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REVIEW

Discussion on Health Management Model of Patients with Chronic Diseases

Lin Ji Liying Duan*

Health Management Center, The First People's Hospital of Yibin, Yibin, Sichuan, 644000, China

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ABSTRACT

The new medical reform program puts forward new requirements for the prevention and control of chronic diseases and the construction of community health service system. Through the health management of patients with chronic diseases, the health management experience of chronic disease patients is summarized, including collecting data, establishing health records, assessing health risk factors, adopting health interventions, dietary interventions, exercise interventions, medication interventions, psychological interventions, and health education. It is believed that strengthening the health management of patients with chronic diseases can alleviate the suffering of patients, improve the quality of life of patients, and save medical resources.

1. Introduction

ealth management refers to comprehensive monitoring of the health of individuals or groups, identifying risk factors that affect health, and conducting health consultation, guidance, and behavioral behavior interventions on how to avoid or mitigate the risk of health risk factors, in order to achieve less disease. Common chronic diseases include hypertension, coronary heart disease, diabetes, hyperlipidemia, cirrhosis, cerebral infarction (cerebral hemorrhage), anemia, chronic renal failure, chronic obstructive pulmonary disease, rheumatoid arthritis, etc. However, the number of patients with chronic diseases is rapidly increasing with the aging of the population, lifestyle changes, living standards, and

improved medical technology. Due to the long course of chronic diseases, many complications, complicated disease control and large consumption of health resources, it has become an important social health problem that threatens the health of our population.

2. Concept

Health management, in short, refers to a process of comprehensive management of individual or population health risk factors. A number of large-scale clinical trials have shown that,^[2] lifestyle improvement measures such as diet control, exercise, and weight loss can delay or prevent the occurrence of chronic diseases, and play a role in preventing disease. Effective measures to prevent disease.

Liying Duan,

Health Management Center, The First People's Hospital of Yinbin,

No. 65 Wenxing Street, Yibin, Sichuan, 644000, China;

E-mail: 370164241@qq.com.

^{*}Corresponding Author:

3. Health Management Process

3.1 Collect Data and Establish Health Management Records

- (1) Identify the target population of chronic disease management through various methods such as physical examination screening (including questionnaires and physical examinations) and hospital outpatient visits, including: high-risk groups (including obesity, high blood pressure, and family history) and pre-existing patients (including uncomplicated and comorbid) who have no risk factors for the disease.
- (2) Classify the target population according to the three-level prevention requirements and establish health records. The first category is high-risk groups, the second category is those with chronic diseases but no complications, and the third category is those with complications. For these three types of target population, in addition to collecting basic information (including name, gender, age, smoking and drinking history, dietary status, exercise status, psychological, social, cultural, economic, etc.), the second and third groups should also be collected: time of onset, treatment status, whether there are complications and complications, mastery of basic knowledge of chronic diseases, weight, body mass index, waist circumference, systolic blood pressure, diastolic blood pressure, fasting blood glucose and blood lipids are strictly registered, and health records are established by real-name system, so as to conduct regular telephone follow-up and issue health education materials.[3]

3.2 Assess Health Risk Factors

Health risk factors mainly include environmental factors, biological genetic factors, behavioral and lifestyle factors, and health care services. Through the investigation of patients and their families, a comprehensive assessment of the factors affecting the health of patients is conducted.

3.3 Health Intervention

For the collected data, develop a corresponding health management plan and implement health management interventions. It is reported that in the pathogenesis of chronic diseases, the individual's lifestyle plays a decisive role. Helping patients to establish a healthy lifestyle, develop a chronic disease health education plan, and focus on strengthening the following key points in the management process:

3.3.1 Basic knowledge Education

The contents include the causes of common chronic diseases such as hypertension and diabetes, pathogenesis, typical symptoms, progression of the disease, prevention and care of causes and complications, and increased understanding and awareness of diseases.

3.3.2 Dietary Guidance Education

For patients with chronic diseases, diet management is an essential measure for prevention and control at any stage of the natural course of chronic diseases. According to the patient's weight, physical activity and blood sugar, blood pressure, blood lipids, etc., design an individualized diet plan, teach them to correctly allocate three meals a day, to achieve a balanced diet and maintain an ideal weight. The overall principle is to control the total calories, master the proportion of the three major thermogenic nutrients (about 60% carbohydrate, 10% protein, 30% fat), in which the ratio of saturated fat, polyunsaturated fat and monounsaturated fat is (1:1:1), mix coarse and fine grain, a small amount of meals, regular quantitative, quit smoking, limit alcohol, eat high-sugar, high-salt, high-fat foods, eat more high-diet fiber foods, ensure adequate vitamins and proper minerals substance.

3.3.3 Exercise Education

Develop a personalized exercise program suitable for the patient, including exercise form, exercise intensity, exercise frequency, exercise duration and so on.

(1) Exercise Forms

The exercise form is aerobic exercise-based jogging, swimming, cycling, aerobics, Tai Chi and other exercises.

