

Self management & compression



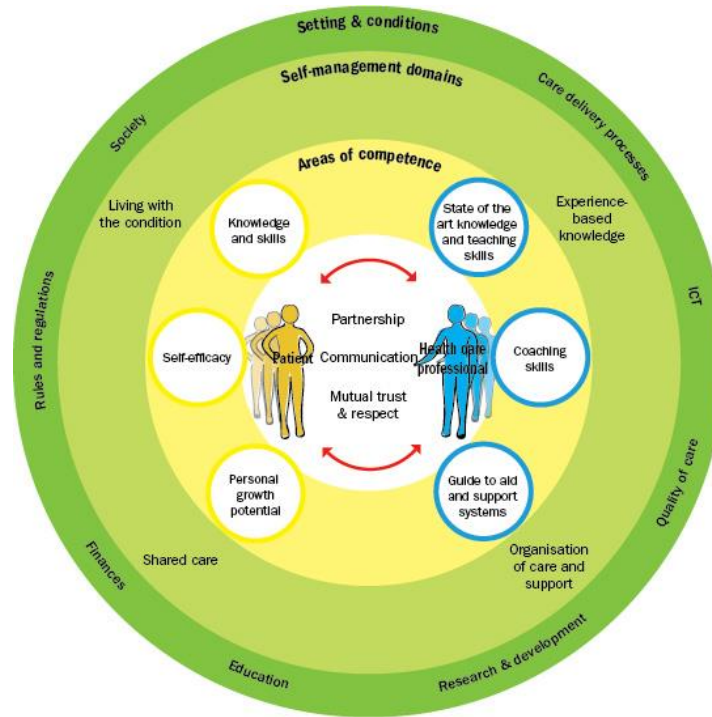
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Els Brouwer,
Board member Dutch
Lymphology Network &
teacher self management

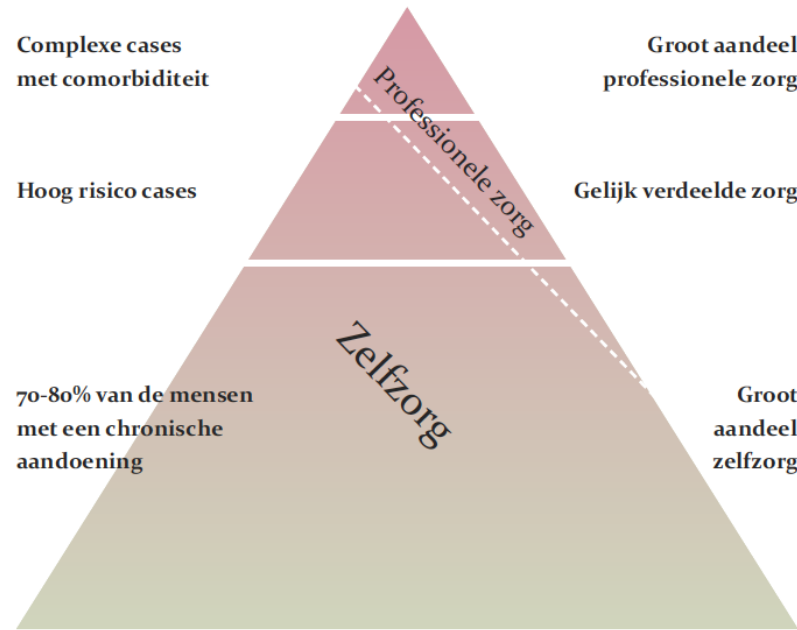
Definition

- Taking responsibility
- Participating
- Disease management
- Decision making
- With or without help

Patient/health professional joint venture



Which percentage?



Bron : NIVEL rapport 2011

Self management in percentages

pilot

steward(es)

passenger

20%

60%

20%



AWARENESS

Awareness asks for
(emotional)intelligence



Expectations in chronic care



Why self management?

'Political' reasons:

- Increase chronic diseased patients
- Affordability of high quality care
- Responsibility patient

Other reasons:

- Connecting to modern view on care
- Increase self efficacy
- ICF

Self management & compression



Back ground and purpose

- No specific questionnaire available:
 - To assess effect of compression
 - In patients with arterial, venous disease and lymphoedema
 - On:
 - ICF
 - Patient satisfaction
 - Complications
 - Treatment compliance
- Prof. Partsch and prof. Mosti developed compression questionnaire: not tested on reliability and validity
- Purpose: to investigate, test-retest reliability and face validity of compression questionnaires

Methods

- Patients
 - 18 patients with lymphoedema wearing compression garments
 - Recruited:
 - Several practises (the Netherlands)
 - Leuven Lymphoedema Center (Belgium)
- Filled out
 - the compression questionnaire twice (N=15)
 - a questionnaire to assess face validity:
 - were questions understandable, was scoring system obvious, was questionnaire complete?

