



REGION

CLINICAL HEALTH PROMOTION CENTRE



Clinical treatment  
+ Clinical Health Promotion  
Better results



Immediately

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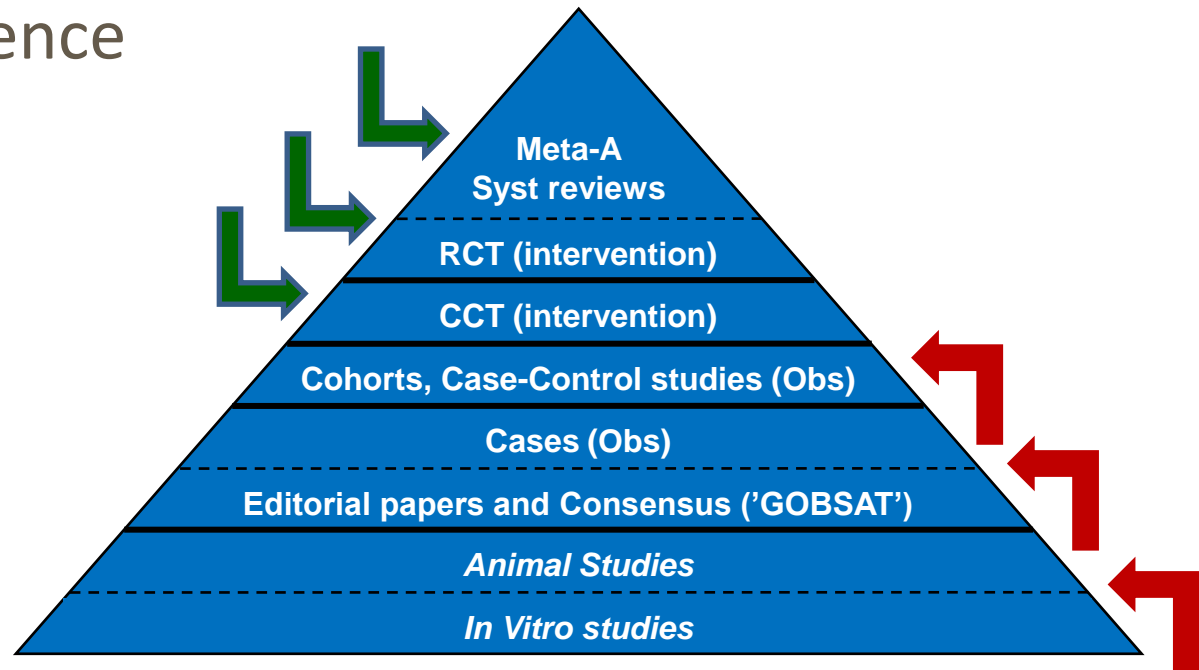
# Overview

- Definitions: Clin HP and E-B HP
- Interaction of Clin HP & Treatment
- Internal Medicine
- Surgery
- Psychiatry
- Health Economic Analyses: New generation
- Implementation



# Definitions

- Clin HP
  - Clinical activities that involve prevention, health promotion and rehabilitation performed together with the patient in the clinical setting
- Evidence





