STUDY ON HEALTH PROMOTION AT THE LEVEL OF A FAMILY DOCTOR'S MEDICAL OFFICE

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Abstract: *The development of programmes which promote a healthy lifestyle has been a wish of humankind for centuries. At the level of the family doctors' medical units, it is increasingly necessary to develop programmes for changing lifestyle, the primary assistance involving prevention firstly and afterwards, the treatment of the existing diseases or their complications. In this context, the study conducted in a family doctor's medical unit of the city of Brasov, is to prove the role and place of prevention in primary care, the carried out campaign having the aim of raising consciousness among the population and of increasing the accessibility to health care.*

Keywords: *prevention, healthy lifestyle*

Rezumat:*. Elaborarea unor programe de promovare a unui stil de viaţă sănătos este un deziderat de secole al omenirii. În cadrul cabinetelor medicale familiale este tot mai necesară dezvoltarea unor programe de modificare a stilului de viaţă, asistenţa primară implicând în primul rand prevenţie şi abia apoi tratarea afecţiunilor existente sau a complicaţiilor acestora. În acest context, studiul realizat în cadrul unui cabinet medical de medic de familie din Braşov, vine să demonstreze rolul şi locul prevenţiei în activitatea primară, campania derulată având rolul de a sensibiliza populaţia şi de a creşte gradul de accesibilitate la îngrijirile de sănătate.*

Cuvinte cheie: *prevenţie, stil de viaţă sănătos*

INTRODUCTION

Health Promotion - General context

Health promotion is a unifying concept for those who recognize the need of fundamental change, both in lifestyle and living conditions, a strategy of mediation between individuals and the environment, combining personal choice with social responsibility, in order to ensure a healthy future. (11) The core is the patients' effective participation in defining the problems, decisions making process and activities aiming at changing and improving health determinants. Thus, health promotion requires a close cooperation between all social sectors, to create a favourable environment to health, at creating a way to 'know how to live' and at developing the individuals' ability to influence the determinant health factors and to modify the environment, in order to strengthen the policy which promotes a healthy lifestyle and to facilitate the elimination of unfavourable factors.

In the context of promoting health, different forms of health education are required: for groups, organizations and communities. This approach is related to the awareness of the causal relationship between environmental, economic, social factors and health. This development leaves aside the traditional role of health education, which was mainly oriented to change the deviant individual behaviour which now, is playing the role of a potential force of change. (2, 15)

As in all fields, the public health services offered by family or specialized settings must mainly comply with the similar principles as any other activities of the free market. Moreover, it was demonstrated at the national and international level, that for different types of diseases, one can say that there is a management that may ensure an effective treatment for patients at the lowest cost price. (9)

Health promotion characteristics at the level of a family doctor's medical office

In the context of elaborating methods to promote health, a study developed in a family doctor's medical unit can monitor the prevalence of the most common diseases and the reasons for which these diseases are treated with indifference or with less importance by patients. Health promotion programmes must admit the importance of people's ability to cooperate with the stress agents as a main factor in choosing a healthy lifestyle because overweight, smoking, alcoholism, drug addiction and the lack of daily physical exercise are indicators of the people's inability to cooperate with the daily stress agents. (7)

The incidence of diseases that require health promotion programmes

The most common risk factor is smoking, which causes a person's death every eight seconds, 5 million victims annually and the decrease of life expectancy with 20 years. (8) Approximately 31% of Romanians are smoking, especially cigarettes, out of which 87% smoke daily and 12% occasionally, according to the European Community's Eurobarometer 2007. Out of the total

number of smokers, 30% smoke 15-20 cigarettes per day. Regarding the desire to quit smoking, 67% of the respondents have never tried to quit it, and 25% tried 1-5 times to give up smoking last year (3, 8, 15)

The main risk factors for cardiovascular disease are smoking, high blood pressure and high blood cholesterol, factors in direct relation to the individual lifestyle, eating habits and physical activity. Other risk factors for cardiovascular diseases include obesity, diabetes, excessive consumption of alcohol and psycho-social stress. (2, 13) Family physicians must be involved in developing the health care system and, as individuals they should be able to change themselves, so that to cope with the new challenges. (5, 14)

