AMERICAN HEALTH CONSULTANTS®

Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

April 2001 • Volume 8, Number 4 • Pages 37-48

IN THIS ISSUE

In This Issue **continued on next page**

With breathing lessons, lung disease patients won't come up short on breath

Problems don't end there, either

Lung conditions, such as asthma and chronic obstructive pulmonary disease (COPD) that includes emphysema and chronic bronchitis, impact the lives of millions of Americans. The New York City-based American Lung Association estimates adults with asthma miss a total of three million workdays annually. People with COPD find that it limits activities of daily living such as dressing, taking a shower, or housecleaning.

The problems don't end with breathing, either. Often, these patients' nutrition is poor because they become short of breath just trying to fix meals or

EXECUTIVE SUMMARY

In the last article of our three-part series on education's impact on symptom management, *Patient Education Management* addresses lung conditions. Over 30 million Americans live with chronic lung disease and therefore must cope with one of its symptoms — shortness of breath. However, education can improve the quality of life for those patients by teaching them such things as energy conservation and ways to handle the anxiety that often accompanies shortness of breath and exacerbates the problem.

In This Issue **continued from page 37**

COMING IN FUTURE ISSUES

- Overcoming cultural barriers to education
- Analyzing the impact of technology on patient education
- Predicting the future of patient education and addressing needs
- Outreach strategies to curb domestic violence
- Teaching safety for summertime fun

eat, says **Bari Franklin**, CRT, senior support services coordinator for the Central Ohio Breathing Association in Columbus.

Yet education can provide patients with chronic lung disease the techniques they need to help manage shortness of breath and save energy as well as information that will help relieve their anxiety, which tends to exacerbate the problem. "Education is a major factor in managing shortness of breath. The more the patient understands about what is going on, the better they can control it," says **Mahasti Rittinger**, RRT, coordinator of the pulmonary rehabilitation program at The Ohio State University Medical Center in Columbus.

For example, if patients learn that inhalation uses energy while exhalation is passive, they can learn to expend energy when they are exhaling rather than inhaling. The technique is called pace breathing, and patients would, for example, pace themselves while climbing stairs by taking a step when exhaling and resting when inhaling. So they would take one step, then pause to breathe in, and then take another step as they exhale, explains Rittinger.

A thorough assessment is key to a good education plan for patients with chronic lung ailments. Each senior who Franklin assists undergoes a two-hour assessment to uncover his or her knowledge about their disease, the medications he or she is taking, history of hospitalizations, support systems, and environmental conditions.

There may be many simple things that can be done to improve a senior's quality of life when he or she has COPD, such as moving from an upstairs bedroom to one on the first floor of the house or obtaining a handicapped parking sticker so he or she can park closer to the store entrance. If he or she can't fix his or her own meals, organizations that provide meals for seniors such as "Meals on Wheels" might be contacted. "I always ask what they want to get out of the program, what their goal is. Some want to go to church on Sundays, others want to do their own laundry or cook a meal," says Franklin.

Learning a whole new lifestyle

Learning to live with chronic lung problems that cause shortness of breath often means learning a whole new lifestyle. "I tell my clients to slow down. They are used to going at a certain pace all their life, but once they develop the problem of shortness of breath, they must learn to slow down," says Franklin. They may need to sit on a

stool while cutting vegetables for a meal or washing dishes. Rearranging items in the house can save breath too, such as putting all the frequently used pots and pans on the stove so there is no bending down to pull them out of a cupboard.

"Many of the people who come to our program have had COPD for a long time, but never realized how to make their quality of life better in simple ways such as sitting down to prepare meals. They don't understand the mechanics of oxygen consumption and how that really works. What we are trying to do is educate them and make their life better," says **Robin Wesolek**, RRT, director of program services for the Central Ohio Breathing Association.

This is the same goal the association has for its asthma clients; therefore, an outreach worker goes to their home to help them determine what might be triggering asthma attacks, such as pet dander or a cigarette smoker in the house.

The outreach worker also encourages clients to develop a written action plan with their physician so when they become symptomatic, they know what to do. The action plan includes recording daily peak flow meter readings to monitor their lung function so that they can take medications appropriate for their lung function to avoid a visit to the emergency department.