# Evidence-Based Clin HP

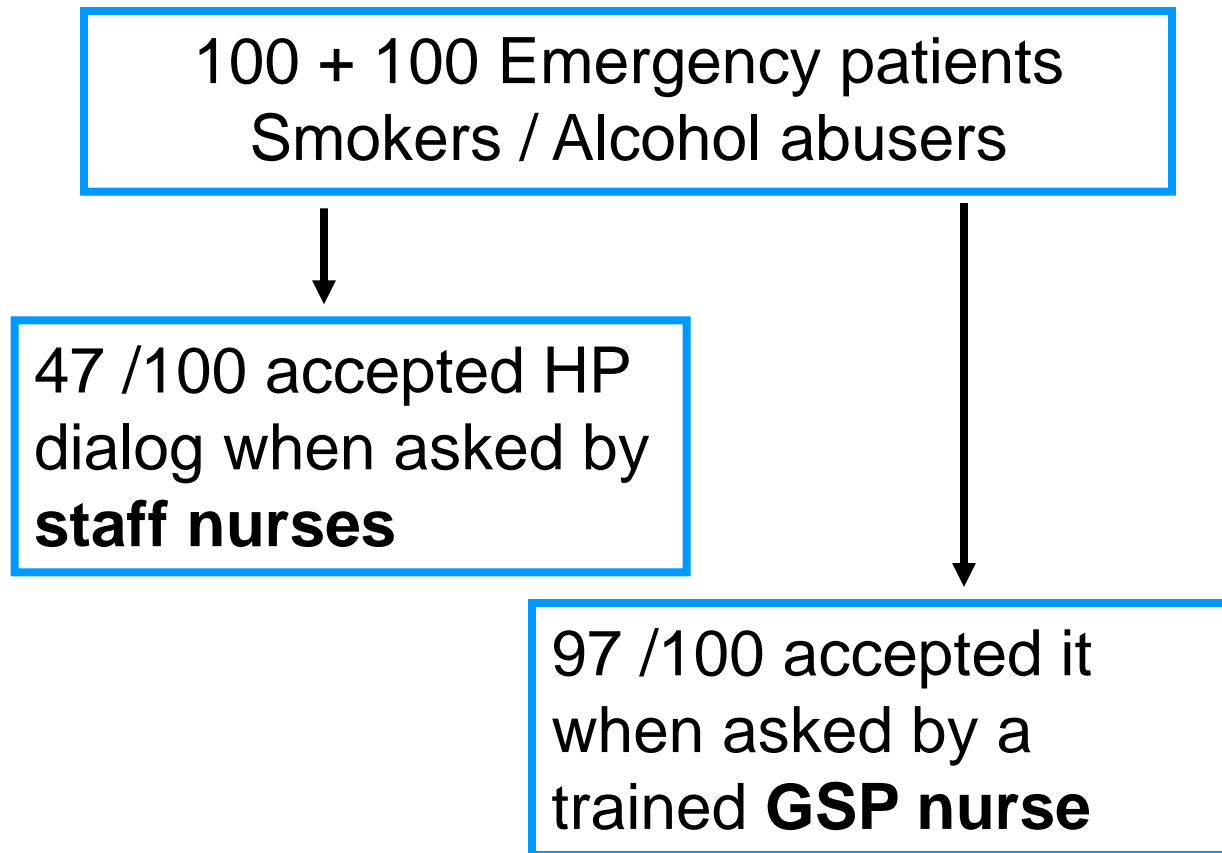
Includes three parts



*(Sackett, DL, Strauss SE, Richardson WS et al. Evidence-based medicine. Churchill Livingstone 2000)*

# Clinical expertise

## The influence of specially trained nurses



*Nelbom et al. 2004, Backer et al. 2007, Clin Resp Jour*



# Patient preferences

- We are afraid that the patients are not motivated for smoking cessation
- **Knowledge**
  - 80% want support from the hospital to change lifestyle prior to surgery
  - 80% find it relevant to talk about lifestyle, including tobacco, alcohol drinking and overweight and physical activity

Boel T et al. Ugeskr Laeger 2004

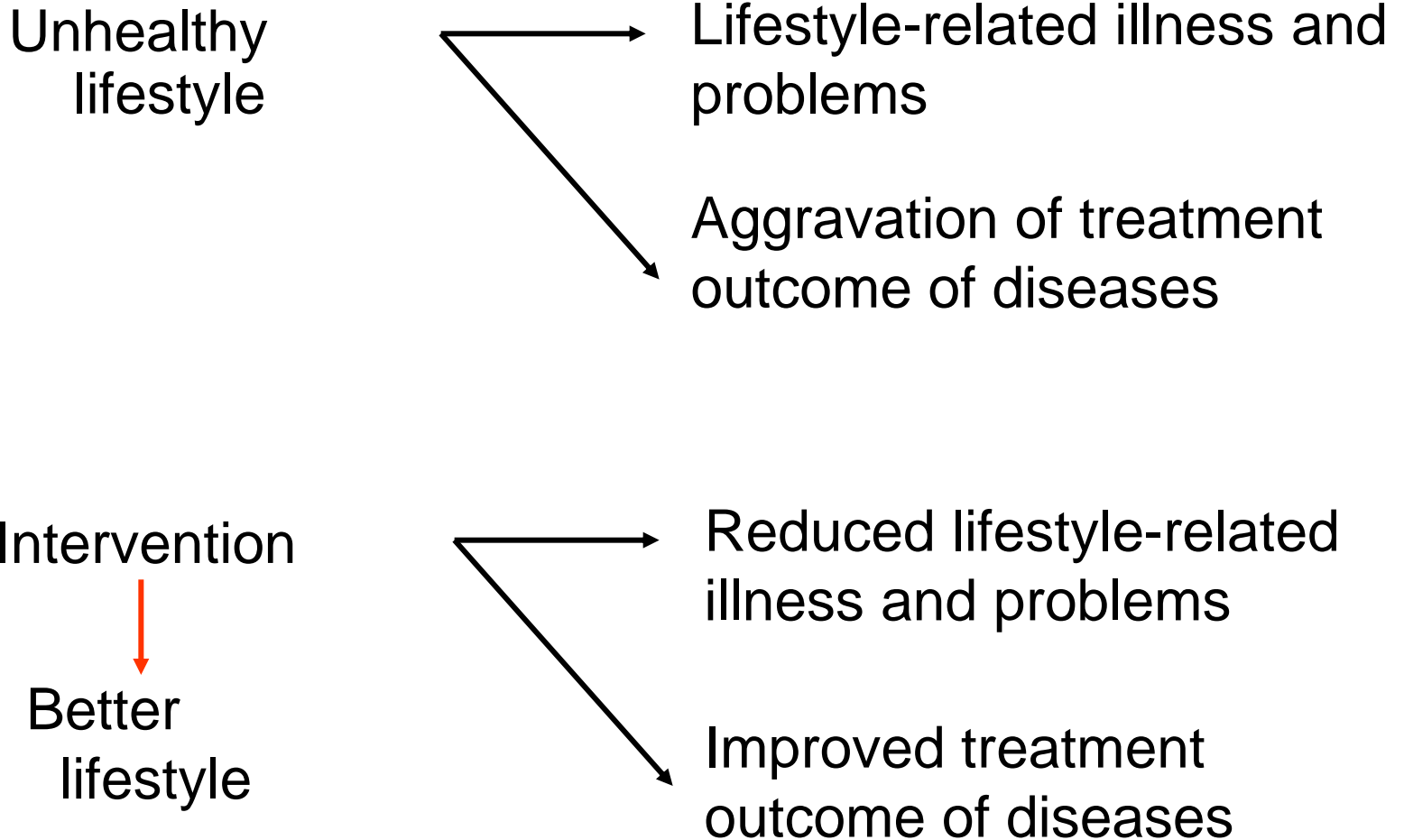
Tønnesen H et al: Swedish National Board of Health and Welfare 2014



