

National Guidelines for Evidence Based Lifestyle Intervention in Clinical Practice

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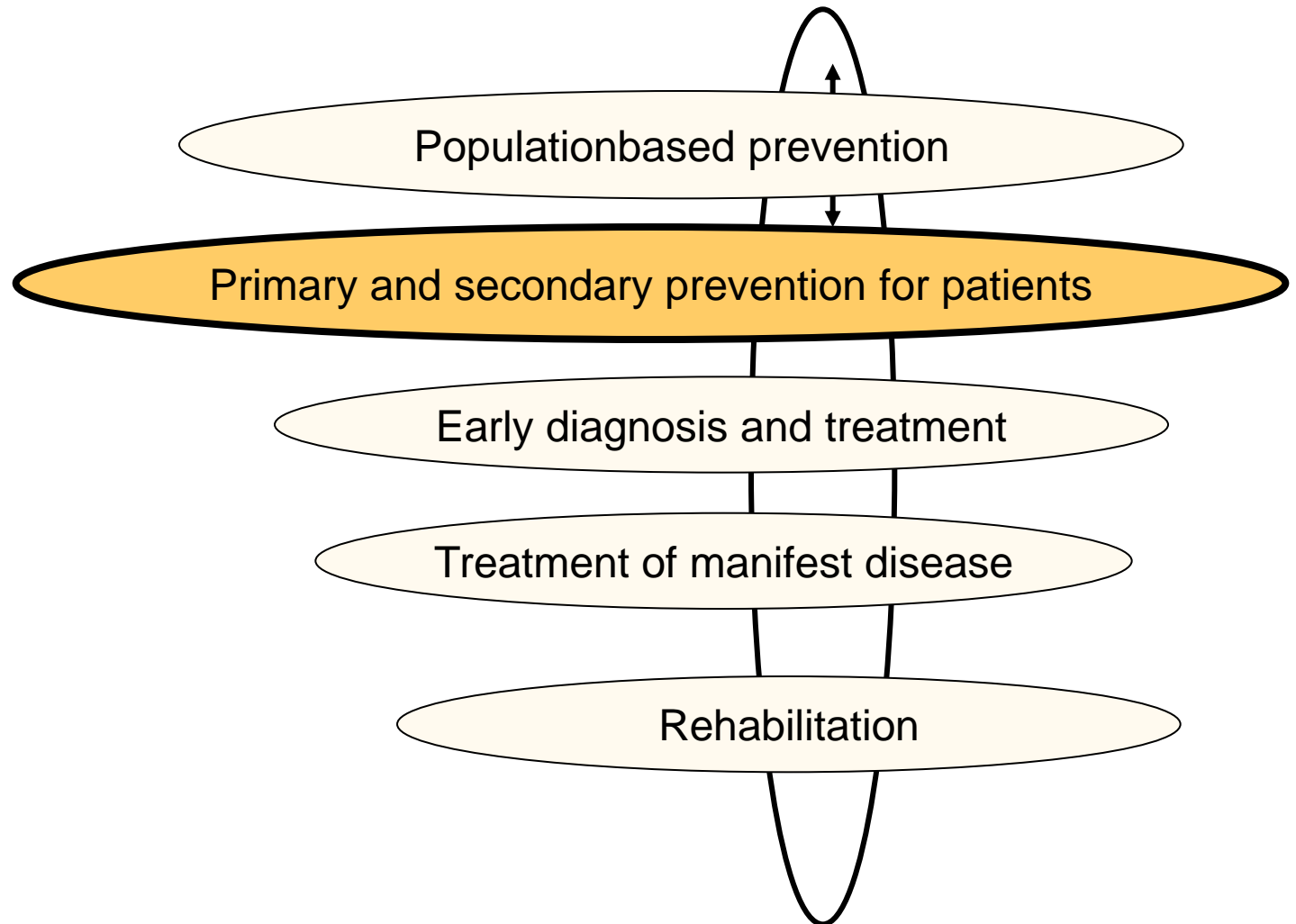
The aim of National Guidelines as developed by the Swedish National Board of Health and Welfare