Diary helps build a plan

For COPD patients, a diary tracking the activities patients were engaged in and their location when they experienced shortness of breath is a good way to come up with a plan to address the problem. "The more the patient can describe it and tell us when and how it happens, the better we can help," says Rittinger.

Many factors of breathlessness are addressed at the rehabilitation program at Ohio State. Sometimes weight contributes to the problem, and patients need direction in weight loss and nutrition. They may have respiratory muscle weakness and need to work with the therapist to make their muscles stronger. There are also psychosocial factors, so a team works with patients on stress management, coping with chronic disease, and relaxation techniques.

Breathing techniques assist in the relief of shortness of breath by helping patients relax, control their anxiety, and avert panic attacks during times of breathlessness. One technique is pursed lip breathing where patients learn to breathe through their nose and exhale through pursed lips. "By pursing their lips, they create resistance to the air flow; that creates back pressure in their airways and keeps the airways open longer," explains Rittinger.

Another technique is diaphragmatic breathing, where patients learn to use their diaphragm to breathe so they are using one muscle rather than the chest muscles and shoulder muscles, and therefore use less energy. With COPD patients who have hyperinflated lungs, the diaphragm muscle usually becomes weak from lack of use; therefore, the exercise also strengthens it. "Like any other muscle, the more you work it, the more you get the strength back into it; and the diaphragm is an important breathing muscle," says Rittinger.

Keep meds in check

The proper use of medications under the care of a physician also is important for controlling shortness of breath, especially for asthma patients, says Wesolek. If asthma patients are working with a physician, have identified their triggers, and corrected environmental issues that trigger shortness of breath, they shouldn't have too many problems, she says.

Proper use of medication also is important for COPD patients. Franklin advises the patients she works with to either document when they have taken their daily medications or use a pill sorter so they don't miss doses. ■

SOURCES

For more information about teaching patients to manage shortness of breath, contact:

- **Bari Franklin**, CRT, Senior Support Services Coordinator, and **Robin Wesolek**, RRT, Director of Program Services, The Central Ohio Breathing Association, 1520 Old Henderson Road, Columbus, OH 43220. Telephone: (614) 457-4570. Web: www.breathingassociation.org.
- **Mahasti Rittinger**, RRT, Coordinator, Pulmonary Rehabilitation Program, The Ohio State University Medical Center, 2050 Kenny Road, Suite 1010, Columbus, OH 43221. Telephone: (614) 293-2820. E-mail: rittinger-2@ medctr.osu.edu.
- **American Lung Association**, 1740 Broadway, New York, NY 10019-4374. Telephone: (212) 315-8700 or (800) 586-4872. Web: www.lungusa.org. On the web site, find a list of nonmedical suggestions to help people live with COPD titled "Around the Clock with COPD."

You say potato; I say potato

Know when to reword questions, clarify answers

When discussing the teaching of non-English-speaking patients with health care providers, **Martine Pierre-Louis**, MPH, manager of interpreter services at the University of Washington Medical Center in Seattle, likes to recount a story about a Russian-speaking woman who was questioned about her dietary habits by the nutritionist.

When asked if she ever had anything to eat after dinner, the woman answered "tea." The nutritionist wrote down "tea." Thinking there may be a problem, the interpreter asked the woman, who was at risk for diabetes, to clarify her answer. She explained that she had Russian tea, which included sweets and bread with jam.

"Even when the translation of a particular word is correct, the meaning of words are different from one experience to another. It is important to be able to understand the cultural context that surrounds the words and the terms," says Pierre-Louis.

The illustration reveals the importance of using a trained interpreter whenever possible. A trained interpreter will catch cues the patient gives when they don't understand and be able to give some cultural information to add insight into what lies behind the confusion. An interpreter might be able to suggest rewording the question in a different way, says **Gloria Garcia Orme**, RN, BSN, director of patient relations at San Francisco General Hospital.

To overcome language barriers, it isn't enough to be bilingual; trained interpreters have learned how to listen so they can capture and transmit information completely and accurately making sure not to add or omit anything, explains Pierre-Louis.

Yet, providing education when there is a language barrier requires more than a good interpreter. "When a provider gets ready for an educational session with a patient who does not speak English, it is important to plan out what he or she is going to say. Speaking through an interpreter is stilted; it isn't natural, and it slows the conversation," says Pierre-Louis. It is a good idea to create a script so that the material is broken into segments that make sense when the provider stops for the translation.