# Patient preferences

- We are afraid that we invade privacy when recommending lifestyle changes before surgery !
- **Knowledge**
  - All hip/knee patients wanted to be offered the possibility to change smoking habits before surgery
    - Quitters
    - Smokers
  - All fracture patients found it relevant to offer alcohol intervention in relation to surgery
    - Very heavy drinkers
    - Risky drinkers

# Inter-actions







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# Inter-actions

- The mortality rate among patients was **5%** lower in ICUs with HP policy for staff
- The staff are key persons for the patients – in many ways – also in relation to HP



According to repeated nationwide surveys,

# More Doctors Smoke **CAMELS** than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel!

You'll enjoy Camels for the same reasons so many doctors enjoy them. Camels have cool, mildness, pack after pack, and a flavor unmanched by any other cigarette. Make this sensible test: Smoke only Camels for 30 days and see how well Camels please your taste, how well they suit your throat as your steady smoke. You'll see how enjoyable a cigarette can be!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!



MARJORIE D'AMICO says "I smoke Camels. They agree with my throat and taste wonderful!"



DICK MANNING says "I get more pleasure from Camels than from any other brand!"



RALPH BELLAMY reports "Camels suit my nose and throat. I've smoked 'em for years!"



For 30 days, test Camels in your "T-Zone" (T for Throat, T for Taste).



