

FROM PHYSICIAN-DRIVEN TO PATIENT-DRIVEN HEALTH EDUCATION: THE NEED TO INCORPORATE MOTIVATIONAL INTERVIEWING IN THE MANAGEMENT OF HYPERTENSION IN NIGERIA – A REVIEW

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SUMMARY

Hypertension and other chronic diseases like heart diseases, diabetes, cancers and chronic lung diseases are a significant cause of morbidity and mortality globally. Management of hypertension has been mainly pharmacological. Non pharmacological management through effective health education on healthy lifestyle modification and medication adherence has been shown to improve outcome in the management of chronic diseases including hypertension.

Health education in Nigeria is currently physician driven making it difficult for patient to comply with treatment protocol and follow up. This has led to poor treatment outcome in the management of hypertension and other chronic diseases.

Adopting shared decision making (SDM) through the use of motivational interviewing, a patient-driven, physician-directed counselling approach that helps patient resolves ambivalence through collaboration, evocation and autonomy. Motivational interviewing has been used successfully in other countries to effect positive behavioural change and improved health outcome. It has also been shown to improve adoption of healthy lifestyle and medication adherence.

When incorporated into primary care practice in Nigeria, it will help improve outcome in the management of chronic diseases like hypertension.

Key Words: motivational interviewing, chronic diseases, hypertension, medication adherence, lifestyle modification

WHAT DO WE ALREADY KNOW ABOUT THIS TOPIC?

Motivational interviewing is a counselling approach which can be used for physician- patient education to help improve health outcomes. It is however not currently incorporated into routine care in the management of hypertension in Nigeria.

HOW DOES YOUR RESEARCH CONTRIBUTE TO THE FIELD?

By incorporating Motivational Interview into routine care in the management of patients with hypertension, it will help improve outcome through adoption of lifestyle modification and improved medication adherence.

WHAT ARE YOUR RESEARCH'S IMPLICATION TOWARDS THEORY, PRACTICE, OR POLICY?

This review has implications for health policy as

incorporating motivational interview into standard routine care in the management of patients with hypertension in both the primary care practice and general medical practice including cardiology will help in improving outcome in the management of hypertension in Nigeria and the attainment of the WHO goal of reducing the global prevalence of hypertension by 33% between 2010 and 2030.

INTRODUCTION

Chronic diseases like hypertension and other heart diseases, diabetes, cancers and chronic lung diseases account for 70% of mortality and 86% of health care cost is expended on treating chronic diseases.¹ Chronic diseases also account for high readmission rates causing significant health care burden both on the patient, the family and the healthcare system.¹ In Nigeria, about 30% of adults have hypertension with

over half of them not controlled.^{2,3,4} Management of hypertension in Nigeria, like elsewhere has been mainly pharmacological. A major reason for poor blood pressure control in Nigeria is poor medication adherence which has been attributed to the inability of patients to procure medications regularly and the low health insurance coverage in the country among others.² Non pharmacological interventions in the management of hypertension like lifestyle modification has been shown to help reduce the burden of the diseases as well as mortalities from them. Hence, the World Health Organisation (WHO) advocate for the use of lifestyle modification as the first line management for uncomplicated hypertension and adjunct to medication use in the management of hypertensive patients.⁴ Helping patients adopt healthy lifestyle through effective health education on healthy lifestyle modification has been a major challenge to physicians. This is more so as health education has mostly been physician driven and does not take into consideration the patients' concerns and willingness to adopt the measures being provided.

SHARED DECISION MAKING

Effective health education in the management of hypertension and other chronic diseases is best achieved through shared decision making (SDM). SDM has been endorsed and accepted in most countries of the world as an important component of health care delivery.⁵ In Nigeria, decision making in health is currently skewed towards health care provider. This makes it difficult for patient to comply with treatment protocol and follow up. Patient centred clinical care is a core principle of Family Medicine and it has been shown to be effective in both treatment and prevention of diseases including chronic diseases. However, leaving clinical decisions entirely to the patient is dangerous particularly when the patient is not informed enough to take a rational decision. Thus, the concept of SDM between the healthcare provider and the patient is necessary. Though the provider should make the ultimate decision, it should be patient centred and tailored to patient's preference, disease condition and motivation.^{5,6} The health system also has a role to play in ensuring patient centred care.⁶ Motivational interviewing is an example of a patient centred communication technique that facilitate lifestyle change and overcoming ambivalence through individual motivation.

MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) was developed as a counselling technique in 1983 by William R. Miller in the United States of America to help patients with

alcohol dependency and subsequently extended to other health and behavioural conditions.⁷ It is a person-centred counselling approach which elicits behavioural change by helping clients explore and resolve ambivalence, a state whereby an individual has coexisting opposing attitude and feelings.⁸⁻¹¹ It is usually performed by practitioners who have acquired specialised skills in the conduct of MI. Motivational Interviewing can be used to help people tackle resistance and barriers to change, thus helping them resolve ambivalence and maintain the change over time.¹²

In MI, counselling is person centred, yet physician directed. The patients take the decision to initiate and maintain change under the guidance of the physician who selectively elicits and reinforces positive self-statements through reflective listening, and in the process guide the client to make a positive behaviour change. There is collaboration between the physician and the patient thus strengthening patients' individual motivation and commitment to change.^{8,13} Motivational Interviewing is among the best style of communication as it involves the physician affirming and supporting the patient's sense of self-efficacy rather than persuading and counselling. This leads to evocation to change as the patient feels a sense of acceptance and not judgmental by the doctor. He therefore decides to change willingly without being forced. He therefore starts to follow the doctor's instructions, adopts life style modification, adheres to treatment regime and does his check-ups regularly.^{14,15} Patients are able to overcome ambivalence when they are self-motivated through Open questions, Affirmation, Reflective listening and Summarising (OARS) to build a plan for change.⁸ The open question help the patient see the need for change; Affirmation will help the patient commit to surmounting the barriers to change; Reflective listening and summarising provide the most positive content to patient to encourage positive behavioural change.^{16,17}