It also helps if a provider knows something about the culture of the population he or she is teaching. "Providers need to work extra hard to teach from the patient's viewpoint; and when there are cultural and language barriers, it is even more difficult," says Pierre-Louis. (**For more information on overcoming cultural barriers to education, see next segment in article series, May 2001 *Patient Education Management*.)**

Keep written materials on hand

Having patient education materials in the patient's primary language is important, as well. "Patients often need a reference point for information to recall what has been taught and as a reminder to review information that has been discussed with a provider," says **Geri Berkvam**, RN, FNP, patient and family program coordinator at San Francisco General Hospital.

However, not just any pamphlet will do. When purchasing health materials from a vendor, ask if someone who is bicultural, bilingual, and has health expertise has reviewed them. If not, have bilingual medical staff review the materials, advises Berkvam. "Also field test the materials with the target population to make sure the information is culturally appropriate and the message is clear," she says. **(For a list of resources of materials in other languages, see resource list on p. 41.)**

When selecting non-English materials from outside sources, make sure that the information does not conflict with what is taught at your institution, adds Pierre-Louis. Also, whenever possible, choose topics that are frequently taught to non-English-speaking patients. For example, at the University of Washington Medical Center, pregnant Hispanic women frequently need materials on diabetes.

While the best scenario is to have written materials on hand in the patient's primary language and an interpreter available, it is not always possible. Although San Francisco General has 16 full-time interpreters who provide services in 10 languages and an on-call local language bank that provides access to 35 more languages, interpreters are not always available when providers need them. The interpreter service handles 50,000 encounters a year.

To help meet the needs of the non-English-speaking patients at this health care facility, employees with bilingual skills who work in the clinics and on the wards are tested for their

language skills and are used for one-on-one encounters with a patient, but they are not trained interpreters, says Garcia Orme.

Currently, a pilot project is under way where Spanish and Cantonese interpreters are accessed via computers for videoconference interpreting sessions. "We will provide interpreting services from our office; this will help with the travel time it takes for the interpreter to walk through the campus," explains Garcia Orme.

At some facilities, there are certain situations where a provider has no choice but to use a family member. If this happens, make sure the family member is not a minor, says Pierre-Louis. Also, explain how important it is to be accurate and repeat what the health care provider says and what the patient says so a correct diagnosis can be made, she says. ■

Resources for non-English teaching materials

First, ensure appropriations

There are many resources for patient education materials in languages other than English. Following are a few favorites of **Geri Berkvam**, RN, FNP, patient and family program coordinator at San Francisco General Hospital. "Whenever you get materials from an outside source, you need to make sure they are appropriate for your population," she says. For example, Spanish speakers from different countries or regions within a country may not agree on the meaning of a word.

A wealth of information

- Healthfinder [English and Spanish] — http://www.healthfinder.gov/.
- NOAH: New York Online Access to Health [English and Spanish] — http://www.noah-health.org.
- Ohio State University Medical Center [English and Spanish] — http://www.osu.edu/units/osuhosp/disclaim2.htm.
- Vietnamese Community Health Promotion Project [English and Vietnamese] — http://medicine.ucsf.edu/divisions/vchpp/.
- National Library of Medicine's MEDLINEPLUS [English and Spanish — other languages occasionally for some topics] — http://medlineplus.nlm.nih.gov.
- American Cancer Society-Northern California Chinese Unit [Chinese] — http://www.acs-nccu.org/. Telephone: (888) 566-6222 or (510) 797-0600.
- Multicultural Health Communication Service [Multiple languages] — http://www.mhcs.health.nsw.gov.au/.
- EthnoMed [Multiple languages] — http://healthlinks.washington.edu/clinical/ethnomed
- Association of Asian Pacific Community Health Organizations [Multiple languages] — http://ww.aapcho.org.
- American Heart Association, San Francisco Division [Multiple languages] — 120 Montgomery St., Suite 1650, San Francisco, CA 94194. Telephone: (415) 433-2273. ■

SOURCES

For more information on overcoming language as a barrier to education, contact:

- **Geri Berkvam**, RN, FNP, Patient & Family Program Coordinator, Patient Education Resource Center, San Francisco General Hospital, 1001 Potrero Ave., Ward 4C-34, San Francisco, CA 94110. Telephone: (415) 206-8484. E-mail: geri_berkvam@chnsf.org.
- **Gloria Garcia Orme**, RN, BSN, Director, Patient Relations, San Francisco General Hospital, 1001 Potrero Ave., San Francisco, CA 94110. Telephone: (415) 206-8536. E-mail: gloria_garcia-orme@chnsf. org.
- **Martine Pierre-Louis**, MPH, Manager, Interpreter Services, University of Washington Medical Center, 1959 N.E. Pacific, BB-312, Box 356167, Seattle, WA 98195-6167. Telephone: (206) 598-4663. Fax: (206) 598-7806. E-mail: martine@u.washington.edu.