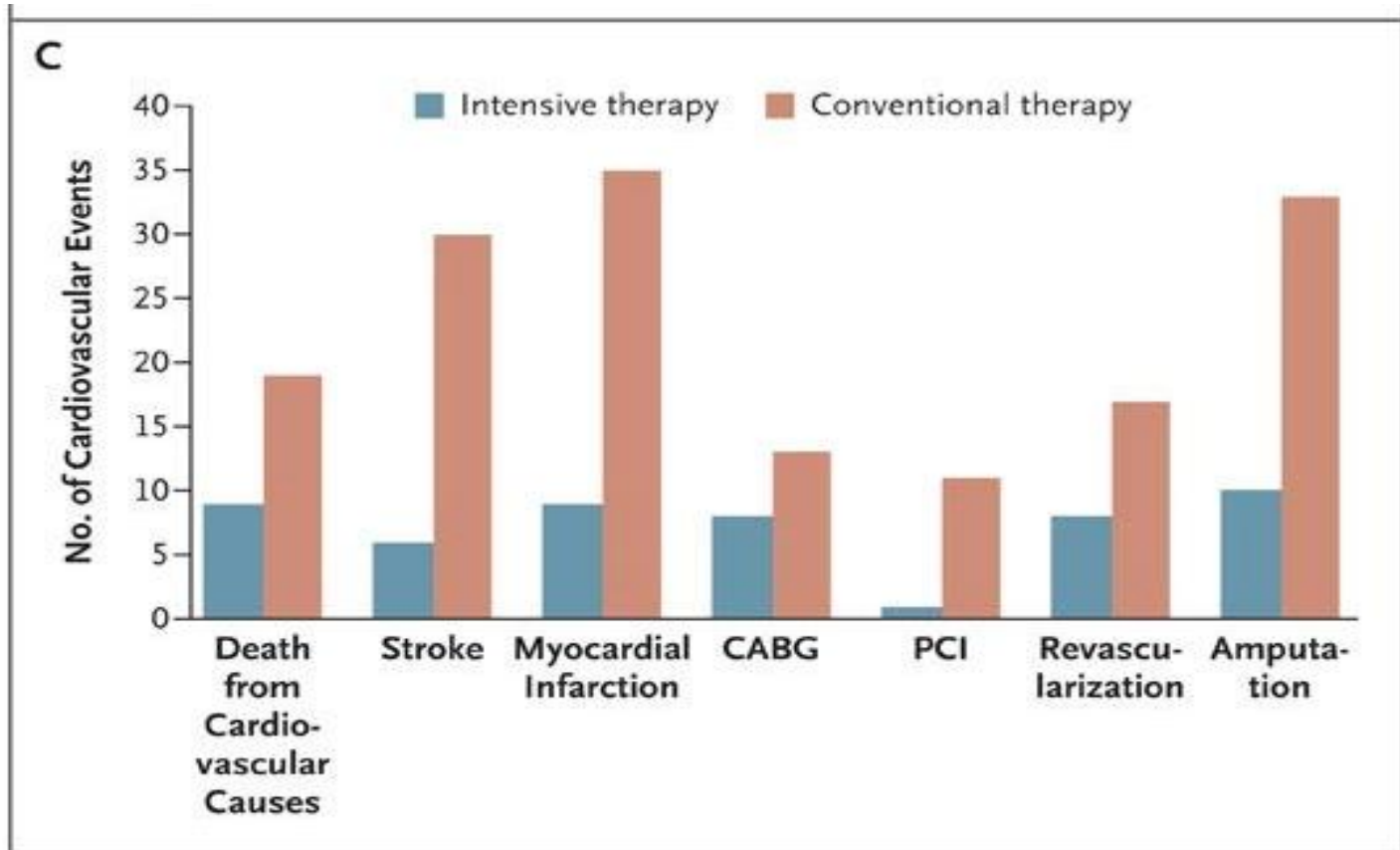
# Internal medicine

- Heavy knowledge on the effect of lifestyle on development of NCD (non-communicable diseases)
- Heavy knowledge on the extreme effect of Clin HP on treatment results in NCD
- Included in all treatment programs from WHO and others



