دانشگاه علوم پزشکی و خدمات بهداشتی درمانی ایران
کتابخانه دانشکده بهداشت

Self Care

1-Enhancing self-care education amongst medical students: a systematic scoping review

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By Wan, DWJ (Wan, Darius Wei Jun) [1] , [2] ; Goh, LSH (Goh, Laura Shih Hui) [1] , [2] ; Teo, MK (Teo, Mac Yu Kai) [1] , [2] ; Loh, CJL (Loh, Celestine Jia Ling) [3] , [4] ; Yak, GHK (Yak, Gerald Hng Kai) [1] , [2] ; Lee, JJH (Lee, Joanna Jing Hui) [1] , [2] ; Ravindran, N (Ravindran, Nila) [1] , [2] ; Rahman, NDA (Abdul Rahman, Nur Diana) [5] ; Chiam, M (Chiam, Min) [5] ; Ong, EK (Ong, Eng Koon) [1] , [4] , [5] , [12] ; (provided by Clarivate) Source BMC MEDICAL EDUCATION Volume 24 Issue 1 DOI 10.1186/s12909-023-04965-z Article Number 37 Published JAN 8 2024 Indexed 2024-01-25 Document Type Article

Abstract

BackgroundReports of emotional, existential and moral distress amongst medical students witnessing death and suffering of patients during their clinical postings have raised awareness on the need for better psycho-emotional support during medical school. Furthermore, the stress experienced by medical students stemming from the rigours of their academic curriculum underlines the need for greater awareness on mental health issues and better self-care practices across medical training. With such programmes lacking in most medical schools, we propose a systematic scoping review (SSR) to map and address our research question, "what is known about self-care education interventions amongst medical students?".MethodsWe adopted the Systematic Evidence-Based Approach to guide a systematic scoping review (SSR in SEBA) of relevant articles published between 1st January 2000 and 30th June 2023 in PubMed, Embase, PsycINFO, ERIC, Google Scholar, and Scopus databases. The included articles were independently and concurrently thematically and content analysed, with complementary categories and themes combined using the Jigsaw Approach. The domains created from the Funnelling Process framed the discussion.ResultsA total of 6128 abstracts were identified, 429 full-text articles evaluated, and 147 articles included. The 6 domains identified were definition, topics, pedagogy, influences, outcomes and assessment. Most interventions were promising, though peer-led mindfulness-based interventions showed most promise in enhancing engagement, positively impacting personal wellbeing, and improving patient care. Overall, however, self-care education was poorly recognized, adopted and integrated into curricula.ConclusionGreater dedicated time and conducive practice environments within medical school curricula is required to enhance medical student wellbeing. Host organizations must ensure faculty are appropriately selected to instil the importance of self-care, be trained to assess and personalize self-care interventions and provide longitudinal assessment and support. Further study into assessing self-care capabilities is required.

Keywords
Author Keywords
Self-careMedicineMedical educationMedical studentsPalliative care
Keywords Plus
STRESS-MANAGEMENT PROGRAMWELL-BEING WORKSHOPMENTAL-HEALTHINTERVENTION PROGRAMMINDFULNESSSKILLSIMPACTSCHOOLREDUCTIONIMPROVE

Self Care

2-Effect of digital based nursing intervention on knowledge of self-care behaviors and self-efficacy of adult clients with diabetes

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By Shaban, MM (Shaban, Marwa Mamdouh) [1] ; Sharaa, HM (Sharaa, Heba Magdy) [1] ; Amer, FGM (Amer, Fatma Gomaa Mohamed) [2] ; Shaban, M (Shaban, Mostafa) [3] (provided by Clarivate)
Source BMC NURSING Volume 23 Issue 1 DOI 10.1186/s12912-024-01787-2 Article Number 130
Published FEB 20 2024 Indexed 2024-03-08 Document Type Article

Abstract

BackgroundIn recent years, there has been growing interest in the use of Digital Based Nursing Intervention to support diabetes management. This study aimed to evaluate the effect of digital based nursing intervention on knowledge of self-care behaviors and self-efficacy of clients with diabetes.MethodsEmploying a quasi-experimental design, a sample of 120 adult participants diagnosed with type 2 diabetes, aged more than 18 years with focus on older adults was drawn from outpatient clinics at Cairo University Hospital. The intervention was approved and registered by the ethical committee of the faculty of nursing with IRB number: RHDIRB2019041701. The intervention group (n = 60) received a digital-based nursing intervention, while the control group (n = 60) received standard care. Data were collected using adopted standardized tools including the Diabetes Knowledge Test, the Diabetes Self-Efficacy Scale, and the Summary of Diabetes Self-Care Activities. Demographic characteristics were analyzed, and pre- and post-intervention scores were compared using paired t-tests were statistical methods.ResultsThe digital-based nursing intervention resulted in significant enhancements in participants with diabetes knowledge and self-efficacy levels. Moreover, the intervention group demonstrated marked improvements in various self-care behaviors encompassing diet, exercise, medication adherence, blood glucose testing, and foot care. While the control group also exhibited some progress, the effects were less pronounced. Regression analyses highlighted age as a consistent factor associated with knowledge, self-efficacy, and specific self-care behaviors.ConclusionThis study underscores the potential of tailored digital nursing interventions to complement traditional care approaches, empowering patients with type 2 diabetes to actively engage in self-management. The findings suggest that digital-based nursing interventions hold promise for enhancing patient knowledge, confidence, and proactive health behaviors. Nevertheless, limitations, including the relatively short intervention duration and a sample from a single clinic, warrant consideration. Future research should address these limitations to bolster the validity and applicability of the study's conclusions.

