## WHO PEN Protocol 5

**Self-care among patients with cardiovascular disease, diabetes or respiratory disease.**

### When could this Protocol be used?

All patients with NCDs perform some level of self-care. Health workers can work to strengthen self-care strategies in these patients by following this Protocol to implement the recommendations.

Counselling patients on self-care could be integrated into existing care structures.

All interactions with patients can be seen as opportunities to understand and improve the self-care strategies of patients.

### FIRST VISIT

- Using the Recommendations below, identify opportunities to improve self-care.
- Provide written or diagrammatical educational materials, and training in self-care, appropriate to the patient’s needs, preferences and capacity.
- For self-care recommendations that require an action plan, agree on and provide a written or diagrammatical action plan.

### FOLLOWING VISITS

- Check the patient’s progress.
- If necessary and the patient wishes it, repeat the steps from the first visit.

### RECOMMENDATIONS FOR ALL PATIENTS

#### Adherence

- Strategies to improve adherence should form part of self-care for NCDs. Promotion of self-care in NCDs should take into account patients’ beliefs and concerns about medicines, and their effects on adherence.
- No single strategy to improve overall adherence is recommended over another. Health workers should use their skills, resources, and patient preferences to devise plans to improve adherence.

#### Education

- Group education programmes, rather than individual education may offer a cost effective strategy to deliver education in LMIC.
### CONDITION-SPECIFIC RECOMMENDATIONS

#### Cardiovascular diseases

**Raised blood pressure**
- Self-measurement to monitor blood pressure is recommended for the management of hypertension in appropriate patients where the affordability of the technology has been established.

**Heart failure**
- Appropriate patients could benefit from being educated on the benefits of cardiac rehabilitation, and can be encouraged to undertake rehabilitation exercise in the home setting.

**Need for anticoagulation**
- Self-monitoring of blood coagulation and self-adjustment of dosage in patients receiving oral anticoagulation agents is recommended if affordable and according to an agreed action plan with a health professional.

#### Diabetes

**Diabetes Type 1 and 2**
- People with type 1 and type 2 diabetes on insulin should be offered self-monitoring of blood glucose based on individual clinical need.

**Diabetes Type 1**
- Self-monitoring and self-adjustment of dosage is recommended in type 1 diabetes according to an agreed action plan with a health professional.

#### Respiratory diseases

**Asthma and chronic obstructive pulmonary disease**
- Self-monitoring in asthma and COPD and self-adjustment of dosage is recommended according to an agreed action plan with a health professional.

**Chronic obstructive pulmonary disease**
- Appropriate patients may benefit from being educated on the benefits of chronic obstructive pulmonary disease rehabilitation, and encouraged to undertake rehabilitation exercise.

The evidence base, including references, is provided in Appendix III. Self-care of cardiovascular diseases, diabetes and chronic respiratory diseases, pp127-168