# Ex from Diabetes:

Tob+Alc-Nutr+Phys and medication



Gaede P et al: NEMJ 2008



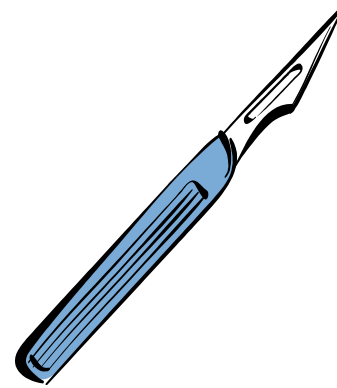
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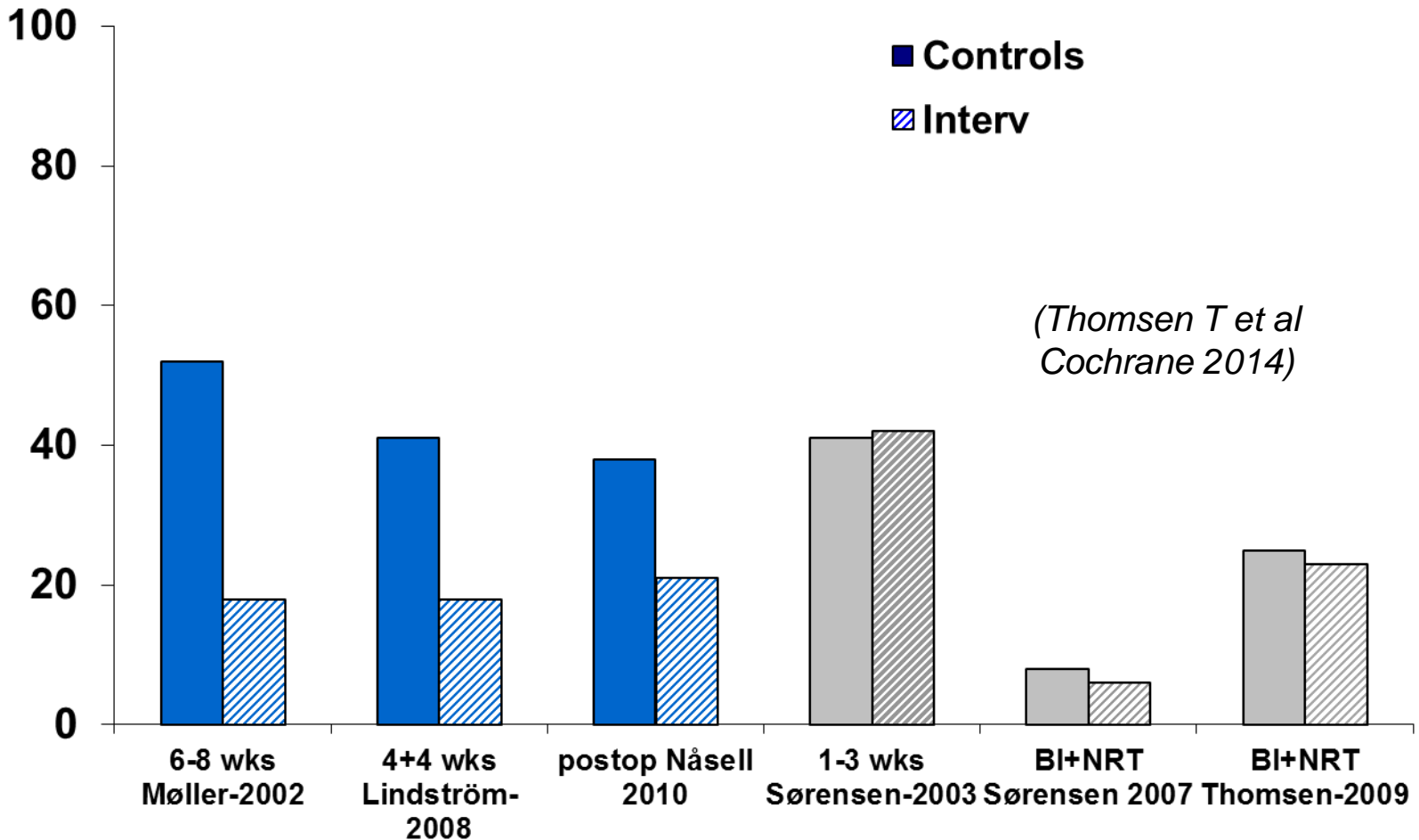
# Surgery and Clin HP

- Tobacco
- Alcohol
- Nutrition
- Physical activity
- NCDs



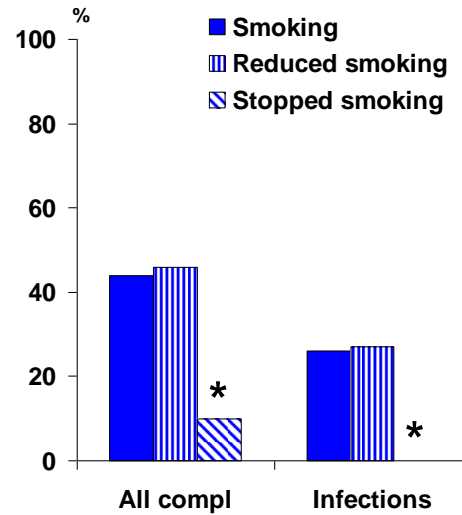


# Perioperative SCI: RCTs







# Reducing smoking ?



AM Møller et al: Lancet 2002

# How much is too much ?

- Over  or  per day  
double the complications

- Over  or  tripling the complications



# What patients ?

- Everybody drinking too much

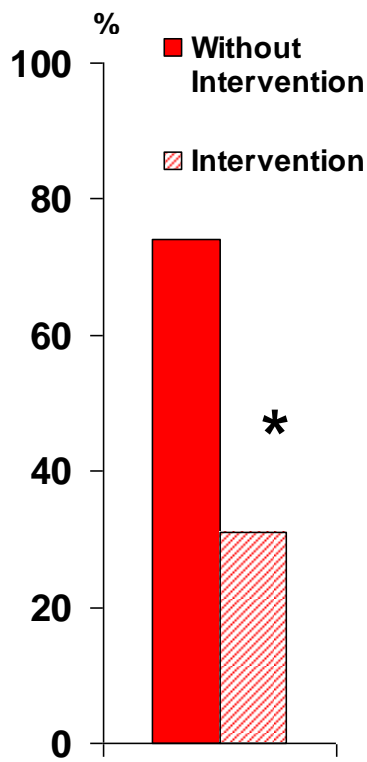


- Even without alcoholic cirrhosis!