Keywords

Author Keywords
Digital-based nursing interventionType 2 diabetesKnowledgeSelf-efficacySelf-care behaviors
Keywords Plus
MANAGEMENTTECHNOLOGY

Self Care

3-Cognitive Impairment in Heart Failure: A Heart Failure Society of America Scientific Statement

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By Goyal, P (Goyal, Parag) [1] ; Didomenico, RJ (Didomenico, Robert J.) [2] ; Pressler, SJ (Pressler, Susan J.) [3] ; Ibeh, C (Ibeh, Chinwe) [4] ; White-Williams, C (White-Williams, Connie) [5] ; Allen, LA (Allen, Larry A.) [6] ; Gorodeski, EZ (Gorodeski, Eiran Z.) [7] , [8] (provided by Clarivate) Source JOURNAL OF CARDIAC FAILURE Volume 30 Issue 3 Page 488-504 DOI 10.1016/j.cardfail.2024.01.003 Published MAR 2024 Early Access MAR 2024 Indexed 2024-05-07 Document Type Article

Abstract

Cognitive impairment is common among adults with heart failure (HF), as both diseases are strongly related to advancing age and multimorbidity (including both cardiovascular and noncardiovascular conditions). Moreover, HF itself can contribute to alterations in the brain. Cognition is critical fora myriad of self-care activities that are necessary to manage HF, and it also has a major impact on prognosis; consequently, cognitive impairment has important implications for self-care, medication management, function and independence, and life expectancy. Attuned clinicians caring for patients with HF can identify clinical clues present at medical encounters that suggest cognitive impairment. When present, screening tests such as the Mini-Cog, and consideration of referral for comprehensive neurocognitive testing may be indicated. Management of cognitive impairment should focus on treatment of underlying causes of and contributors to cognitive impairment, medication management/optimization, and accommodation of deficiencies in self-care. Given its implications on care, it is important to integrate cognitive impairment into clinical decision making. Although gaps in knowledge and challenges to implementation exist, this scientific statement is intended to guide clinicians in caring for and meeting the needs of an increasingly complex and growing subpopulation of patients with HF. (J Cardiac Fail 2024;30:488-504) . (c) 2024 Elsevier Inc. All rights reserved.

Keywords
Author Keywords
Cognitionheart failure
Keywords Plus
VENTRICULAR ASSIST DEVICESQUALITY-OF-LIFEATRIAL-FIBRILLATIONBLOOD-PRESSUREOLDER-ADULTSSELF-CARENEUROCOGNITIVE FUNCTIONCLINICAL-PRACTICEELDERLY-PATIENTSDEMENTIA

Self Care

4-A systematic review of artificial intelligence-powered (AI-powered) chatbot intervention for managing chronic illness

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By Kurniawan, MH (Kurniawan, Moh Heri) [1] , [2] ; Handiyani, H (Handiyani, Hanny) [3] ; Nuraini, T (Nuraini, Tuti) [3] ; Hariyati, RTS (Hariyati, Rr Tutik Sri) [3] ; Sutrisno, S (Sutrisno, Sutrisno) [2]

(provided by Clarivate) Source ANNALS OF MEDICINE Volume 56 Issue 1 DOI 10.1080/07853890.2024.2302980 Article Number 2302980 Published DEC 31 2024 Indexed 2024-03-22 Document Type Article

Abstract

BackgroundUtilizing artificial intelligence (AI) in chatbots, especially for chronic diseases, has become increasingly prevalent. These AI-powered chatbots serve as crucial tools for enhancing patient communication, addressing the rising prevalence of chronic conditions, and meeting the growing demand for supportive healthcare applications. However, there is a notable gap in comprehensive reviews evaluating the impact of AI-powered chatbot interventions in healthcare within academic literature. This study aimed to assess user satisfaction, intervention efficacy, and the specific characteristics and AI architectures of chatbot systems designed for chronic diseases.MethodA thorough exploration of the existing literature was undertaken by employing diverse databases such as PubMed MEDLINE, CINAHL, EMBASE, PsycINFO, ACM Digital Library and Scopus. The studies incorporated in this analysis encompassed primary research that employed chatbots or other forms of AI architecture in the context of preventing, treating or rehabilitating chronic diseases. The assessment of bias risk was conducted using Risk of 2.0 Tools.ResultsSeven hundred and eighty-four results were obtained, and subsequently, eight studies were found to align with the inclusion criteria. The intervention methods encompassed health education (n = 3), behaviour change theory (n = 1), stress and coping (n = 1), cognitive behavioural therapy (n = 2) and self-care behaviour (n = 1). The research provided valuable insights into the effectiveness and user-friendliness of AI-powered chatbots in handling various chronic conditions. Overall, users showed favourable acceptance of these chatbots for self-managing chronic illnesses.ConclusionsThe reviewed studies suggest promising acceptance of AI-powered chatbots for self-managing chronic conditions. However, limited evidence on their efficacy due to insufficient technical documentation calls for future studies to provide detailed descriptions and prioritize patient safety. These chatbots employ natural language processing and multimodal interaction. Subsequent research should focus on evidence-based evaluations, facilitating comparisons across diverse chronic health conditions.