Inservice strives to explain learning style

Assessment measures three areas

The education assessment at Craig Hospital in Englewood, CO, has three sections: One is designed to assess a patient's readiness to learn, a second to assess potential barriers to learning, and the third to determine the patient's preferred style of learning, whether auditory (hearing), visual (seeing), or kinesthetic (doing).

Determining how a patient prefers to learn and tailoring the teaching to the patient is the best way to teach, says **Theresa M. Chase**, ND, RN, a patient education clinical specialist at the hospital for patients with spinal cord and brain injuries. That's why she created an inservice for nursing staff that helps them understand the various styles of learning and how a person identifies their preferred method of communication and learning.

Those who teach patients need to know that to meet the needs of a visual learner, they can't just show a video. For good educational sessions to take place, staff should know learning style encompasses the words they use to explain a procedure or treatment method, as well. For example, with a visual learner, visual words like "picture this" or "focus on this" would work best. With auditory learners, words selected to teach something would focus more on hearing such as "Does this ring a bell?"

"One of the problems in education in general is that we need to be better communicators. We have the information, but learning how to get it across to people will make a much bigger difference than having more information," says Chase.

The inservice on learning styles for nurses at Craig Hospital begins with reminders of how good teachers gain rapport with patients by being warm, caring, and accepting, and also by participating in a dialogue with learners as equals.

The inservice continues with statistics on how much people remember about what they learn after one month. Chase explains to the nurses that people remember 14% of what they hear, 22% of what they see, 30% of what they watch others do through demonstrations and modeling, and 42% of sensory redundancy in which a concept is taught by repeated visual, auditory, and kinesthetic aids. People remember 92% of what they teach others. "The more sensory modalities you present something in, the better off you will be; and if you get patients to teach it back to you, they are more likely to remember it," says Chase.

Clues to learning style

To help nurses understand the concept of learning style, Chase administers a short Visual, Auditory, Kinesthetic (V-A-K) Assessment, produced by Lakewood, CO-based NLP Comprehensive, to help them identify their own preferred style of learning. **(For information on how to obtain a copy of the V-A-K assessment, see source box, above right.)**

The assessment requires participants to answer nine questions, circling as many answers that apply. For example, question No. 1 asks: "When I have leisure time, I prefer to: a) watch TV, a video, or go to the movies; b) listen to music, radio, or read books; or c) do something athletic, physical, or using my hands." The assessment not only helps nurses understand their dominant learning style, it helps them see how it influences communication with patients. A visual person automatically uses words that reflect their preference, such as bright, magnify, or fuzzy, which may not always get their point across to the patient.

Therefore, the second exercise at the inservice is to have the participants pair up and teach their partner from a list of either visual, auditory, or kinesthetic words. The first time, the lists and learners are mismatched. For example, if the person is an auditory learner, the teacher uses visual terms, and often the auditory person cannot understand the point the teacher is trying to get across. Then the teacher is given the list of words that matches the learner, and the session goes much smoother. "People are so unaware of how they are coming across [with] the words they use, so the exercise heightens their awareness," says Chase.

Also covered during the inservice is the importance of listening to the patients while teaching and the variety of teaching aids available that can be used to match the patient's preferred style of learning. "We have a variety of teaching methods for the nurses to use, such as videos, written materials, classes, simulators, and demonstration," says Chase.