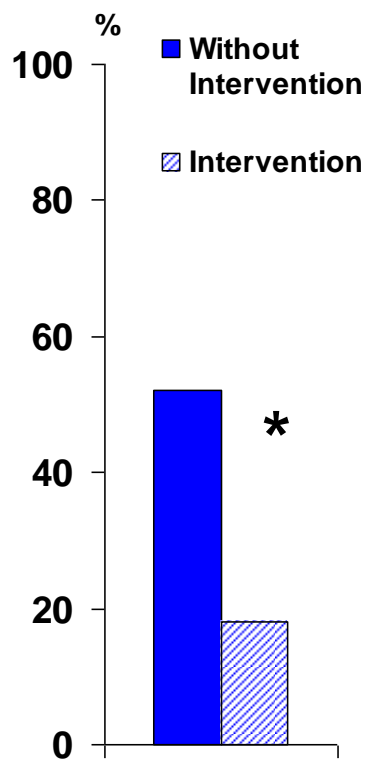
# Ex: Adding HP to surgery

**Alcohol cessation int.**  
Colorectal Resection



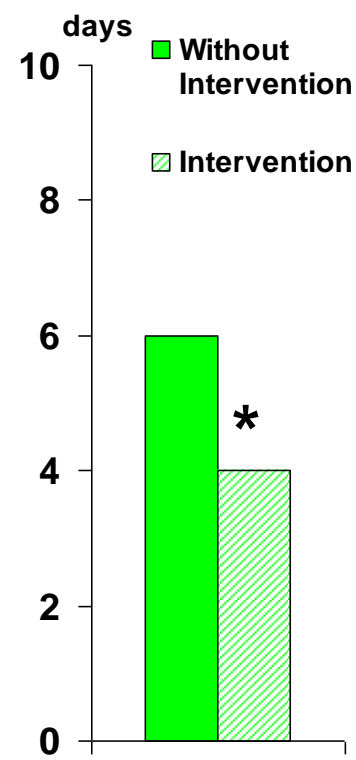
**Postop complications**  
(*BMJ 1999 +  
Cochrane 2012*)

**Smoking cessation int.**  
Hip/Knee Replacement



**Postop complications**  
(*Lancet 2002 +  
Cochrane 2014*)

**Physical exercise int.**  
Spine Surgery



**Postop recovery**  
(*Clin Rehabil 2010  
+ Cochrane 2012*)



# Psychiatry and Clin HP

BMJ




BMJ 2014;348:g1151 doi: 10.1136/bmj.g1151 (Published 13 February 2014)

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## RESEARCH

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### Change in mental health after smoking cessation: systematic review and meta-analysis

 OPEN ACCESS

Gemma Taylor *doctoral researcher*<sup>1,2</sup>, Ann McNeill *professor of tobacco addiction*<sup>2,3</sup>, Alan Girling *reader in medical statistics*<sup>1</sup>, Amanda Farley *lecturer in epidemiology*<sup>1,2</sup>, Nicola Lindson-Hawley *research fellow*<sup>2,4</sup>, Paul Aveyard *professor of behavioural medicine*<sup>2,4</sup>



# Smoking and mental health

- Strong associations between poor mental health and:
  - Smoking
  - Heavy smoking
  - High dependence

# What is true about mental health and smoking ?

- Smoking reduces emotional problems, level of anxiety and depression ?
- Quitting is followed by irritability, anxiety and depression ?
- Re-uptake of smoking reduces those immediately ?





# Unsuccessful quitting if ...

- Smokers believe their mental health is suffering
- Staff believe that the patients' mental health is suffering
- But what is the reality ?



# Meta-analyses: Significant improvements

- After withdrawal symptoms quitting is associated with lower levels of:
  - Anxiety OR: -0,37
  - Depression OR: -0,25
  - Mixed anxiety + depr OR: -0,31
  - Stress OR: -0,23
- And higher levels of
  - QoL OR: +0,22
  - Positive feelings OR: +0,68



# Psychiatry

- Nordic psychiatric patients die 15-20 years prior to the background population
- Primarily due to lifestyle related diseases
- We need more Clin HP in Psychiatry

