



MOH

Patient empowerment: a key factor to achieve better results in the treatment of chronic pathologies



Within the health sector there is growing consent over the positive impact of patient empowerment on the achievement of better results in healthcare, mainly for those patients who suffer from some chronic pathology. **Empowerment** refers to the process which enables patients to gain greater control over the decisions and actions that affect their own health. In order to achieve this, it is necessary to know their expectations, offer them information, and to involve them in the decisions taken over their treatment. The process of empowerment

presupposes, also, a change in the medical practice paradigm; the conception that the encounter between the physician and the patient's body is the starting point should be replaced by the construction of a collaborative relationship between a certain doctor and a specific person, with the aim of solving or improving a health problem. Within this frame, the quality of the communication established between both of them constitutes a key factor, not only in the creation of the necessary empathy a satisfactory doctor-patient relationship requires, but also in the patients' acquirement of greater control over their own health, by means of the appropriation of basic knowledge that may result from that interaction.

The aforementioned presupposes the existence of non-monopolized communication on the part of the physician, built towards a shared construction with the patient, which may satisfy the expectations of both actors in the diagnosis and treatment, both from the technical and biological aspects, and their preferences and psychological and socio-cultural determinants.



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Solutions in a collaborative way

Good communication is based upon mutual respect and the ability to manage needs and expectations. Patients expect their physicians to provide many answers, though some of them are out of the professional's reach. Thus, it is important that the doctors know the perspectives and interests of their patients in order for them to discuss which questions will be satisfied and which will not.

Mike Stone, director of Patients Association, Harrow¹, has summarized in an article, the main 5 wishes expressed by patients regarding their doctor consultation:

- **Partnership:** Patients want their doctors to see them as people who they do things with, not as people they do things to. Besides, they want to be consulted about their condition, their treatment, and the evolution observed from their last consultation.
- **Communication:** They believe communication is the key to a successful consultation. Many patients are still scared when in front of a doctor; they do not understand what the doctor is saying about their diagnosis and treatment. In some other cases, they believe that the doctor does not understand their problem.
- **Eye contact:** They believe that not having eye contact with the doctor when entering the consulting room, or during interaction, threatens effective communication. They complain that some professionals, instead of looking at them, remain staring at their monitor.
- **Time:** Most patients wish to spend more time with their doctor, in order to explain and understand things better.
- **Appointments:** Patients wish to get their appointments within a few days, instead of having to wait weeks or months.

To these 5 points, we should add 2 other ones which are frequently mentioned in patient association forums:

- **Listening:** A study has revealed that, on average, doctors wait 23 seconds before interrupting their patients' retelling about their symptoms, to redirect the conversation² towards what they believe is important. Patients expect to be heard attentively and respectfully.
- **Ability to manage patients' expectations:** Patients understand their problem better, feel they can take part in the decisions taken, and get involved more actively in their treatment if their doctor explains to them the steps to be followed after the consultation, the reasons for the diagnostic tests to be carried out, the possible outcomes of the treatment, and their consequences.

¹ Stone, Mike: What patients want from their doctors. BMJ; 2003, June 14; 326 (7402): 1294.

² Travaline John, Ruchinskas Robert, D'Alonzo Gilbert: Patient-Physician communication: Why and How. JAOA, vol 105 N°1, January 2005.



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Patient empowerment within the frame of the COMOESTAS project

For those patients who suffer from MOH, it is important to receive comprehensible information and to understand what may be expected from their treatment, since they have to learn to properly recognize a series of possible symptoms, to act when having an attack, to use medication safely, and to develop strategies to perform their daily working, social and family obligations.

Even though nowadays, thanks to the Internet, patients have many sources of information, most of them still expect their doctor to be the main provider of personalized information regarding their health and treatment. This is proven by the results of a survey carried out within the frame of the COMOESTAS project, to 65 patients from Italy, Germany and Denmark, with the aim of knowing which sources of information about MOH better satisfied the expectations and needs related to their treatment. 75% of them expressed their preference for direct and personalized sources of information, instead of general and massive ones.

It is important to add that the doctor-patient relationship established in the consultation cannot be replaced by virtual devices. But, once both trust and communication have been established within the successive meetings, the contribution of said devices, such as the **IEPR**, developed by COMOESTAS, become important in the improvement of the continuous monitoring of the treatment. Besides, this type of application contributes to reducing patients' insecurity when they have to wait a long time from one consultation to the following one: they know their doctor is monitoring them, and that he will contact them should certain parameters that may indicate a possible risk appear; they assume they can contact their doctor and get a prompt answer without previously having to get an appointment.

Finally, and, as the organization of most health systems assign between 15 and 20 minutes to each consultation, patients may take advantage of this time if they train themselves in:

- **Preparing ahead for the consultation:** patients should prepare ahead written questions and important points to be asked to the doctor. They should also remember to mention whether there is any other pathology being treated.
- **Asking what is not understood:** if patients do not understand a certain term the doctor is using, they should ask for it to be explained. Thus, they will feel more satisfied when they leave the consulting room, having learned what they need to know to understand their health problem.
- **Asking for more information:** if patients consider that the doctor has not fully listened to all of their symptoms, if they believe they have been interrupted before finishing their question, or that they have not received enough information to understand their diagnosis and the following



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steps to follow, they may well point out that they still have something to comment on, or that they need more information.

- **Discerning:** between the information that should be given by the doctor, and that that should be asked to some other member of the institution, such as the address of other diagnostic centers, dates for future appointments, and any other kind of information that is generally provided by receptionists or admission personnel. Thus, the consultation with the doctor will only be devoted to the patient's health problem.