COMPONENTS OF MOTIVATIONAL INTERVIEWING

Motivational Interviewing is based on three fundamental components. These are: collaboration, evocation and autonomy.⁹ MI is built on Collaboration between the patient who is an expert in his/her own symptoms and the physician. The patient is allowed to freely express his point of view and experiences while the physician guides the discussion without necessarily imposing his perspective on the patient. Collaboration leads to rapport building and facilitates trust. Evocation implies the physician drawing out the patient's thoughts and ideas without imposing his. The patient is motivated and committed to change by

discovering his own reason and determination to change. Autonomy recognises the power of the patient to make and follow up decisions to make positive change happen. The patient is thus empowered as well as feel a sense of responsibility for his actions. He is given the role to lead the process of change that will produce the desired results.

PRINCIPLES OF MOTIVATIONAL INTERVIEWING

The principles of MI include empathy, reflective listening, supporting self-efficacy, summarizing, developing discrepancy, and rolling with resistance.¹⁸ MI is based on the principle of understanding what motivates the patient and exploring it further.¹³ It also involves empowering the patient and listening with empathy and in the process stimulating hope and optimism in the patient.¹⁹ Empathy involves looking at things from the patient's perspective. It requires sharing in the patient's experiences. This allows the physician understand things from the patient's perspective. Patients are thus, more willing to reveal information about themselves that will help in their management as they become more confident in the physician. Supporting self-efficacy is reinforcing in patients their power to change successfully. The patient needs to believe that change is actually possible to instil hope about making those changes which could be difficult in themselves. This can be achieved by drawing patient's attention to previous successes and focussing on them thus highlighting the skills and strength the patient already has which would be needed to bring about the expected positive change. Developing discrepancy implies helping patient perceive a mismatch between where he currently is and where he wants to be. The physician helps the patient examines the discrepancy between his current situation and his future goals. When patient identifies these discrepancies, they are more motivated to make important life changes that will help them actualise their future goals. The physician using MI help the patient to realise that his current behaviour if not changed will act as barriers to achieving his goals. Rolling with resistance implies the physician not confronting the patient when there is a conflict between the views of the patient and those of the physician. The physician also makes effort to de-escalate the conflict. This can be achieved by making the patient define the problem and develop a workable solution. The patient can be invited to examine new points of view different from his without undue confrontation.

APPLICATIONS OF MOTIVATIONAL INTERVIEWING

MI has been shown to be an effective tool for behavioural change and has been used extensively

and effectively in psychotherapy, medicine and education among others.^{8,15} MI has been successfully applied in several clinical settings across the world.¹⁵ In Missouri, United States of America, MI was used to help college students who were addicted to smoking quit smoking.²⁰ It has also been used to decrease the risk for relapse among women with substance use disorders in Iran.²¹ MI has also been used successfully in Africa. MI was incorporated into maternal and newborn care in Kenya and it was found that MI in addition to maternal education was better than maternal education alone in helping pregnant women adopt new-born care practices and delivering in health facilities.²²

Several studies have shown that MI can be used effectively in managing patients with hypertension and other chronic diseases. In New York City, USA, motivational interview was shown to improve patient adherence to medications thus improving BP control in small primary care settings.²³ Similarly, a clinical trial in Yasuj, Iran and Porto Alegre, Brazil both found MI as a most effective way of boosting adherence to hypertension treatment regimen and improving BP levels of hypertensives.^{13,14} Another study in Konya, Turkey found MI to significantly improve lifestyle modification, treatment adherence and BP among hypertensives.²⁵

ADVANTAGES OF MOTIVATIONAL INTERVIEWING

Several systematic reviews have shown the advantages of MI as an effective means of communication between physician and patient and has led to better treatment outcomes as well as disease prevention.⁸ Thus, American Centre for disease Control and Prevention CDC has advocated the incorporation of MI in the management of women with moderate risk of substance abuse during the perinatal period.²⁶ Physicians who use MI in their practices tend to ask fewer closed questions thus giving the patients opportunity to express themselves and thus enhance communication. Since, rather than give instructions and advice, the physician evokes more discussion on the need for change, MI leads to better cooperation from patients. This also boosts health care providers' confidence and sense of professionalism while reducing fatigue and burnouts.^{27,28} MI also stimulates hope and optimism in the patient as well as empower them to take charge of their health.¹³ Another advantage of MI is that it is inexpensive despite having high impact on patients' health. It can be learnt and administered easily by the different cadre of health care providers and its application transcends age, sex, culture and disease severity.²⁹

CONCLUSION

Motivational interviewing when applied properly in our clinical setting will shift health communication from physician-driven to patient-driven and this would lead to better health outcomes as the patients will follow through with treatment plan and adopt positive behavioural changes which would have being difficult. There is therefore the need to incorporate MI into routine clinical practice in the management of hypertension particularly in primary care. This will lead to an affordable means of achieving blood pressure control and reduction of adverse sequelae from poor BP control and an overall improvement in the management of hypertension in Nigeria.

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