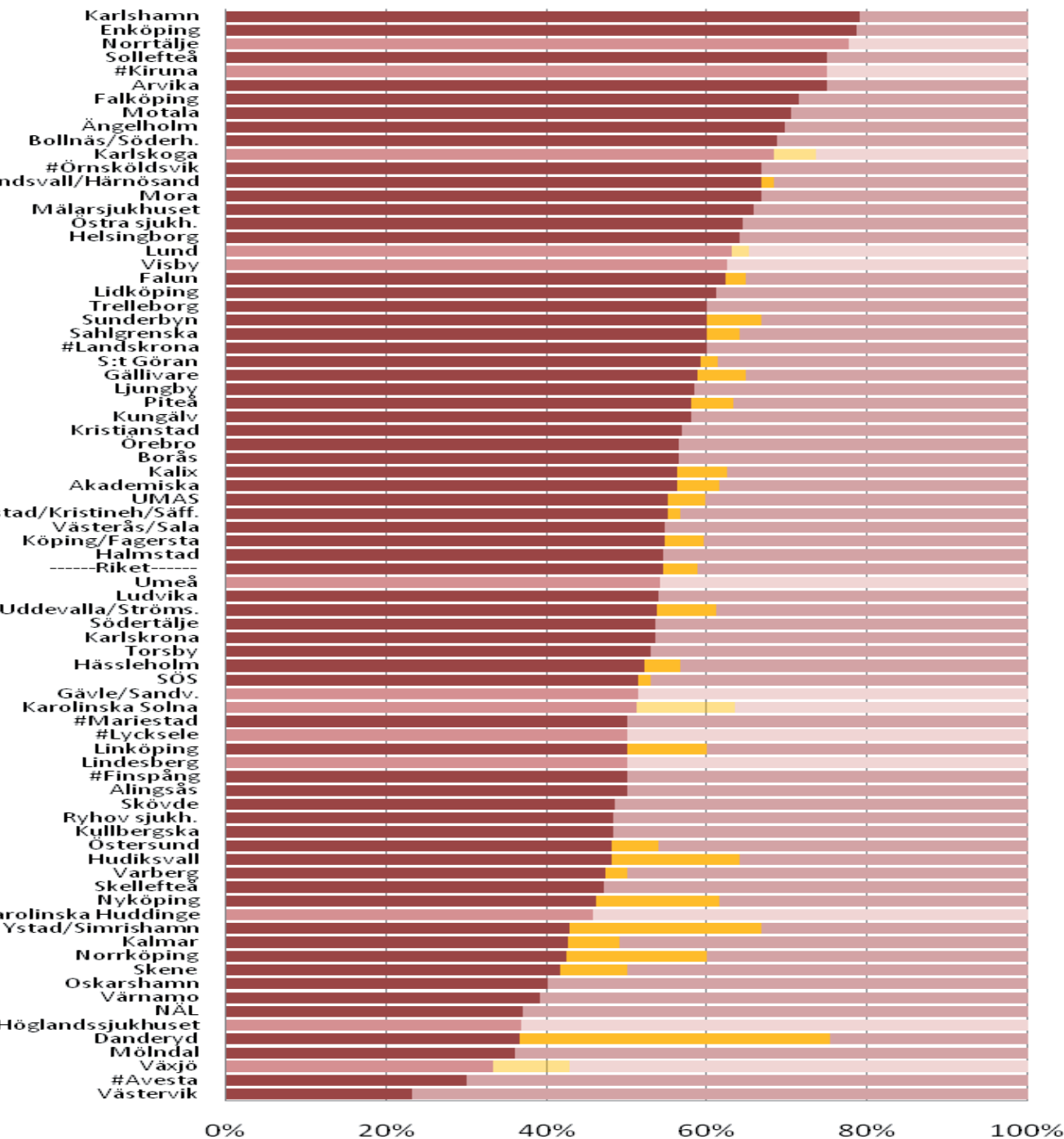
To create "Good Health Care" by supporting

- Open and systematic decisions on priorities in health care
 - Planned introduction of new methods
 - Recommendations on a group level
- as a basis for
- Decisions on organisation of health care
 - Regional and local guidelines

