between 1995 and 2012. 52 studies were included in this review.

Results: The review found very few studies covering people living with HIV and generally inconclusive evidence to inform the development of chronic care policy and practice in sub-Saharan Africa.

Conclusion: Chronic care models and self-management interventions for sub-Saharan Africa has not been a research priority. Furthermore, the results question the applicability of these models and interventions in sub-Saharan Africa. There is a need for studies to fill this gap in view of the rapidly increasing number of people needing chronic care services in Africa.

Practice implications: The established practices for long-term support for HIV patients are still the most valid basis for promoting self-management. This will be the case until there are more studies which assess those practices and their effect on self-management outcomes and other studies which assess the utility and feasibility of applying chronic care models that have been developed in high-income countries.

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1. Introduction

The advent of Highly Active Anti-Retroviral Treatment (HAART) enables HIV/AIDS to be treated as a chronic manageable condition [1–4]. There is scope to apply chronic care methods in the treatment of people who live with the disease [5,6]. However, in many regions of the world, such as sub-Saharan Africa, this opportunity is still a principle rather than common practice in view of the large numbers of people who are infected. In 2011, 69% of people living with HIV (PLHIV) globally were in sub-Saharan Africa [1]. Annual AIDS related deaths in this region decreased by nearly one third between 2005 and 2011, but in 2012, only 56% of people needing treatment were receiving it (6.2 million of 11 million individuals) [7]. This health care challenge is accentuated by an anticipated rise in the incidence of non-communicable diseases (NCDs) in Africa, South East Asia and the Eastern Mediterranean during the next decade and co-morbidity of HIV and NCDs [3,8–11]. The number of PLHIV on HAART is increasing but public health services in sub-Saharan Africa are still largely oriented to the provision of episodic health care; hence, health systems in the region are generally not prepared to manage the projected demand for chronic care services [8,12,13]. Nonetheless, some countries have well-established HIV/AIDS-focused home-based and community care programs which have experience and expertise in promoting patient self-management of illness and treatment by actively involving family members and community organizations in the process as a pragmatic way to support the ever-increasing number of people on, and in need of treatment [14].

This context was the basis for this systematic review to assess the relevance of the research evidence on self-management in chronic care for the design and implementation of chronic care programs in sub-Saharan Africa. Lorig [15] defined self-management as “learning and practicing skills necessary to carry on an active and emotionally satisfying life in the face of a chronic condition”. She emphasized that self-management is not an alternative to medical care but rather supports the patient to become an active partner with his/her professional health care providers [15]. Support by health professionals includes systematic provision of education and interventions to increase the skills and confidence of patients in managing their chronic condition. Health professionals undertake regular assessment of patient’s progress and provide support to enable him/her to solve problems and achieve improved health goals [13]. Patient self-management activities include treatment adherence, behavioral changes, disease monitoring and reporting, lifestyle adjustments, coping with emotional problems and participating in treatment decisions [16]. In sum, patients are actively involved in managing their own physical, mental and social wellbeing [17] to avoid complications to their chronic condition [18]. A range of interventions have been developed, most of which are disease-specific but there also generic interventions to assist patients to engage in self-management [19,20].

A specific interest for this review was to see if the research literature could inform the World Health Organization’s (WHO) adaptation of a North American chronic care model [21] for use globally and, in particular, in poor countries [4,22]. Our concern was that chronic care models and systems have been developed largely in high-income countries with sophisticated health services [5,15,21]

whereas in low-income countries, there is an evident emphasis on, and need to endorse the active involvement of patients’ families and community organizations to support under-staffed and under-resourced health service facilities and teams [4,23]. The effectiveness of self-management interventions has been researched extensively but, to our knowledge, there were few reviews which have a broad focus [24,25] beyond targeting specific chronic conditions or single categories of self-management interventions, let alone HIV/AIDS as a manageable chronic illness. Accordingly, this review sought to cover all interventions which promote self-management in patients with HIV and other chronic conditions.

2. Methods

2.1. Search strategy

The search strategy was based on the SIGN method for systematic reviews [26]. It combined the search terms (“chronic condition” OR “chronic disease” or HIV/AIDS) and (“self management” OR “self help” OR “self care”), which were limited to title or abstract with the terms (strategy OR intervention OR model) and (effectiveness OR evaluation) which were not limited to title and abstract. We chose to include HIV/AIDS as a disease-specific term considering our interest to conduct this study and to ensure that any self-management interventions for people living with HIV would be included, as HIV/AIDS is not yet always explicitly recognized as a chronic condition. It should be noted that we assumed these broad search terms would also generate studies that looked at health care teams, community partners, families and patients as key actors in self-management interventions. An additional search which incorporated all these terms confirmed that assumption; it did not generate any new, relevant studies.

The search was conducted between February and March 2012 and focused on studies published between January 1995 and January 2012. We used 1995 as a beginning point on the grounds that the mid-1990s were the period when self-management came to be used overtly as a principle of chronic care and the potential long term treatment of PLHIV with HAART was being recognized [27,28]. The theory and practice of self-management originated earlier [6,29] but our interest was in a time period which would cover any literature that addressed chronic care and self-management in relation to HIV/AIDS. The searches were conducted in the databases Pubmed, Scisearch, Embase, Web of Science, CINAHL and PsycINFO. One review author (LR) initially sifted the literature; screening references against inclusion criteria based on titles and abstracts after duplicates had been removed against our predefined inclusion criteria. Any doubts about potential inclusion of a study were resolved with the second review author (CA). The authors (LR, CA) independently assessed the full text of all potentially relevant studies. Any disagreement about inclusion was resolved by consultation with a third independent scholar to help make a decision.

2.2. Study selection

The review considered controlled studies (both random and non-random) as well as uncontrolled studies assessing self-management

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