Keywords
Author Keywords
Artificial intelligencechatbotchronic illnessconversational agents
Keywords Plus
CONVERSATIONAL AGENTS

Self Care

5-A systematic review of artificial intelligence-powered (AI-powered) chatbot intervention for managing chronic illness

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By Kurniawan, MH (Kurniawan, Moh Heri) [1] , [2] ; Handiyani, H (Handiyani, Hanny) [3] ; Nuraini, T (Nuraini, Tuti) [3] ; Hariyati, RTS (Hariyati, Rr Tutik Sri) [3] ; Sutrisno, S (Sutrisno, Sutrisno) [2]

(provided by Clarivate) Source ANNALS OF MEDICINE Volume 56 Issue 1 DOI 10.1080/07853890.2024.2302980 Article Number 2302980 Published DEC 31 2024 Indexed 2024-03-22 Document Type Article

Abstract

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Keywords

Author Keywords

Artificial intelligencechatbotchronic illnessconversational agents

Keywords Plus

CONVERSATIONAL AGENTS

Self Care

6-The global and regional burden of diabetic peripheral neuropathy

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By Savelieff, MG (Savelieff, Masha G.) [1] ; Elafros, MA (Elafros, Melissa A.) [2] , [3] ; Viswanathan, V (Viswanathan, Vijay) [4] , [5] ; Jensen, TS (Jensen, Troels S.) [6] , [7] ; Bennett, DL (Bennett, David L.) [8] ; Feldman, EL (Feldman, Eva L.) [2] , [3] (provided by Clarivate) **Source NATURE REVIEWS NEUROLOGY Volume 21 Issue 1 Page 17-31 DOI 10.1038/s41582-024-01041-y Published JAN 2025 Early Access DEC 2024 Indexed 2024-12-11 Document Type Review**

Abstract

Diabetic peripheral neuropathy (DPN) is length-dependent peripheral nerve damage arising as a complication of type 1 or type 2 diabetes in up to 50% of patients. DPN poses a substantial burden on patients, who can experience impaired gait and loss of balance, predisposing them to falls and fractures, and neuropathic pain, which is frequently difficult to treat and reduces quality of life. Advanced DPN can lead to diabetic foot ulcers and non-healing wounds that often necessitate lower-limb amputation. From a socioeconomic perspective, DPN increases both direct health-care costs and indirect costs from loss of productivity owing to neuropathy-related disability. In this Review, we highlight the importance of understanding country-specific and region-specific variations in DPN prevalence to inform public health policy and allocate resources appropriately. We also explore how identification of DPN risk factors can guide treatment and prevention strategies and aid the development of health-care infrastructure for populations at risk. We review evidence that metabolic factors beyond hyperglycaemia contribute to DPN development, necessitating a shift from pure glycaemic control to multi-targeted metabolic control, including weight loss and improvements in lipid profiles.

Keywords

Keywords Plus

METABOLIC SYNDROMERISK-FACTORSFOOT ULCERSMECHANICAL ALLODYNIANATURAL-HISTORYSELF-CAREPAINCOMPLICATIONSPREVALENCEEXERCISE

Self Care

7-Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations

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By Speight, J (Speight, Jane) [1] , [2] , [3] , [50] ; Holmes-Truscott, E (Holmes-Truscott, Elizabeth) [1] , [2] , [3] ; Garza, M (Garza, Matthew) [4] ; Scibilia, R (Scibilia, Renza) [5] , [6] ; Wagner, S (Wagner, Sabina) [7] ; Kato, A (Kato, Asuka) [8] ; Pedrero, V (Pedrero, Victor) [9] ; Deschênes, S (Deschenes, Sonya) [10] ; Guzman, SJ (Guzman, Susan J.) [11] ; Joiner, KL (Joiner, Kevin L.) [12] ;

(provided by Clarivate) Source LANCET DIABETES & ENDOCRINOLOGY Volume 12 Issue 1 Page 61-82 DOI 10.1016/S2213-8587(23)00347-9 Published JAN 2024 Indexed 2024-02-06
Document Type Review

Abstract

People with diabetes often encounter stigma (ie, negative social judgments, stereotypes, prejudice), which can adversely affect emotional, mental, and physical health; self-care, access to optimal health care; and social and professional opportunities. To accelerate an end to diabetes stigma and discrimination, an international multidisciplinary expert panel (n=51 members, from 18 countries) conducted rapid reviews and participated in a three-round Delphi survey process. We achieved consensus on 25 statements of evidence and 24 statements of recommendations. The consensus is that diabetes stigma is driven primarily by blame, perceptions of burden or sickness, invisibility, and fear or disgust. On average, four in five adults with diabetes experience diabetes stigma and one in five experience discrimination (ie, unfair and prejudicial treatment) due to diabetes, such as in health care, education, and employment. Diabetes stigma and discrimination are harmful, unacceptable, unethical, and counterproductive. Collective leadership is needed to proactively challenge, and bring an end to, diabetes stigma and discrimination. Consequently, we achieved unanimous consensus on a pledge to end diabetes stigma and discrimination.