SOURCES

For more information about instructing nurses on preferred learning style, contact:

- **Theresa M. Chase**, ND, RN, Patient Education Clinical Specialist, TBI/SCI Lifestyle Education, 3425 S. Clarkson St., Englewood, CO 80110. Telephone: (303) 789-8211. Fax: (303) 789-8219. E-mail: tmchase@ craighospital.org.
- **V-A-K Assessment**, available from LifeStar, 2244 S. Olive St., Denver, CO 80224-2528. Telephone: (303) 757-2039. Assessments are $1.50 per copy plus 50 cents shipping and handling.
- **NLP Comprehensive**, is a company that holds workshops on Neuro-Linguistic Programming, which is the science of how the brain codes learning and experience. For more information, contact the company at 12567 W. Cedar Dr., Suite 102, Lakewood, CO 80228. Telephone: (303) 987-2224 or (800) 233-1657. Web: www.nlpco.com.

The problem with learning assessment is that nurses often are reluctant or embarrassed to ask patients how best they learn. Therefore, Chase will often ask patients in front of a nurse how they would like to learn something. She teaches by example in other ways, as well. On rounds or at a nurses station, if a nurse provides information on a patient's learning style, she will offer suggestions for teaching resources they can use. Each time she teaches a group, she uses a variety of teaching methods as an example.

"Overall, the nurses are more aware of the learning-style issue. I keep bringing it up at inservices, on the floor, and by example. I think we still have a ways to go; the hospital has a long history of video use, and it is hard to break old habits," says Chase. ■

Get patients to tune into their brain

Monitor physical signals to teach stress reduction

There are many reasons to use biofeedback. Arthritis sufferers often choose it to help ease their aches and pains. Through biofeedback, patients might learn deep-relaxation techniques so that they suffer less with the pain, or the clinician might help them increase blood flow to the area where there is arthritic pain, providing some relief.

Biofeedback would not replace prescribed medication; the therapy would complement a patient's treatment. "We work with the physician's treatment and add some skills that the patient can use to help themselves," explains **Don Moss**, PhD, president-elect of the Association for Applied Psychophysiology and Biofeedback (AAPB) in Wheat Ridge, CO.

The skills are taught to an individual with the aid of a biofeedback machine that measures muscle tension, skin temperature, heart rate, sweat gland or brainwave activity, and feeds the body's responses back either visually or audibly. For example, muscle tension might trigger a flashing light or beeper that would subside as the person hooked to the machine learns to relax.

Biofeedback teaches people to recognize the link between their bodies and minds, says Moss. The biofeedback machine monitors one bodily system at a time, such as muscle tension, and gives the individual immediate feedback as the body changes, which increases personal awareness of the bodily process and leads to control over the body.

"People start with the biofeedback signal telling them they are tense; then over time, they tune into their own body signals so they don't need the equipment anymore," says Moss. For example, during the course of the day, they may begin to notice that they are tensing up due to a controversy at work and are able to use their learned relaxation techniques to ease their stress and better cope with the situation.

"Biofeedback is a useful self-help strategy that can help almost every living human being. It is a pathway to learning important voluntary control skills that are useful throughout life," says Moss. In addition to bodily awareness and relaxation skills, biofeedback teaches people control over a variety of organ systems in the body, such as blood pressure, brain activity, heart rate, breathing, and muscles. By measuring sweat gland activity, a person can be taught to quiet their mind and learn not to worry, think negative thoughts, or be self-critical, says Moss.

Anyone suffering from stress and anxiety can benefit from biofeedback strategies for physical and mental relaxation. With improved relaxation of the entire body, they can reverse the effects of stress and reduce everyday tensions and anxieties as well as improve medical problems caused or aggravated by stress. There are biofeedback treatments for anxiety disorders, depression, alcoholism and addiction, attention deficit hyperactivity disorder, epilepsy, migraines, asthma, myofascial pain, neuromuscular disorders such as Bell palsy or stroke, and disorders of intestinal motility such as irritable bowel syndrome, chronic pain, and rheumatoid arthritis.