(2) Exercise Intensity

The exercise intensity reaches a maximum heart rate of 60 to 90%. For those who do not participate in exercise regularly, it is necessary to perform a low-intensity exercise for a period of time, and then increase the amount of exercise if the body allows.

(3) Exercise Frequency

The exercise frequency is at least 3 to 5 days per week.

(4) Exercise Duration

Prepare activities (5 to 10 minutes) and at least 5 minutes of exercise after each exercise. The exercise time is about 20 to 60 minutes. Encourage patients to exercise, which helps to reduce weight. Drink water before exercise to maintain body fluid balance; carry easy-to-absorb carbohydrates during exercise for hypoglycemia; check for any discomfort after exercise.

3.3.4 Correct Medication Education

The management guides the target population to rationally use the medicine, introduces the types, mechanism of action, side effects, indications, contraindications, intensity and time of the drug, and warns the patient not to change the drug variety and dosage at will, and improve the patient's compliance with drug treatment.

3.3.5 Self-monitoring Education

Instruct patients to regularly monitor blood pressure, blood sugar, urine sugar, body weight, etc., and regularly track changes in indicators. Early detection of complications, early detection of large blood vessels, microvascular diseases and early treatment are extremely important for improving prognosis.

3.3.6 Psychological Guidance

Chronic diseases are lifelong diseases. Patients often have a series of emotional changes, such as fear, depression and depression, anxiety, denial, disappointment, disgusting, poor sleep, etc. Studies have shown that various stress events from home and society can have adverse effects on blood sugar and blood sugar control. Timely and targeted diversion, guiding patients to organize outdoor activities, tourism, music appreciation and other stress reduction; citing positive cases and encouraging patients to communicate with friends and family, seeking understanding and support, eliminating negative emotions, relieving psychological stress, establishing patient compliance with health management and confidence in fighting disease.^[4]

4. Summary

The use of health education and health promotion methods for disease prevention and control and rehabilitation has been widely recognized and respected internationally. The health management process also promotes patients to learn and master the basic knowledge of common chronic diseases such as hypertension and diabetes. Recognize complications, master emergency treatment, improve patient self-management ability, improve metabolic control, and guide patients to follow healthy behavioral lifestyles, so that patients can truly achieve the purpose of knowledge, trust, and behavior in health management. It is the key to effective control of the condition of patients with chronic diseases, prevention, delay or control of related complications and improvement of quality of life. [5]

5. Discussion

Chronic disease management is a long-term management process that requires the participation of medical institutions, patients, and family members.

- (1) Strengthen the basic knowledge education of chronic diseases, especially the training and education of doctors, nurses and nutritionists, so as to improve the understanding of chronic diseases among patients, their families and the whole society.
- (2) Formulate practical and feasible management questionnaires, standardize, refine, order, and serialize the main management contents, so as to standardize management evaluation standards.

- (3) Strengthen assessments, track and evaluate feedback, assess whether planned plans are accepted by managers, and actively participate in health management.
- (4) Subsequent management needs to be personalized, according to the age, social environment and status of the management object, family economic ability, cultural background and customs, etc., the individual's receptive power is evaluated, and communication skills and health education skills are learned so that the management object can understand and accept persistence.

6. Conclusion

Some medical health research centers have proposed a new concept of medical consumption for health management, and have achieved remarkable results in ensuring the physical and mental health of their citizens and reducing the excessively growing medical expenses. China's health management has just started, as a discipline has not yet formed in China. Therefore, under the new medical reform situation, establishing a health management model suitable for chronic diseases in our country as soon as possible, providing scientific and rational health promotion, medication guidance and humanistic psychological care for patients with chronic diseases has practical significance for preventing chronic diseases, improving patients' quality of life, and controlling medical expenses.

References

- [1] Junqing Liu. Discussion on the health management mode of community confidant[J]. Beijing Chinese Medicine, 2009, 28(8): 661-663. (in Chinese)
- [2] Weihong Ma, Linjun Tang, Jiuxi Jiang, et al. Analysis of disease composition of elderly patients in geriatrics and discussion on health management model of the elderly[J]. Internal Medicine, 2011, 06(3): 199-201. (in Chinese) DOI: 10.3969/j. Issn.1673-7768.2011.03.002.
- [3] Jihong Sun, Yuanjie Yan, Wei Wang, et al. Discussion on health management model of rickets community based on the theory of "treatment of disease" [J]. Hebei Medicine, 2010,16(9):1143-1146. (in Chinese) DOI: 10.3969/j.issn.1006-6233.2010.09.057.
- [4] Yu Zhong, Lan Li, Luxia Liu et al. Discussion on the operation mode of the family health management service in the whole department[J]. Laboratory Medicine and Clinical Medicine, 2014, (10): 1397-1399. (in Chinese) DOI: 10.3969/j .issn.1672-9455.2014.10.044.
- [5] Haiyan Ji. Discussion on the training mode of general medical talents in independent colleges[J]. Intelligence, 2012, (16): 238-239. (in Chinese)
- [6] Minfang Zheng, Xin Wang. Discussion on the development model of community home medical care[J]. Chinese Rural Medicine, 2014, (16): 58-59. (in Chinese)