National Guidelines on Disease Prevention

- tobacco, alcohol, physical activity and food habits,



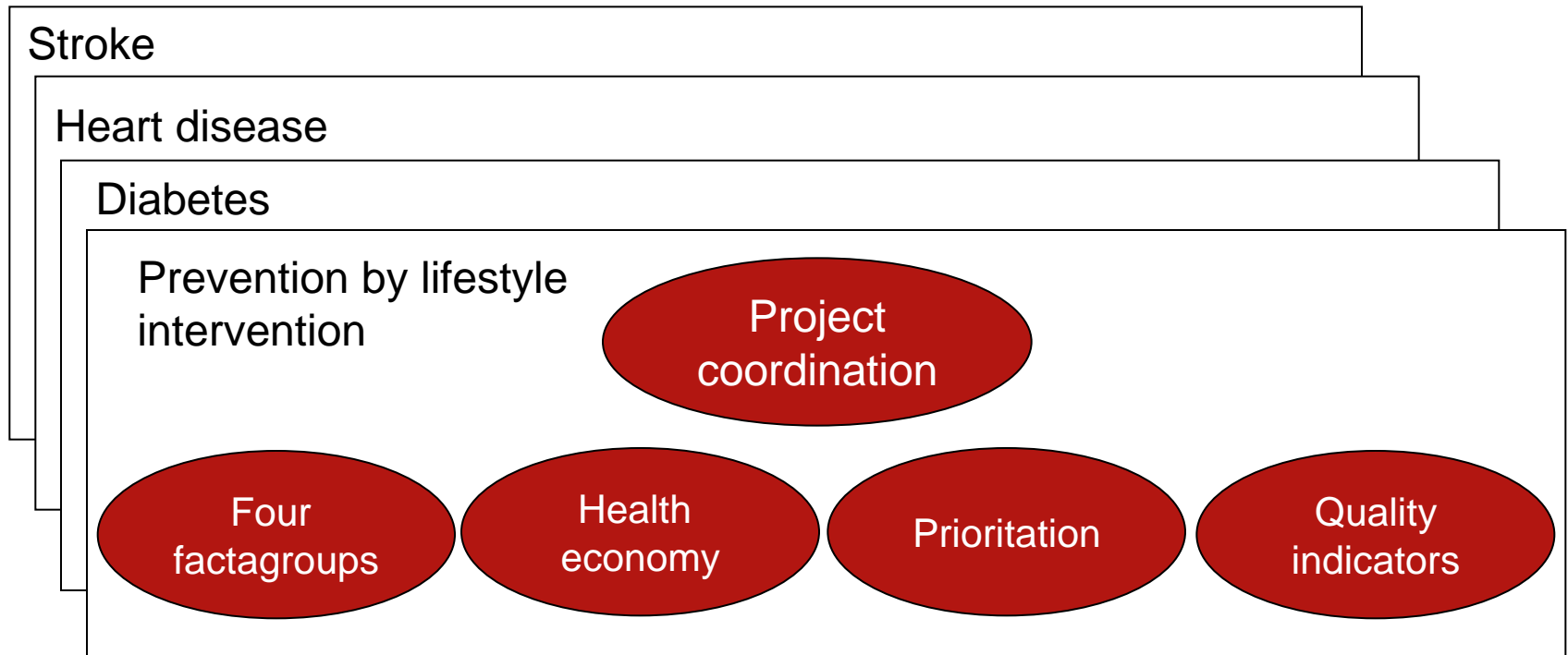


PERCENTAGE OF DAILY SMOKING STROKE PATIENTS WHO HAD QUIT SMOKING 3 MONTHS AFTER THE INCIDENCE

(data from the national quality register Riks-Stroke)