Tell them what they need to know

To help people appropriately take advantage of biofeedback as a complementary therapy, the Association for Applied Psychophysiology and Biofeedback has created a patient information brochure, *Biofeedback: A Client Information Paper.* **(For information on how to obtain a copy of this brochure, see source box , p. 44.)**

If creating an information sheet, a patient education manager should include a definition of biofeedback, a list of disorders it can treat, and a set of questions patients can use to check the qualifications of a therapist. **(For more information on**

SOURCES

For more information about biofeedback, contact:

- **Don Moss**, PhD, President-Elect, Association for Applied Psychophysiology and Biofeedback, 10200 W. 44th Ave., Suite 304, Wheat Ridge, CO 80033-2840. Telephone: (303) 422-8436. Fax: (303) 422-8894. E-mail: AAPB@resourcenter.com. Web: www.aapb.org.
- ***Biofeedback: A Client Information Paper***, is available from AAPB in English and Spanish. Multiple copy costs are: 25 copies-$25; 50 copies-$45; 100 copies-$85; 500 copies-$382.50. Contact: Association for Applied Psychophysiology and Biofeedback, 10200 W. 44th Ave., Suite 304, Wheat Ridge, CO 80033-2840. Telephone: (303) 422-8436. Fax: (303) 422-8894. E-mail: AAPB@resourcenter.com. Web: www.aapb.org.

how to select a certified biofeedback practitioner, see article, right.)

Many people think biofeedback might harm them. They need to know that it is just a tool to help them gain control over their own body and mind. Another myth about biofeedback is that it can replace the need for medical treatment or medication. However, complex medical problems such as headaches and hypertension usually require a combination of traditional medicine and biofeedback, says Moss.

Biofeedback works best if the techniques learned during the sessions are practiced regularly. Practicing relaxation techniques seems to make them a habit. "I have had patients tell me their bodies start to relax before they realize they have been tuning into signs of tension in their bodies. It becomes second nature to some," says Moss. While some relaxation strategies are taught during the sessions, people develop many techniques on their own. For example, cold hands often are a result of a stressful situation, and during biofeedback, people learn to warm their hands by visualizing a picture of themselves in a warm place, such as on a beach or next to a fireplace.

There are three main relaxation strategies taught during biofeedback. One is progressive muscle relaxation, where people learn to tense and relax the muscles throughout their bodies, thereby becoming more aware of the difference in how their bodies feel when it is tense or when it is relaxed. This helps people keep their muscles in a relaxed state.

A second strategy is to tune into the limpness of the muscles, the warmth of the body, and heavy feelings in the body when in deep relaxation. A third strategy is diaphragmatic breathing where people learn to breathe fully and slowly while taking in and expiring a large volume of air.

A biofeedback practitioner looks at reduced muscle tension; slow, full breathing; a drop in blood pressure; and warmer hands due to the fact that the person is dilating his or her arteries and allowing more blood flow to the hands as signs that the stress response has been reversed.

"Some patients learn skills that continue to work for them for a lifetime. That's the beauty of biofeedback. Medicines for psychiatric problems work only until you stop taking them, but biofeedback teaches self-control skills that one can use over and over for new problems that arise in life," says Moss. ■

Checklist aids in search for practitioner

Know what to look for first

When a person determines biofeedback is the right complementary therapy, he or she should plan on participating in eight to 12 sessions for most mental health problems and many medical problems. However, some problems, such as epilepsy, alcoholism, or attention deficit hyperactivity disorder, require more frequent, lengthy treatment. Sessions for more difficult problems may be scheduled two to three times a week and require 30 to 60 treatments, says **Don Moss**, PhD, president-elect of the Association for Applied Psychophysiology and Biofeedback (AAPB) in Wheat Ridge, CO.

Treatment should begin with a clinical interview in which the therapist learns about the patient's life, family, work, sources of stress, coping skills, and medical and emotional problems. "Biofeedback is a holistic mind-body therapy, meaning that we see any illness or problem as involving the whole person. Therefore, we must begin by getting to know the person who has the illness," explains Moss.

Following the interview, the therapist will do a biofeedback evaluation to identify the patient's unique stress response. The evaluation helps in the design of the treatment. For example, if during a discussion of work stress, the patient has increased muscle tension in his or her shoulders and cooler hands, the treatment might focus on

muscle relaxation and learning to dilate the arteries in order to warm the hands.

For best results, a person should seek a well-qualified biofeedback practitioner. Moss suggests the patient ask the following questions during the selection process:

• Are you certified by the Biofeedback Certification Institute of America (BCIA)?

To be certified by Wheat Ridge, CO-based BCIA, practitioners must accumulate educational credit, practical supervised experience, and pass an exam. To do so, they attend college classes and approved training workshops, read extensively, and undergo supervised training and practice. "The BCIA certification tells the patient that the therapist has done all of those things," says Moss. **(To obtain a list of practitioners, see editor's note at end of article.)**

• What state and national biofeedback organizations do you belong to, and what state and national conferences or biofeedback training workshops have you attended in the past two years?