Keywords

Keywords Plus

CROSS-NATIONAL BENCHMARKINGSELF-MANAGEMENTNEEDS 2NDPERCEIVED DISCRIMINATIONSOCIAL SUPPORTYOUNG-ADULTSHEALTHCAREATTITUDESPEOPLE

Self Care

8-A randomized clinical trial to evaluate the effect of post-intensive care multidisciplinary consultations on mortality and the quality of life at 1 year

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By Sharshar, T (Sharshar, Tarek) [1] ; Grimaldi-Bensouda, L (Grimaldi-Bensouda, Lamiae) [2] ; Siami, S (Siami, Shidasp) [3] ; Cariou, A (Cariou, Alain) [4] ; Ben Salah, A (Ben Salah, Abdel) [5] ; Kalfon, P (Kalfon, Pierre) [5] ; Sonneville, R (Sonneville, Romain) [6] ; Meunier-Beillard, N (Meunier-Beillard, Nicolas) [7] ; Quenot, JP (Quenot, Jean-Pierre) [7] , [8] ; Megarbane, B (Megarbane, Bruno) [9] ; Group Author Suivi-Rea Investigators (Suivi-Rea Investigators) (provided by Clarivate) **Source INTENSIVE CARE MEDICINE Volume 50 Issue 5 Page 665-677 DOI 10.1007/s00134-024-07359-x Published MAY 2024 Early Access APR 2024 Indexed 2024-04-18 Document Type Article**

Abstract

Purpose Critical illness is associated with long-term increased mortality and impaired quality of life (QoL). We assessed whether multidisciplinary consultations would improve outcome at 12 months (M12) after intensive care unit (ICU) discharge.Methods We performed an open, multicenter, parallel-group, randomized clinical trial. Eligible are patients discharged alive from ICU in 11 French hospitals between 2012 and 2018. The intervention group had a multidisciplinary face-to-face consultation involving an intensivist, a psychologist, and a social worker at ICU discharge and then at M3 and M6 (optional). The control group had standard post-ICU follow-up. A consultation was scheduled at M12 for all patients. The QoL was assessed using the EuroQol-5 Dimensions-5 Level (Euro-QoL-5D-5L) which includes five dimensions (mobility, self-care, usual activities, pain, and anxiety/depression), each ranging from 1 to 5 (1: no, 2: slight, 3: moderate, 4: severe, and 5: extreme problems). The primary endpoint was poor clinical outcome defined as death or severe-to-extreme impairment of at least one EuroQoL-5D-5L dimension at M12. The information was collected by a blinded investigator by phone. Secondary outcomes were functional, psychological, and cognitive status at M12 consultation.Results 540 patients were included (standard, n = 272; multidisciplinary, n = 268). The risk for a poor outcome was significantly greater in the multidisciplinary group than in the standard group [adjusted odds ratio 1.49 (95% confidence interval, (1.04-2.13)]. Seventy-two (13.3%) patients died at M12 (standard, n = 32; multidisciplinary, n = 40). The functional, psychological, and cognitive scores at M12 did not statistically differ between groups.Conclusions A hospital-based, face-to-face, intensivist-led multidisciplinary consultation at ICU discharge then at 3 and 6 months was associated with poor outcome 1 year after ICU.

Keywords

Author Keywords

Critical illnessPost-ICU syndromeQuality of lifeMortality

Keywords Plus

TERM COGNITIVE IMPAIRMENTCRITICAL ILLNESSPHYSICAL REHABILITATIONUNIT SURVIVORSSEVERE SEPSISRESOURCE USEHEALTHOUTCOMESICUREADMISSION

Self Care

9-Assessment of Home-based Monitoring in Adults with Chronic Lung Disease An Official American Thoracic Society Research Statement

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By Khor, YH (Khor, Yet H.) [1] , [2] , [3] , [4] , [40] ; Poberezhets, V (Poberezhets, Vitalii) [9] ; Buhr, RG (Buhr, Russell G.) [21] , [22] , [23] ; Chalmers, JD (Chalmers, James D.) [24] ; Choi, H (Choi, Hayoung) [25] ; Fan, VS (Fan, Vincent S.) [26] , [27] ; George, M (George, Maureen) [28] ; Holland, AE (Holland, Anne E.) [1] , [3] , [29] ; Pinnock, H (Pinnock, Hilary) [34] ; Ryerson, CJ (Ryerson, Christopher J.) [35] , [36] ; Group Author American Thoracic Soc Assembly on Clinical Problems (American Thoracic Soc Assembly on Clinical Problems) (provided by Clarivate) Source AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE Volume 211 Issue 2 Page 174-193 DOI 10.1164/rccm.202410-2080ST Published FEB 1 2025 Indexed 2025-04-17 Document Type Article