Br J Psyc 2012

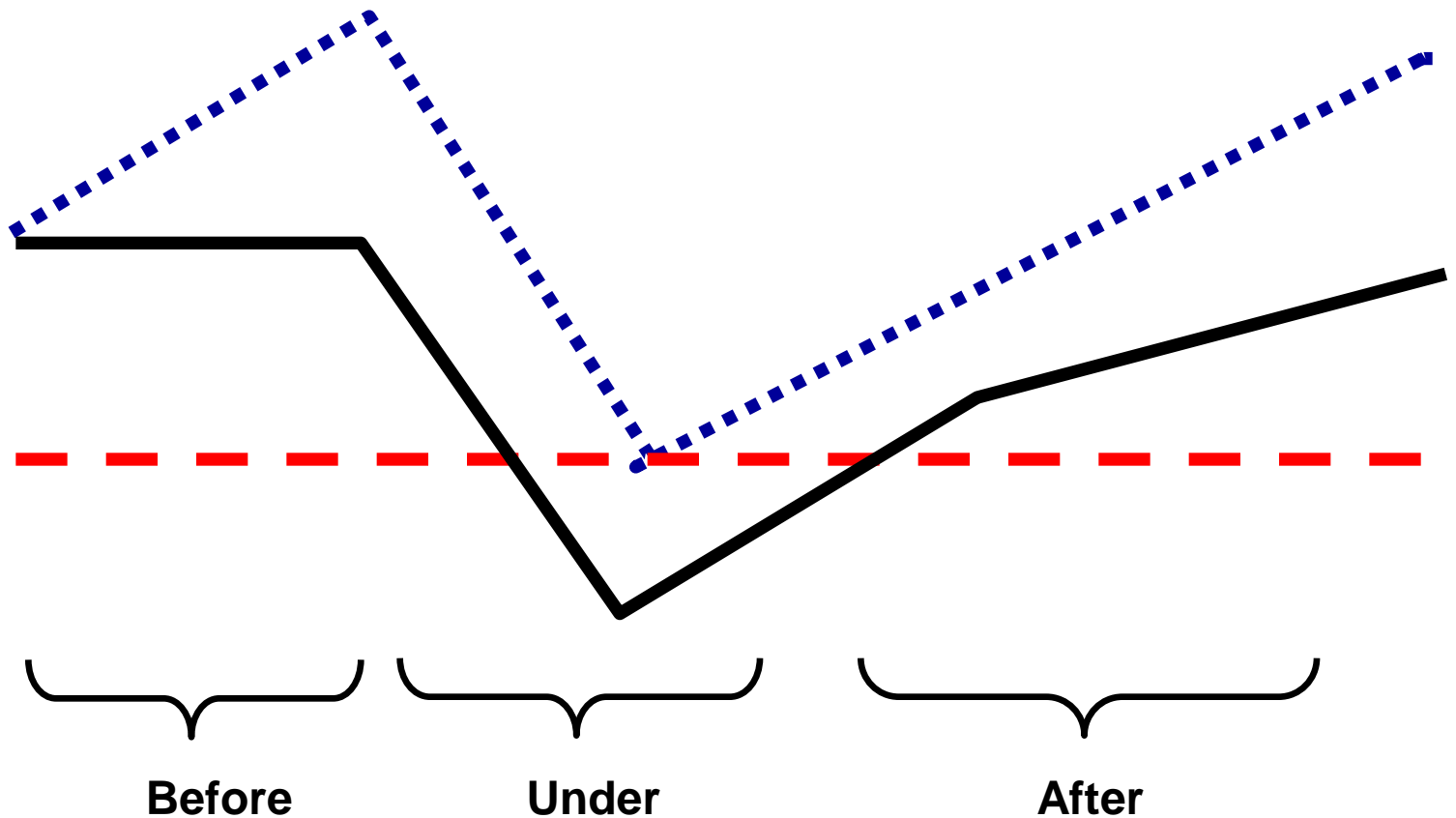




# VIP Model in Psychiatry



Better functionality by "habilitation"  
before, during and after treatment





# Implementation of Clin HP

## The only way to reduce the extra lifestyle-related poor treatment results

- Many hospitals and health care units do not give clin HP activities the sufficient attention

