

# HEALTH COACHING AND IMPROVING HEALTH PARAMETERS IN COPD PATIENTS.

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## BACKGROUND

If patients with chronic diseases such as COPD switch to a healthier lifestyle by quitting smoking, drinking less alcohol, exercising more, or changing their dietary behavior, they can actively contribute to preventing and controlling complications of their disease [1]. Active patients show greater adherence, have more knowledge about their disease, and can achieve better health outcomes [2]. Active participation and improved self-control skills in patients with chronic diseases can even reduce costs for themselves and healthcare systems. A specific method for improving self-management and patient engagement is health coaching. The goals of health coaching are to enhance adherence to health behaviors and support lifestyle changes to prevent a negative course of chronic disease [3]. In addition to patient education by providing evidence-based information, health coaching includes communication styles that increase motivation to change risky health behaviors.

The growing number of studies evaluating health coaching for patients with chronic diseases shows contradictory results. For example, positive outcomes include patients reducing symptoms of diabetes, as well as reducing depressive symptoms [4], achieving better total and LDL cholesterol levels [5], and reducing the rate of coronary events such as myocardial infarction, coronary artery bypass grafting, and cardiovascular death [6]. However, there are also studies that show no improvements in specific clinical outcomes [7]. On the other hand, some studies demonstrate that health coaching can help patients change health behaviors [8], improve self-rated health [8,9], social functioning, self-efficacy, patient activation, and perceived health [4, 8]

## CONCLUSIONS:

- ✓ Even though variations cannot be deemed significant, due to the scarce number of participants, it seems like Health Coaching improves humor and quality of life satisfaction parameters in COPD patients. However, despite Health Coaching's stress on the subject's empowerment, evaluations didn't show an improvement in initial parameters after the intervention.

## METHOD

We used a single group design with pre-test and post-test evaluation on voluntary subjects from the COPD patient association, APEPOC. The intervention consisted of 6 videoconference Health Coaching sessions as per ICF rules, in 2 months. Instruments used for evaluation were PANAS [10], EuroQol-5D [11], and the Health Empowerment Scale [12].

## RESULTS

8 patients were evaluated (6 female, 2 male) with an average age of 62.2 years

After 6 sessions there was an increase in positive humor and a decrease in negative one. In EuroQol-5d the global satisfaction perception improved despite worsening mobility personal care parameters. Health empowerment remained stable.

VARIABLE	PRE	POST	VARIACIÓN
	MEDIA (DE)	MEDIA (DE)	
EURO EQOL 5D (CALIDAD DE VIDA)	52,75 (26,70)	65,38 (18,04)	+12,63
PANAS (POSITIVO)	29,38 (3,54)	35 (7,52)	+5,62
PANAS (NEGATIVO)	22,75 (9,51)	14,38 (4,44)	-8,37
EMPODERAMIENTO SOBRE SALUD	29 (5,13)	29,75 (3,96)	+0,75
	% CON PROBLEMAS	% CON PROBLEMAS	
MOVILIDAD	75	50	-25
CUIDADO PERSONAL	50	37,5	-12,5
ACTIVIDADES COTIDIANAS	87,5	87,5	0
DOLOR / MALESTAR	62,5	75	+12,5
ANSIEDAD / DEPRESIÓN	62,5	50	-12,5

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