Methods

- Compression questionnaire
 - General information (filled out by practitioner)
 - Information about compression device (filled out by patient)
 - Wearing information
 - Easiness of handling
 - Comfort of compression device
 - Symptoms (without compression device)
 - Side effects of compression
 - Mental effect
 - General assessment

Results – patients

- 18 patients with lymphoedema
 - 15 patients filled out compression questionnaire twice
 - Average age: 56 years
 - BMI: 26,6
 - Side with compression: 6 bilateral, 8 left side, 4 right side
 - Region with compression
 - 9 arm lymphoedema: 3 arm, 5 arm and hand, 1 hand
 - 9 leg lymphoedema: 7 leg, 2 leg and belly
 - 3 primary lymphoedema, 15 secondary lymphoedema (8 breast cancer, 1 tumour in axilla, 4 gynaecological cancer, 1 prostate cancer, 1 obesitas)

Results – compression garment

Arm lymphoedema (N=9)

- 9 flat-knitted custom-made
- Company:
 - 3 Medi
 - 1 Medi/ Varodem
 - 4 Bauerfeind
 - 1 Jobst
- 8 CCL II and 1 CCL III

Leg lymphoedema (N=9)

- 9 flat-knitted custom-made
- Company:
 - 8 Medi
 - 1 Jobst
- 1 CCL II, 6 CCL III and 2 CCL IV

Results – reliability compression questionnaire

- Wearing information:
 - 7 days a week – ICC: 1.00
 - N=18 daytime
 - 12 hours a day – ICC: 0.88
- A lower score is a better result, are less problems, ...
- Easiness of handling:
 - To put on compression device: 3/10 – ICC: 0.72
 - To put off compression device : 2/10 – ICC: 0.98
 - Wearing shoes over compression device : 5/10 – ICC: 0.84
 - Wearing clothes over compression device : 3/10 – ICC: 0.95

Results – reliability compression questionnaire

- Comfort of compression device:
 - Immediate comfort: 3/10 – ICC: 0.56
 - Comfort during daytime: 4/10 – ICC: 0.57
 - Comfort during night: 6/10 – small sample size (N=2)
- Symptoms (without compression):
 - Pain: 2/10 – ICC: 0.55
 - Heaviness: 4/10 – ICC: 0.55
 - Swollen feeling: 3/10 – ICC: 0.51
 - Stiffness: 3/10 – ICC: 0.53
 - Tensed skin: 3/10 – ICC: 0.71
 - Tingling: 2/10 – ICC: 0.84
 - Ulcer secretion: no patients with wound

Results – reliability compression questionnaire

- Side effects of compression garment:
 - Discomfort: 4/10 – ICC: 0.53
 - Warmth: 3/10 – ICC: 0.61
 - Itching: 3/10 – ICC: 0.79
 - Aching: 2/10 – ICC: 0.95
 - Pain: 2/10 – ICC: 0.64
 - Throbbing: 1/10 – 0.96
 - Cramps: 1/10 – 0.33
 - Tender/ sore spots: 3/10 – 0.70
 - Strangulation feeling: 3/10 – 0.91
 - Feeling of sliding: 3/10 – 0.79
 - Bulky: 2/10 – 0.43
 - Claustrophobic complaints: 1/10 – 0.51
 - Impaired mobility ankle/ wrist: 2/10 – 0.76
 - Impaired mobility knee/ elbow: 2/10 – 0.34
 - Impaired mobility hip/ shoulder: 1/10 – small sample size (N=2)

Results – reliability compression questionnaire

- Mental effect
 - Cosmetic acceptable: 4/10 – ICC: 0.83
- General assessment
 - Able to wear: 1/10 – ICC: 0.59
 - Wearing ability: 4/10 – ICC: 0.68
 - Improved daily activities: 4/10 – ICC: 0.48
 - Impaired daily activities: 3/10 – ICC: 0.95

Results – face validity

- Questions understandable:
 - 16 yes, 2 no:
 - bulky, claustrophobic feeling, daily activities
 - Wrong interpretation ‘not applicable’
- Scoring system obvious
 - 18 yes, 0 no
- Questionnaire complete
 - 15 yes, 3 no: more attention for mental complications, skin irritation

Conclusion

- Pilot version of compression questionnaire:
 - Has moderate to high reliability (except for 3 questions)
 - Is not perfectly understandable and complete
- Have to be corrected to improve reliability and face validity and has to be further examined ...
 - Including larger sample size
 - Also other study populations and other compression devices
 - Also other aspects of reliability and validity



Impressed by you

Twenty-eight portraits of people with
lymphoedema or lipaedema

Patients point of view

- I am ashamed of my stockings, “grand ma feeling” Natascha Assies
- Hate/love affair with my stockings. Need muscles and patience Anthea Molenaar
- Wearing stockings is not a problem when you are 4 years old Lenneke Eijmal
- I refuse to wear skin coloured arm sleeves Ingrid van Dijk
- Wearing shorts and skirts in summer now, I am used to people staring Marise Hoogenboom
- Never get used to wearing stocking every day all my life Stephan Hakkers
- If I get a chance, I will not wear my stockings Anito Ootjers
- Wearing stockings was nonsense I thought, until I met my therapist Brigitte van de Watering

Take home message clinicians

- Self-management by patients is not optional but inevitable because clinicians are present for only a fraction of the patient's life, and nearly all outcomes are mediated through patient behaviour. Clinicians who believe they are in control or responsible for a patient's well-being are less able to adopt an approach that acknowledges the central role of the patient in his or her care.

Implementing practical interventions to support chronic illness self-management.

[Glasgow RE1, Davis CL, Funnell MM, Beck A.](#)