The role of promoting health in the family doctors' medical offices

There are different ways to tackle the way of drafting a new definition. The method used by the Leeuwenhorst group, and more recently by OLESEN et al (3) was to define the parameters of discipline by describing the types of tasks that a doctor has to accomplish. An alternative approach is an attempt to define the basic principles of preventing illness in the context of the Family Medicine. This approach was used by Gay, in a presentation at the WONCA opening meeting, Europe, Strasbourg, in 1995. (6)

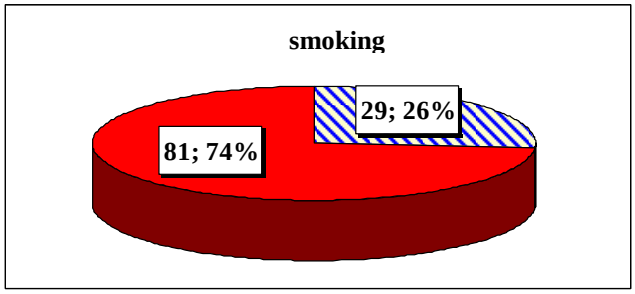
The contexts in which the family physicians are working are very different, but the basic principles of their work should be the same, (12, 14) and the unique interaction between the family physician and the patient during the consultation deserves a special attention. (5, 13, 14) It also increases the general practitioner's role in relation with resources management, taking into account the ever-increasing costs of the medical care. The general practitioner, in partnership with his patient, is placed in a unique situation to establish priorities in the supply of the medical care and in the allocation of resources. The family physicians should also be aware of their role in promoting an efficient practice (cost-effectiveness), not only for themselves, but also for their colleagues. There may be conflicts between the individual patient's needs and desires and the needs of the community as a whole. Family physicians should be aware of this, in order to be able to balance the situation and to communicate it to their patients.

MATERIAL AND METHOD

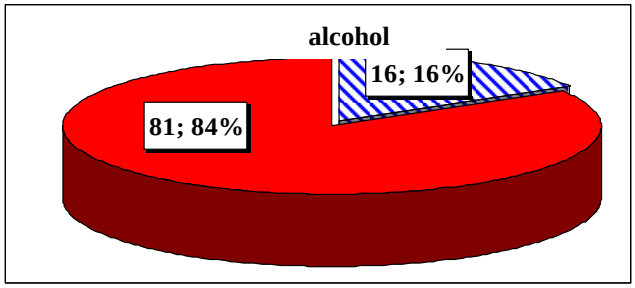
The initial investigated group consisted of 81 patients with various diseases and who came to the family doctor's medical office for various consultations and treatments. Pieces of information related to their way of life, diagnoses, customs, education and the administration of medicines were collected. Afterwards, all the data were processed and arranged in the form of graphs and tables. The purpose of this study was to detect the most frequent diseases, the style of approaching the patients and how they cope with their diseases. After this stage, we have designed a number of 300 leaflets for the most common 3 categories of diseases and harmful customs, in which we have promoted a healthy lifestyle with the goal of being aware of the risks to which those who have cardiovascular diseases, diabetes, who smoke or consume alcohol, are exposed to.

We observed the way in which patients took the leaflets, and the rhythm and interest regarding each of them. Subsequently, a part of those 81 patients was re-evaluated and positive changes in their attitude towards the disease and their interest for pathology were recorded.

Picture no. 1. Distribution of patients according to the smoker or non-smoker status



Picture no. 2. Distribution of patients according to the alcohol consumption



We found out that out of the 81 studied patients, 29 patients smoked and 16 patients consumed alcohol, 36 of those 81 patients denied these vices. The general statistics reveal a similar structure: approximately 31% of Romanians smoke, especially cigarettes, out of which 87% smoke daily, and 12% occasionally (statistics made in 2007). We have noticed a preponderance of cardiovascular diseases, especially high blood pressure and ischemic heart disease. The largest prevalence after the cardiovascular disease is represented by the type 2 diabetes and disorders of lipid metabolism, which corresponds to the national statistics. Those 81 patients generally took the prescribed treatment and were disciplined in terms of medication, but a part of them showed lack of interest to the recommended treatment.