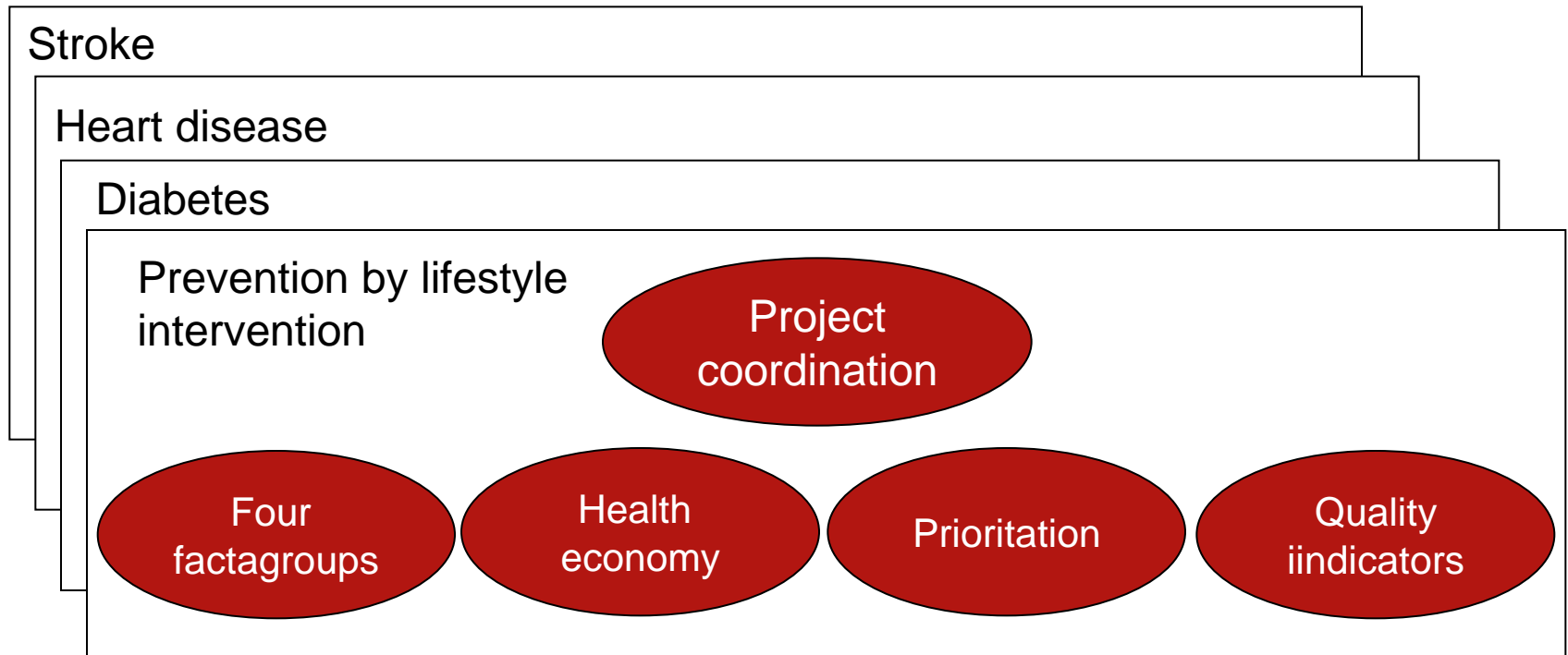
Organisation of the work

Project

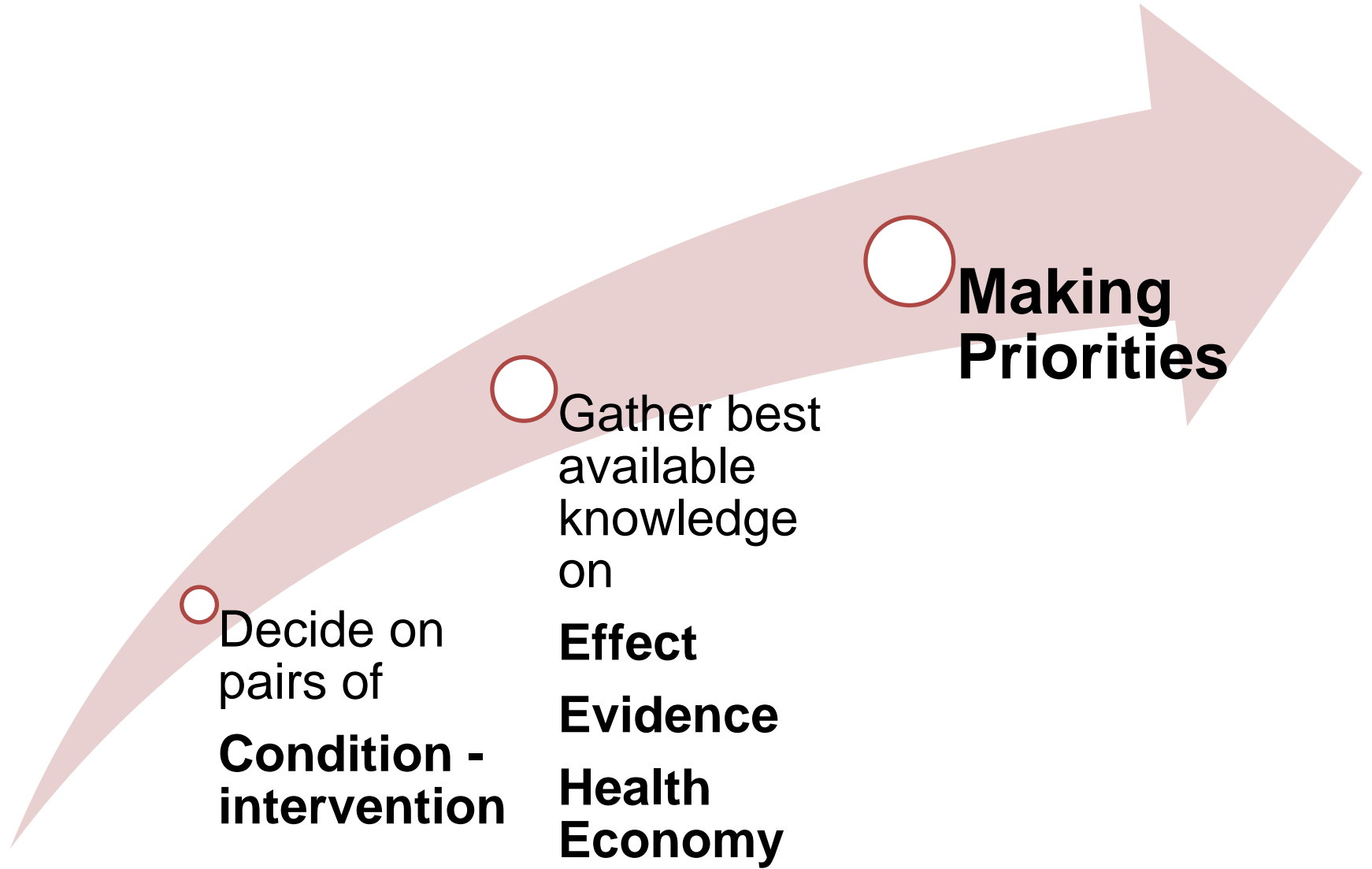


Organisation of the work

Project More than 75 persons involved....