Abstract

Background: There is increasing interest in the use of home- based monitoring in people with chronic lung diseases to improve access to care, support patient self-management, and facilitate the collection of information for clinical care and research. However, integration of home-based monitoring into clinical and research settings requires careful consideration of test performance and other attributes. There is no published guidance from professional respiratory societies to advance the science of home-based monitoring for chronic lung disease. Methods: An international multidisciplinary panel of 32 clinicians, researchers, patients, and caregivers developed a multidimensional framework for the evaluation of home-based monitoring in chronic lung disease developed through consensus using a modified Delphi survey. We also present an example of how the framework could be used to evaluate home-based monitoring using spirometry and pulse oximetry in adults with asthma, bronchiectasis/cystic fibrosis, chronic obstructive pulmonary disease, and interstitial lung disease. Results: The PANACEA framework includes seven domains (test Performance, disease mANAgement, Cost, patient Experience, clinician Experience, researcher Experience, and Access) to assess the degree to which home-based monitoring assessments meet the conditions for clinical and research use in chronic lung disease. Knowledge gaps and recommendations for future research of home spirometry and pulse oximetry in asthma, bronchiectasis/cystic fibrosis, chronic obstructive pulmonary disease, and interstitial lung disease were identified. Conclusions: The development of the PANACEA framework allows standardized evaluation of home-based monitoring in chronic lung diseases to support clinical application and future research.

Keywords

Author Keywords

home-based monitoringhome spirometrypulse oximetrychronic lung disease

Keywords Plus

OBSTRUCTIVE PULMONARY-DISEASEREPORTING QUALITATIVE RESEARCHSELF-MANAGEMENTHEALTH-CARETELEHEALTH PROGRAMSEVERE COPDREAL-TIMEOF-LIFESPIROMETRYREMOTE

Self Care

10-Nurse and Social Worker Palliative Telecare Team and Quality of Life in Patients With COPD, Heart Failure, or Interstitial Lung Disease

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By Bekelman, DB (Bekelman, David B.) [1] , [2] , [3] , [4] ; Feser, W (Feser, William) [2] , [3] , [5] ; Morgan, B (Morgan, Brianne) [2] , [3] ; Welsh, CH (Welsh, Carolyn H.) [2] , [6] ; Parsons, EC (Parsons, Elizabeth C.) [7] , [8] ; Paden, G (Paden, Grady) [7] , [9] ; Baron, A (Baron, Anna) [2] , [3] , [5] ; Hattler, B (Hattler, Brack) [2] , [10] ; Mcbryde, C (Mcbryde, Connor) [2] , [4] ; Cheng, AD (Cheng, Andrew) [7] , [11] ; (provided by Clarivate) Source JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION Volume 331 Issue 3 Page 212-223 DOI 10.1001/jama.2023.24035 Published JAN 16 2024 Indexed 2024-02-11 Document Type Article

Abstract

Importance Many patients with chronic obstructive pulmonary disease (COPD), heart failure (HF), and interstitial lung disease (ILD) endure poor quality of life despite conventional therapy. Palliative care approaches may benefit this population prior to end of life. Objective Determine the effect of a nurse and social worker palliative telecare team on quality of life in outpatients with COPD, HF, or ILD compared with usual care. Design, Setting, and Participants Single-blind, 2-group, multisite randomized clinical trial with accrual between October 27, 2016, and April 2, 2020, in 2 Veterans Administration health care systems (Colorado and Washington), and including community-based outpatient clinics. Outpatients with COPD, HF, or ILD at high risk of hospitalization or death who reported poor quality of life participated. Intervention The intervention involved 6 phone calls with a nurse to help with symptom management and 6 phone calls with a social worker to provide psychosocial care. The nurse and social worker met weekly with a study primary care and palliative care physician and as needed, a pulmonologist, and cardiologist. Usual care included an educational handout developed for the study that outlined self-care for COPD, ILD, or HF. Patients in both groups received care at the discretion of their clinicians, which could include care from nurses and social workers, and specialists in cardiology, pulmonology, palliative care, and mental health. Main Outcomes and Measures The primary outcome was difference in change in quality of life from baseline to 6 months between the intervention and usual care groups (FACT-G score range, 0-100, with higher scores indicating better quality of life, clinically meaningful change >= 4 points). Secondary quality-of-life outcomes at 6 months included disease-specific health status (Clinical COPD Questionnaire; Kansas City Cardiomyopathy Questionnaire-12), depression (Patient Health Questionnaire-8) and anxiety (Generalized Anxiety Disorder-7) symptoms. Results Among 306 randomized patients (mean [SD] age, 68.9 [7.7] years; 276 male [90.2%], 30 female [9.8%]; 245 White [80.1%]), 177 (57.8%) had COPD, 67 (21.9%) HF, 49 (16%) both COPD and HF, and 13 (4.2%) ILD. Baseline FACT-G scores were similar (intervention, 52.9; usual care, 52.7). FACT-G completion was 76% (intervention, 117 of 154; usual care, 116 of 152) at 6 months for both groups. Mean (SD) length of intervention was 115.1 (33.4) days and included a mean of 10.4 (3.3) intervention calls per patient. In the intervention group, 112 of 154 (73%) patients received the intervention as randomized. At 6 months, mean FACT-G score improved 6.0 points in the intervention group and 1.4 points in the usual care group (difference, 4.6 points [95% CI, 1.8-7.4]; P = .001; standardized mean difference, 0.41). The intervention also improved COPD health status (standardized mean difference, 0.44; P = .04), HF health status (standardized mean difference, 0.41; P =

.01), depression (standardized mean difference, -0.50; P < .001), and anxiety (standardized mean difference, -0.51; P < .001) at 6 months. Conclusions and Relevance For adults with COPD, HF, or ILD who were at high risk of death and had poor quality of life, a nurse and social worker palliative telecare team produced clinically meaningful improvements in quality of life at 6 months compared with usual care.