A physician's average addressability concerning his interest to the patient's disease has also been noted. After this campaign, addressability has increased substantially, many patients becoming more attentive to their diseases. After this first study on 81 patients we started the second phase in which we synthesized each of the major illnesses and errors of behaviour in three types of leaflets The first leaflet made reference to the prevention of cardiovascular complications, the second to

the prevention and the seriousness of diabetes and its complications, and the third to the harmful role of smoking in the context of a disease.

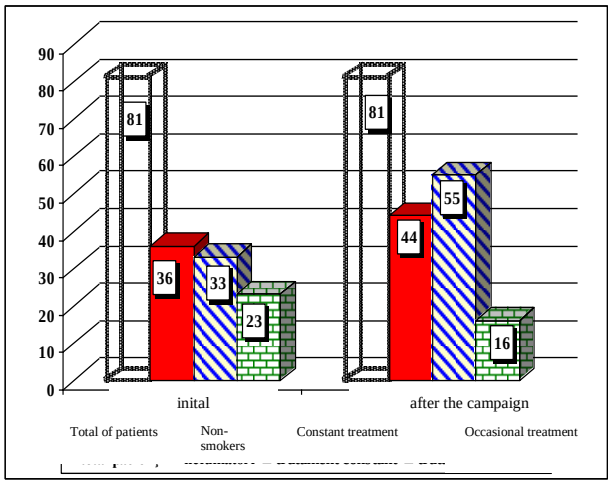
Leaflets were available to patients for six months, during which they studied all three types of leaflets. We noticed that leaflets recommending the cessation of smoking had been read first, followed by those which warned on the cardiovascular diseases. After these two stages which lasted nearly a year of study and monitoring, we resumed the observation of the 81 patients from the initial group. This was the third and the last stage of our study which concluded what we had observed. We noticed an increased patient's compliance to treatment and a further care to his pathology.

Some patients also gave up or decreased the amount of alcohol and the number of cigarettes. The results were only partial, however, a part of the patients continued to manifest the same vices and the same indifference towards their disease. It will remain that in the future health promotion campaigns, to deepen more the involvement of the individual's own awareness of his disease and suffering that can be caused by the complications of the improperly treated diseases.

The conclusions of the campaign

If in the first survey 36, out of those 81 patients, denied smoking, now their number has increased to 44, and three of the constant smokers became occasional smokers. At the end of the campaign, we managed to see that out of those 81 patients, 55 began to follow the prescribed treatment consistently and appropriately, in comparison with the first situation in which only 33 had done so, and among the patients who had taken the treatment only occasionally, only 16 did not take the medication regularly. Initially there were 23 who were treated occasionally and at present, there were only 16.

Picture no. 3. Effects on the implementation of campaign on the studied batch



We noticed an increasing addressability to the family physician, in particular of those who had been applying for medical services occasionally. Unfortunately, a low addressability of those who rarely came to the family physician was still maintained. The impact of this campaign upon this category was low and this was probably due to the reduced access to the means of information at the level of the family doctor's medical office.

These patients usually pay an annual visit to the family doctors' medical office for check up or, more than that, once during several years.

In the campaign we used models for promoting health, structured as simply as possible, so that to be understood by each patient. The impact was quite successful, a part of the patients have changed something in their attitude towards their disease. Such campaigns for health promotion are beneficial and may be applied successfully in many situations. It was a kind of expertise study that brings together the collected data from a vast pool of patients.

The model refers to a cohort study in which 81 patients participated.

CONCLUSIONS

There is a large number of smokers at the national level (62.1% of the interviewed persons have smoked at least once in their life, 31.3% of them stating that they smoke every day) and according to the World Health Organization (WHO), it is estimated that approximately 15% to 37% of the adult population have high blood pressure. Probability of high blood pressure is higher in the obese and diabetic people and increases with age. It is very well known that high blood pressure is a risk factor for stroke, heart attack, damage of blood vessels, kidney, blindness and other complications.

Providing integrated health services, general medical practice, should be increasingly involved in the development of prophylactic activities, which will lead in time to the increase of life quality and to the improvement of the economic performances. Another emerging aspect is the responsibility of both the doctor, known and studied widely, and of the patient who is also responsible for obeying the received indications. To obtain a good compliance, the doctor must find a differentiated approach to each patient. Essentially, health education aims at transmitting and understanding that information providing the cognitive decisions relating to health and shaping basic behavioural attitudes in favour of health.

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