The way to the recommendations



Scientific background papers

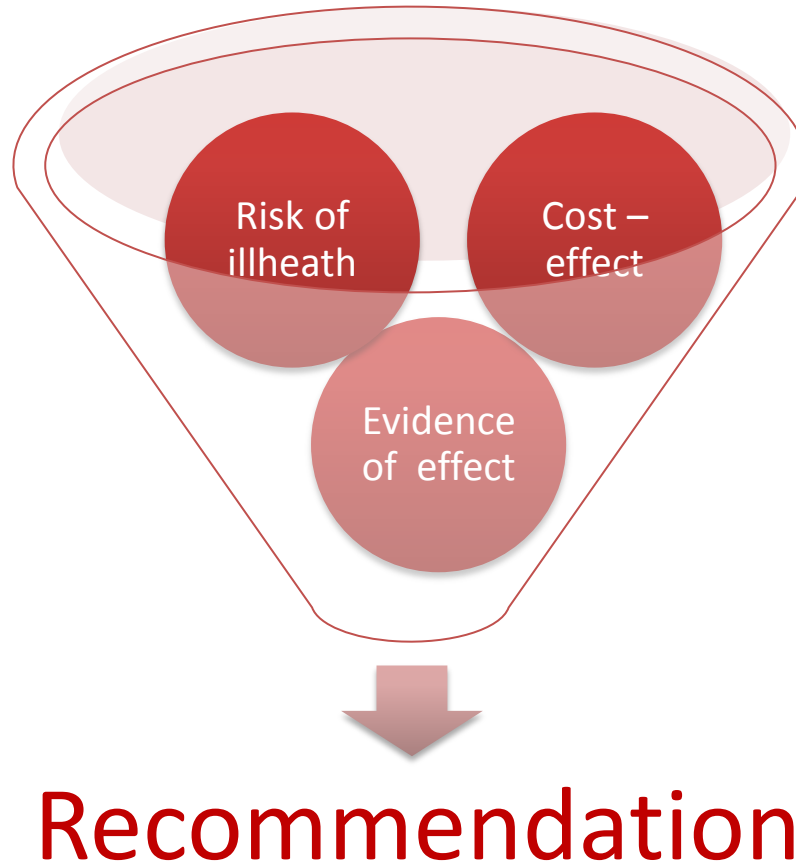
Review of the scientific literature according to pre-specified pairs of