## Systematic implementation

- Few patients are offered clin HP activities in relation to their treatment

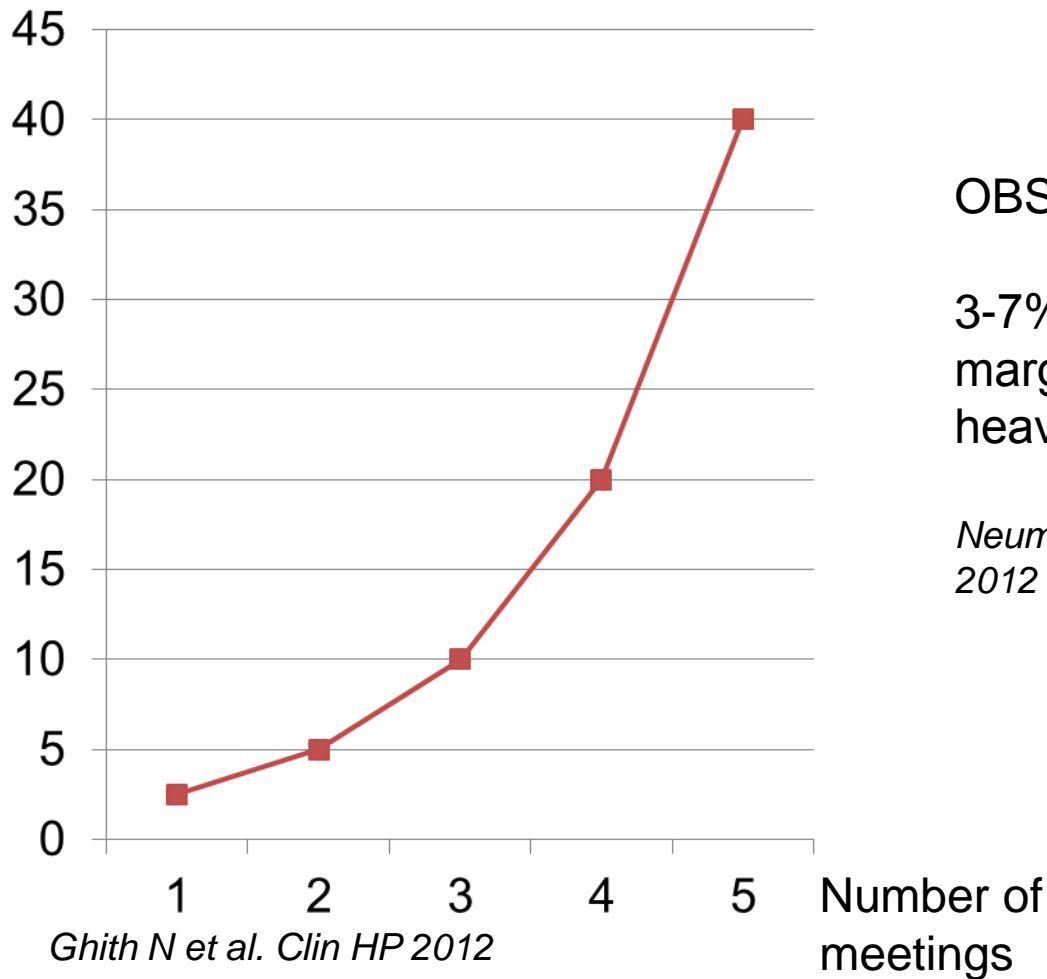
## Teaching and training of staff and administration

- Lack of know-how and focus – and missing support from management, decision makers, health planners and policy levels



# Use cost-effective programs: GSP

% quitter after 6 months



OBS

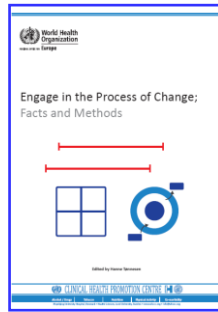
3-7% skillnad i effekt för marginaliserad rökare och heavy rökare

*Neumann T et al Tobacco Contr 2012*

*Ghith N et al. Clin HP 2012*



# Implementation



Use the free tools tested by WHO and HPH

Exchange E-B clinical HP guidelines and results via HPH

Join the Fast Track Implementation WHO-HPH Project; 12 months process

Participate in the HPH Summer Schools on implementation



# Czech hospitals become first in the world to complete the WHO HPH Recognition Process

The very first site visits of the WHO HPH Recognition Project were conducted in mid December 2013 in all participating intervention group departments of the Czech Republic. These site visits are the final step of the process, and auditors validate results from the departments own assessments and measurements as well as conduct sampling of staff and patient perspectives.

## About the PROJECT

The WHO HPH Recognition Project is a multicentre RCT, aiming for 88 included hospital departments from all over the world, to have adequate sample size. All clinical hospital departments are eligible for participation (except palliative and paediatric).

All interested parties are encouraged to make contact.

**Contact:**  
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jeff.kirk.svane@regionh.dk

The 3 intervention group departments in the Czech Republic, who have now officially completed the entire process, are the Orthopedics Department at Pelhřimov Hospital, the Department of Pneumology at Jihlava Hospital and the Internal Medicine Department at Valasske Mezirici Hospital.

The Czech Republic has a total of 8 hospitals taking part in the WHO HPH Recognition Project and the remaining (control group) participants are scheduled for site visits in June 2014 – when they will have completed their implementation period and both measurements, which the project consists of.



Site visit at Valasske Mezirici Hospital with WHO Country Office (CZ), Ministry of Health (CZ) and WHO CC (DK)

# Meet the future patient

## Professional:

- Leader of own health and disease intervention
- New partnerships: networks, patient organizations
- Education (internet, self-help groups etc)
- Focus on health gain, not survival
- Demanding, not grateful
- Requiring evidence-based HP as part of clinical pathway (otherwise complaining)



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Congratulation to HPH in Estonia from the HPH World