Keywords

Keywords Plus

OBSTRUCTIVE PULMONARY-DISEASECLINICALLY IMPORTANT DIFFERENCESGENERALIZED ANXIETY DISORDERFUNCTIONAL ASSESSMENTCHRONIC ILLNESSCOLLABORATIVE MANAGEMENTIMPORTANT DIFFERENCEPRIMARY-CAREDEPRESSIONTHERAPY

Self Care

11-Key factors affecting health promoting behaviors among adolescents: a scoping review

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By Tabrizi, JS (Tabrizi, Jafar Sadegh) [1] ; Doshmangir, L (Doshmangir, Leila) [2] ; Khoshmaram, N (Khoshmaram, Najibeh) [3] ; Shakibazadeh, E (Shakibazadeh, Elham) [4] ; Abdolahi, HM (Abdolahi, Hosein Mashhadi) [1] ; Khabiri, R (Khabiri, Roghayeh) [1] (provided by Clarivate) Source BMC HEALTH SERVICES RESEARCH Volume 24 Issue 1 DOI 10.1186/s12913-023-10510-x Article Number 58 Published JAN 11 2024 Indexed 2024-11-17 Document Type Review

Abstract

Background Health-promoting behaviors have been noticed recently as one of the most critical factors in raising life expectancy, which can be formed during adolescence. Thus, the current scoping review aimed to identify the key factors affecting health-promoting behaviors among adolescents.

Methods In this scoping review, we searched multiple English online databases, including PubMed, Web of Science, Science Direct, ProQuest, and Scopus, for articles published between 1977 and 2020. All eligible studies describing health-promoting behaviors in adolescents were included. We followed the JBI guideline for conducting a scoping review and increasing the study's rigor. Extracted data were synthesized through inductive approaches.

Results A total of 3199 articles were identified during the first phase. After the screening process, 20 articles were found eligible for final inclusion. Educational factors (individualized education and school health promotion programs), Economic factors (income, economic incentives and national health insurance), Social factors (support system, responsibility and peers), Spiritual, Psychological and Personal factors (gender, family structure, patterns of living, and medical problems) were found effective in health-promoting behaviors among adolescents.

Conclusions Health-promoting behaviors among adolescents require careful consideration. The current review identified some fundamental factors affecting health-promoting behaviors in adolescents. Based on the findings, it is recommended that policymakers and healthcare providers develop several interventions based on identified factors to increase adolescent's health-promoting behaviors among adolescents.

Keywords

Author Keywords

AdolescentHealth promotionBehaviorScoping review

Keywords Plus

PHYSICAL-ACTIVITYLIFE-STYLESELF-CARESTUDENTSPREDICTORSAPPRAISALLITERACYDISEASEYOUTH

Self Care

12-Mental Health Impacts of Self-Help Interventions for the Treatment and Prevention of Eating Disorders. A Meta-Analysis

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By Linardon, J (Linardon, Jake) [1] ; Jarman, HK (Jarman, Hannah K.) [1] ; Liu, C (Liu, Claudia) [1] ; Anderson, C (Anderson, Cleo) [1] ; Mcclure, Z (Mcclure, Zoe) [1] ; Messer, M (Messer, Mariel) [1] (provided by Clarivate) **Source INTERNATIONAL JOURNAL OF EATING DISORDERS**
Volume 58 Issue 5 Page 815-831 DOI 10.1002/eat.24405 Published MAY 2025 Early Access MAR 2025
Indexed 2025-03-08 Document Type Review

Abstract

Objective: Self-help programs are recommended as a first step in the management of eating disorders. Yet, whether self-help interventions have broader mental health benefits beyond symptom and risk reduction remains unclear. As randomized controlled trials (RCTs) also assess general mental health secondary to eating disorder symptoms, we conducted a meta-analysis to investigate whether and to what extent pure self-help interventions for eating disorders produce improvements in these secondary outcomes. Method: Twenty-seven RCTs of pure self-help interventions for the prevention or treatment of eating disorders were included. Mean age ranged from 16 to 46 years. Most self-help interventions were based on cognitive-behavioral therapy. Most interventions were delivered via digital means (Internet, apps, etc.). Random effects meta-analyses were conducted on six outcomes: depression, anxiety, general distress, quality of life, self-esteem, and psychosocial impairment. Analyses were stratified based on pre-selected (at risk/symptomatic) and clinical samples. Results: For pre-selected samples (k = 18), significant pooled effects favoring self-help over controls were observed for depression (g = 0.24), anxiety (g = 0.23), distress (g = 0.23) and self-esteem (g = 0.18). Effects remained robust when adjusting for risk of bias. Non-significant effects were observed for quality of life and impairment. Crucially, > 80% of trials on pre-selected samples delivered a waitlist control. For clinical samples (k = 9), significant pooled effects favoring self-help were found for distress (g = 0.39), impairment (g = 0.39), and quality of life (g = 0.29), although these results should be interpreted with caution as the number of studies was low. Conclusion: Self-help interventions produce small improvements in those mental health symptoms that are typically comorbid with eating disorders.