Conditions and Interventions

31500 articles analysed on the basis of

- effect of the intervention,
and
- strength of evidence (GRADE)

Priorities – by a multiprofessional group



All interventions- some kind of counselling

Interventions were grouped into three levels

1. "Advice"
 2. "Counselling"
 3. "More extended, theorybased, counselling"
- Time, content and qualifications of the personnell
 - In general; higher level - better effect

Theories described in studies grouped as counselling (or higher)

- Social learning theory/Social cognitive theory
- Health belief model
- Theory of planned behavior
- Stages of change/Transtheoretical model
- Motivational counselling (MI)
- Cognitive behavioral therapy (KBT)
- Combined, multifaceted models

In some cases..

- Medication as a support (nicotin replacement)
- Prescription and/or stepcounter as a support
- Proaktive telephone counselling (smoking)
- Web- and computerbased advice (alcohol)

The recommendations in short

The recommendations in short

Lifestyle habit	Advice	Counselling		More extensive theorybased counselling
			+ perscript. /stepcou.	
Smoking				X
Hazardous alcohol use		X		
Low physical activity			X	
Unhealthy food habits				X

Cost- effectiveness is high

- compared to no intervention
- compared to cheaper but less effective intervention

Low cost per QALY

Leads to a more effective health service

Economic consequences

When implementing these guidelines, health care staff will need training and more time for preventive work.

Analysis suggests, however, that these efforts at the same time can reduce medical costs, and that in the long run costs will be offset by savings.

Quality indicators

- **Process** – what is done
(intervention method)
- **Outcome** – effects of intervention
(change in lifestyle)

Smoking

Outcome indicator

Process indicator:

The number of smoking patients who were offered

- Advice
- Counselling
- ***Extended counselling***
- ***Telephone advice***
- Web-based advice

Lifestyle questions

As a basis for outcome indicators
aiming at

- *identifying patients with highest need for intervention and*
- *evaluating change of lifestyle*

Smoking

My smoking habits

- I have never been a smoker
- I stopped smoking more than 6 months ago
- I stopped smoking less than 6 months ago
- I smoke,
 - but not on a daily basis
 - 1 - 9 cigarettes/day
 - 10 - 19 cigarettes/day
 - 20 or more cigarettes/day

Smoking

Outcome indicator

- a) Proportion of patients with diagnosis xx who are smokers.

Process indicator:

The number of smoking patients who were offered

- Advice
- Counselling
- ***Extended counselling***
- ***Telephone advice***
- Web-based advice

Smoking

Outcome indicator

- a) Proportion of patients with diagnosis xx who are smokers.
- b) Proportion of smoking patients with diagnosis xx who have quit smoking after intervention

Process indicator:

The number of smoking patients who were offered

- Advice
- Counselling
- ***Extended counselling***
- ***Telephone advice***
- Web-based advice

Regional seminars and "remiss"

- Start of implementation process
 - *How is today's praxis?*
 - *What is the gap ?*
 - *Next steps to achieve a change; consequences, needs for decision?*
- Feed back before defining final recommendat,
- Publication of final guidelines August 2011
- After four years new process

Possibilities and fears..

The recommendations give

- information on which interventions to choose, based on best evidence and cost-effectiveness and
- arguments why purchases shall support the implementation of these

The indicators can give basis for standardised routines for monitoring processes and outcomes.

However, there is a risk of uncritical use of lifestyle questions and of purchasing systems funding numbers of questions made

Monitoring as a basis for learning!

Identifying patientes with highest need of intervention ("diagnosis")

Standardised documentation

Evaluation of results after intervention
as a basis for development of work