

# Self-Management: A 30 Year History

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# We Usually Think in Terms of a Single Disease



**People 60 and over have 2.2 chronic diseases**

**1979-1989**

**Arthritis**

**Self-Management**

# **Arthritis Self-Management Why?**

- **Arthritis is a model chronic condition**
- **Rheumatology had begun conducting health education research**
- **There were only two published patient education studies**

# **Original Arthritis Self-Management Study**

- **Peer led**
- **7 sessions**
- **Multiple topics per session**
- **Detailed training manual**
- **Standardized training**
- **Weekly “contracts”**

# **What We Learned**

## **Study 1**

- **In 4 month randomized trials, the program:**
  - Decreased Pain**
  - Increased Health Related Behaviors**
  - Decreased Visits to Physicians**
- **Changes in Behaviors were not associated with changes in Pain !**

# **What We Learned in the Next Ten Years**

- **Neither changes in locus of control or coping were associated with changes in pain**
- **Both baseline self-efficacy and changes in self-efficacy were associated with changes in pain**

# **What We Learned in the Next Ten Years**

- **Effectiveness of programs taught by peers and professionals are about the same**
- **Changes can be seen for as long as 4 years**
- **Program length of less than six weeks is not effective**
- **Changes in self-efficacy appear to be more important than changes in individual behaviors**



**1990-1999**

**Instrument Development  
and  
Chronic Disease  
Self- Management**

# Why Develop New Instruments?

- Existing instruments disease specific
- Existing instruments very long
- Existing instruments often not sensitive to change

# **Why Chronic Disease Self-Management?**

- **Most people have more than one chronic condition (average 2.2)**
- **Self-management skills are similar across chronic conditions**
- **Difficult to get a critical mass of people for disease specific education, especially for rarer diseases**

# What We Learned: The Original CDSM Study

## Percent of participants with common conditions

- Lung disease 21%
- Heart disease 24%
- Diabetes 26%
- Arthritis 42%

# **Chronic Disease Self-Management**

## ***6-Month Improvements in Health Outcomes***

- **Self-Rated Health**
- **Disability**
- **Social and Role Activities Limitations**
- **Energy/Fatigue**
- **Distress with Health State**

All  $p < .05$

# **Chronic Disease Self-Management**

## ***Improvements in Utilization and Costs***

- **Average .8 fewer days in hospital in the past six months (p=.02)**
- **Trend toward fewer outpatient and ER visits (p=.14)**
- **Estimated cost of intervention €300**

# **What Others Have Learned: Meta-Analysis**

- **Centers for Disease Control and Prevention commissioned 2 meta-analyses of the Stanford Programs (Chronic Disease and Arthritis)**
- **50 studies, conducted in English-speaking countries (US, Canada, England, Australia)**

# **Meta-Analysis Preliminary Findings**

- **Participants reported significant improvements in health behaviors**
- **In depression and self-efficacy, for up to 10 months after the intervention ended**

**report not yet released**



**2000-2009**

**Diabetes Self-Management  
Internet Self-Management**

# Why Diabetes Self-Management?

- **Diabetes is behaviorally complex**
- **Diabetes may well be the plague of our era**
- **Many diabetes education programs have little demonstrated effectiveness especially in changing glycosylated hemoglobin**

# **What We Have Learned: Spanish Diabetes Self-Management**

**In randomized trials**

- **Decreased glycosylated hemoglobin**
- **Improved health behaviors**
- **Improved self-efficacy**
- **Outcomes lasted 18 months**
- **Reinforcement was not effective**

# Why Internet Based Self-Management?



# Internet Studies

- **Arthritis Self-Management**
- **Chronic Disease Self-Management**
- **Diabetes Self-Management**
- **Building Better Caregivers**
- **Cancer Thriving and Surviving**

# **What We Know from Internet Based Self-Management Programs**

- Outcomes are similar to the small group programs**
- Retention is similar to small group**
- The populations served are somewhat different (younger and more rural)**

# Closing Thoughts

# When One Has a Chronic Condition One Cannot...



**Not Manage**



# How One Manages

**Makes all the difference  
to both Quality of Life  
and Costs**



**Lets Talk**

***Questions please!***