Keywords
Author Keywords
CBTeating disordersmeta-analysisrandomized controlled trialstreatment
Keywords Plus
RANDOMIZED CONTROLLED-TRIALQUALITY-OF-LIFEBULIMIA-NERVOSADISSONANCETHERAPYPROGRAMWOMENRISK

Self Care

13-Mental Health Impacts of Self-Help Interventions for the Treatment and Prevention of Eating Disorders. A Meta-Analysis

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By Linardon, J (Linardon, Jake) [1] ; Jarman, HK (Jarman, Hannah K.) [1] ; Liu, C (Liu, Claudia) [1] ; Anderson, C (Anderson, Cleo) [1] ; Mcclure, Z (Mcclure, Zoe) [1] ; Messer, M (Messer, Mariel) [1] (provided by Clarivate) Source INTERNATIONAL JOURNAL OF EATING DISORDERS
Volume 58 Issue 5 Page 815-831 DOI 10.1002/eat.24405 Published MAY 2025 Early Access
MAR 2025 Indexed 2025-03-08 Document Type Review

Abstract

Objective: Self-help programs are recommended as a first step in the management of eating disorders. Yet, whether self-help interventions have broader mental health benefits beyond symptom and risk reduction remains unclear. As randomized controlled trials (RCTs) also assess general mental health secondary to eating disorder symptoms, we conducted a meta-analysis to investigate whether and to what extent pure self-help interventions for eating disorders produce improvements in these secondary outcomes. Method: Twenty-seven RCTs of pure self-help interventions for the prevention or treatment of eating disorders were included. Mean age ranged from 16 to 46 years. Most self-help interventions were based on cognitive-behavioral therapy. Most interventions were delivered via digital means (Internet, apps, etc.). Random effects meta-analyses were conducted on six outcomes: depression, anxiety, general distress, quality of life, self-esteem, and psychosocial impairment. Analyses were stratified based on pre-selected (at risk/symptomatic) and clinical samples. Results: For pre-selected samples (k = 18), significant pooled effects favoring self-help over controls were observed for depression (g = 0.24), anxiety (g = 0.23), distress (g = 0.23) and self-esteem (g = 0.18). Effects remained robust when adjusting for risk of bias. Non-significant effects were observed for quality of life and impairment. Crucially, > 80% of trials on pre-selected samples delivered a waitlist control. For clinical samples (k = 9), significant pooled effects favoring self-help were found for distress (g = 0.39), impairment (g = 0.39), and quality of life (g = 0.29), although these results should be interpreted with caution as the number of studies was low. Conclusion: Self-help interventions produce small improvements in those mental health symptoms that are typically comorbid with eating disorders.

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Self Care

14-Public perceptions of artificial intelligence in healthcare: ethical concerns and opportunities for patient-centered care

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By Witkowski, K (Witkowski, Kaila) [1] ; Okhai, R (Okhai, Ratna) [2] ; Neely, SR (Neely, Stephen R.) [2] (provided by Clarivate) Source BMC MEDICAL ETHICS Volume 25 Issue 1 DOI 10.1186/s12910-024-01066-4 Article Number 74 Published JUN 22 2024 Indexed 2024-06-29 Document Type Article

Abstract

Background In an effort to improve the quality of medical care, the philosophy of patient-centered care has become integrated into almost every aspect of the medical community. Despite its widespread acceptance, among patients and practitioners, there are concerns that rapid advancements in artificial intelligence may threaten elements of patient-centered care, such as personal relationships with care providers and patient-driven choices. This study explores the extent to which patients are confident in and comfortable with the use of these technologies when it comes to their own individual care and identifies areas that may align with or threaten elements of patient-centered care.Methods An exploratory, mixed-method approach was used to analyze survey data from 600 US-based adults in the State of Florida. The survey was administered through a leading market research provider (August 10-21, 2023), and responses were collected to be representative of the state's population based on age, gender, race/ethnicity, and political affiliation.Results Respondents were more comfortable with the use of AI in health-related tasks that were not associated with doctor-patient relationships, such as scheduling patient appointments or follow-ups (84.2%). Fear of losing the 'human touch' associated with doctors was a common theme within qualitative coding, suggesting a potential conflict between the implementation of AI and patient-centered care. In addition, decision self-efficacy was associated with higher levels of comfort with AI, but there were also concerns about losing decision-making control, workforce changes, and cost concerns. A small majority of participants mentioned that AI could be useful for doctors and lead to more equitable care but only when used within limits.Conclusion The application of AI in medical care is rapidly advancing, but oversight, regulation, and guidance addressing critical aspects of patient-centered care are lacking. While there is no evidence that AI will undermine patient-physician relationships at this time, there is concern on the part of patients regarding the application of AI within medical care and specifically as it relates to their interaction with physicians. Medical guidance on incorporating AI while adhering to the principles of patient-centered care is needed to clarify how AI will augment medical care.

