Self-Regulation Protocol for COPD Patients

Student's name

Institution

Course

Date

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Chronic Obstructive Pulmonary Disease is a rather recurrent airway condition that is often managed than cured. Patients with this disease will often have scheduled doctor's appointment for evaluation and ongoing treatment. The management of this condition often relies on patient education, to sensitize the patient on signs and symptoms of the condition and when to seek medical attention.

The article proposes that in order to reduce the unscheduled doctor's visit and in order to improve the overall prognosis of the condition, a self-evaluation protocol should be used both in the clinical and home settings. Previously, self-management-focused health education program have been the emphasis and mainstay approach of this condition (Jonsdottir, 2014). However, the effectiveness of this approach is inconclusive, and the significantly large number of unscheduled physician visits may prove that it is not as effective.

The authors had carried out an investigation on patients suffering from mild to moderate COPD and they emphasized the need for implementing programs that had an individual-oriented guidance in helping to monitor the disease, know how to judge symptoms of the disease and lastly, how to react to these symptoms. The programs should also intensify on teaching the clients regarding factors that potentially set off exacerbations.

To gather their evidence for their proposed approach to managing COPD, the authors carried out a test in one outpatient health facility in Taiwan. The sample was 70 individuals (n=70) of two-group pretest-post-test who reported to the facility with the condition (Jonsdottir,

2014). Most of these patients, as noted by the authors, had either stage I or stage II of the disease. They used the Chronic Obstructive Lung Disease classification to categorize these patients accordingly. Men over 60 years were the majority of the sample size diagnosed in the past five years prior to this research.

The intervention group was subjected to a to a treatment program that lasted four weeks that included 5-7 individualized health education sittings. The sessions mainly focused on providing vital information regarding self-regulation by providing a self-evaluation handbook. This book contained self-judgment record sheets, self-monitoring record sheets, and guidelines for self-reaction (Jonsdottir, 2014). The program was initiated with its first session in the outpatient clinic that included teaching the patients, demonstrating and asking for their feedback. Consecutive sessions were done via phone call conversations while the patient was at home. The control group were provided with the self-regulation handbook and no instructions were given.

After 13 weeks of follow-up, there was a notable difference between the test group and the control group both in the prognosis of the condition and in the number of unscheduled visits to the doctor. The intervention group, of which most of the patients had been diagnosed with GOLD stage one and two and received the individualized self-regulation intervention demonstrated fewer disease-related symptoms (Jonsdottir, 2014). They were observed to have less symptom distress and dyspnea. Their physical pulmonary functioning was much better as was their COPD self-efficacy. Compared to the control group, they had better peak expiratory flow too. At the termination of the follow-up, it was clear that the patients in the intervention group made significantly unscheduled visits to the physician due to exacerbations.

Commentary

The study clearly demonstrated the importance of providing patient education for clients with mild to moderate COPD. The intervention includes teaching self-regulation skills and knowledge using a self-regulation handbook. Findings from this experiment were more positive compared to several previous studies that investigated the dame topic (Jonsdottir, 2014). There was a noteworthy difference between the control group and the intervention group by the end of the 13 weeks in all the variables. There was a multitude of the outcome variables that encompassed social, physiological and psychological functions. The use of a health of a health facility was also a variable under study, and this increased the value of the study findings.

In this study, it is also worth to note that the researchers were able to include patients who had a milder stage of the disease than on most of the comparison studies. The study was a short course intervention of 13 weeks, a significantly short duration than most of the studies. The authors propose a longer term intervention in future studies to evaluate the long-term effectiveness and benefits of self-regulation intervention in, for instance, one year period (Jonsdottir, 2014).

The guidebook designed by the authors had worksheets including self-judgment record sheet, self-monitoring record sheet, and a guideline for self-reaction that the patient was expected to fill out. Further studies are required to evaluate the utilization of such sheets. In the meantime, however, it would be expedient to make clinical tools for evidence-based practice more available to members of the healthcare team for daily practice. It was also noted that some patients were not able to fully utilize the self-regulation handbook. This calls for the inclusion of the family

members when managing COPD patients since the disease affects the whole family (Jonsdottir, 2014). Including them will facilitate maximizing resources, and there is ultimately better monitoring of the condition, judging symptoms' meaning and acting accordingly.

References

Jonsdottir, H. (2014). A self-regulation protocol for people with COPD improves symptoms and reduces unscheduled physician visits. *Evidence-Based Nursing*, *17*(4), 117–117. http://doi.org/10.1136/eb-2013-101659