Keywords

Author Keywords

Artificial intelligencePublic perceptionPatient-centered carePatient-physician relationship

Keywords Plus

HIGHER-EDUCATIONSELF-EFFICACYTOOLS

Self Care

15-Provision of Medications for Self-Managed Abortion Before and After the *Dobbs v Jackson Women's Health Organization* Decision

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By Aiken, ARA (Aiken, Abigail R. A.) [1] ; Wells, ES (Wells, Elisa S.) [2] ; Gomperts, R (Gomperts, Rebecca) [3] ; Scott, JG (Scott, James G.) [4] Source JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION Volume 331 Issue 18 Page 1558-1564 DOI 10.1001/jama.2024.4266 Published MAY 14 2024 Early Access MAR 2024 Indexed 2024-04-08 Document Type Article

Abstract

ImportanceThe Supreme Court decision in Dobbs v Jackson Women's Health Organization overturned the right to choose abortion in the US, with at least 16 states subsequently implementing abortion bans or 6-week gestational limits. Prior research indicates that in the 6 months following Dobbs, approximately 32 360 fewer abortions were provided within the US formal health care setting. However, trends in the provision of medications for self-managed abortion outside the formal health care setting have not been studied. ObjectiveTo determine whether the provision of medications for self-managed abortion outside the formal health care setting increased in the 6 months after Dobbs. Design, Setting, and ParticipantsCross-sectional study using data from sources that provided abortion medications outside the formal health care setting to people in the US between March 1 and December 31, 2022, including online telemedicine organizations, community networks, and online vendors. Using a hierarchical bayesian model, we imputed missing values from sources not providing data. We estimated the change in provision of medications for self-managed abortion after the Dobbs decision. We then estimated actual use of these medications by accounting for the possibility that not all provided medications are used by recipients. ExposureAbortion restrictions following the Dobbs decision. Main Outcomes and MeasuresProvision and use of medications for a self-managed abortion. ResultsIn the 6-month post-Dobbs period (July 1 to December 31, 2022), the total number of provisions of medications for self-managed abortion increased by 27 838 (95% credible interval [CrI], 26 374-29 175) vs what would have been expected based on pre-Dobbs levels. Excluding imputed data changes the results only slightly (27 145; 95% CrI, 25 747-28 246). Accounting for nonuse of medications, actual self-managed medication abortions increased by an estimated 26 055 (95% CrI, 24 739-27 245) vs what would have been expected had the Dobbs decision not occurred. Conclusions and RelevanceProvision of medications for self-managed abortions increased in the 6 months following the Dobbs decision. Results suggest that a substantial number of abortion seekers accessed services despite the implementation of state-level bans and restrictions.

Keywords
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TELEMEDICINEMISOPROSTOLMIFEPRISTONEPREGNANCYSAFE

Self Care

16-Provision of Medications for Self-Managed Abortion Before and After the *Dobbs v Jackson Women's Health Organization* Decision

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Self Care

17-Conductive hydrogels: intelligent dressings for monitoring and healing chronic wounds

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By Fang, Y (Fang, Ying) [1] , [2] ; Han, YR (Han, Yiran) [1] , [2] ; Yang, L (Yang, Lu) [1] , [2] ; Kankala, RK (Kankala, Ranjith Kumar) [1] , [2] ; Wang, SB (Wang, Shibin) [1] , [2] ; Chen, AZ (Chen, Aizheng) [1] , [2] ; Fu, CP (Fu, Chaoping) [1] , [2] (provided by Clarivate) **Source REGENERATIVE BIOMATERIALS Volume 12 DOI 10.1093/rb/rbae127 Article Number rbae127 Published JAN 6 2025 Indexed 2025-01-11 Document Type Review**

Abstract

Conductive hydrogels (CHs) represent a burgeoning class of intelligent wound dressings, providing innovative strategies for chronic wound repair and monitoring. Notably, CHs excel in promoting cell migration and proliferation, exhibit powerful antibacterial and anti-inflammatory properties, and enhance collagen deposition and angiogenesis. These capabilities, combined with real-time monitoring functions, play a pivotal role in accelerating collagen synthesis, angiogenesis and continuous wound surveillance. This review delves into the preparation, mechanisms and applications of CHs in wound management, highlighting their diverse and significant advantages. It emphasizes the effectiveness of CHs in treating various chronic wounds, such as diabetic ulcers, infected wounds, temperature-related injuries and athletic joint wounds. Additionally, it explores the diverse applications of multifunctional intelligent CHs in advanced wound care technologies, encompassing self-powered dressings, electrically-triggered drug delivery, comprehensive diagnostics and therapeutics and scar-free healing. Furthermore, the review highlights the challenges to their broader implementation, explores the future of intelligent wound dressings and discusses the transformative role of CHs in chronic wound management, particularly in the context of the anticipated integration of artificial intelligence (AI). Additionally, this review underscores the challenges hindering the widespread adoption of CHs, delves into the prospects of intelligent wound dressings and elucidates the transformative impact of CHs in managing chronic wounds, especially with the forthcoming integration of AI. This integration promises to facilitate predictive analytics and tailor personalized treatment plans, thereby further refining the healing process and elevating patient satisfaction. Addressing these challenges and harnessing emerging technologies, we postulate, will establish CHs as a cornerstone in revolutionizing chronic wound care, significantly improving patient outcomes.

Keywords

Author Keywords

conductive hydrogelsintelligent dressingchronic woundelectrical stimulationreal-time monitoring

Keywords Plus

ADHESIVEFIELDSSKIN