Competent professionals belong to professional societies and attend meetings in order to keep their skills and knowledge current, says Moss.

• What journals and news magazines do you subscribe to in order to keep up with progress in biofeedback treatment?

Keeping knowledge current by reading current reports is important for competency.

• Are you licensed or certified for independent practice as a health care provider in this state?

Biofeedback professionals are usually also licensed within a profession, such as medicine, psychology, nursing, or physical therapy, explains Moss.

People seeking biofeedback should expect to pay from $60 to $120 for a one-hour session depending on what area of the country they live.

(Editor's note: For a free copy of Finding a Practitioner, *send a self-addressed, stamped business-sized envelope to: BCIA, 10200 W. 44th Ave. #310, Wheat Ridge, CO 80033. Or access information on the World Wide Web: www.bcia.org.)* ■

We can work it out!

Patients need to be specific

This is a good time to be a headache sufferer, according to **Suzanne Simons**, MS, executive director of the National Headache Foundation in Chicago. That's because there are many new medications currently on the market that are taken at the onset of a migraine so people can be taught to manage their symptoms. For best results, however, headache sufferers should become partners with their health care provider in their headache care, says Simons.

"People who get frequent, disabling headaches should see their health care provider to determine what is causing the headaches and how they can best be managed," says Simons. It's fine to start with over-the-counter medications, but if people find that they are exceeding the labeling recommendation, that's a signal to seek professional help. Also, if headaches interrupt people's quality of life by keeping them from performing their responsibilities either at home or at work, they should see a physician to be diagnosed and get the right therapy.

The first step in learning to manage chronic headaches is an appointment with a health care provider made specifically to discuss the problem. "What we find is that people mention their headache problem in passing, usually at the end of a physician's visit when there isn't adequate time to deal with it. Also, because it is a passing comment, the doctor may not realize how the headaches are impacting their life," says Simons. A specific appointment provides time for the patient to have questions addressed, and for the physician to diagnosis the problem. **(For more information on how to educate the public about headaches, see article on National Headache Awareness Week, p. 46.)**

Patients should be prepared to discuss whether the headaches are tension or vascular, under which migraine they fall, and whether they interfere with their quality of life and their lifestyle so the physician can prescribe the most suitable medication. Patients also need to reveal what herbal preparations, vitamins and over-the-counter products they take, so the physician will know if they might hinder the effectiveness of the prescription medication.

A headache diary is a helpful tool for uncovering a pattern to the onset of symptoms. For example, the diary might reveal that a headache develops on Wednesdays after the patient eats spaghetti with Parmesan cheese and a glass of red wine on Tuesday evenings. Together, the physician and patient might determine that the cheese and red wine caused the headaches.

"Sometimes people get headaches only on the

weekend and they can't understand why, but they go to bed later or sleep later than they normally do," says Simons. In that case, the patient might try getting up at the same time he or she does on weekdays, having a bite to eat and then going back to bed to avoid triggering a headache.

Never one 'right' therapy

There's no one "right" therapy for headache sufferers; therefore, patients need to work with their physicians to determine what is best for them. Also, patients must be compliant and take the medication as prescribed so they know whether it works. With preventative medications, it often takes seven to 10 days for patients to see any improvement in their condition. "If patients experience side effects, they should talk to their doctor, because it's possible to prescribe a similar medication that would not produce the same side effects," says Simons.

Often it is a combination of therapies that prevent headaches. For example, people might take abortive medications at the onset of their headache, practice biofeedback, and avoid certain foods that seem to trigger headaches. **(For more information on the use of biofeedback as a complementary therapy, see article on p. 43.)**

Many people try herbal therapies such as feverfew, which studies have shown helps prevent migraine headaches. While complementary therapies, including herbal medications, can play a role in the management of headaches, Simons warns that herbs can vary from growing region to growing region and from crop to crop; therefore, they may not be consistent in their effectiveness. "If a person purchases feverfew in capsule form one week, and the next week, buys fresh leaves, it will work differently," explains Simons.

Headaches are very treatable; therefore, if patients don't get adequate relief within three months, they should ask their physician for a referral to a headache specialist or another physician. The National Headache Foundation has a list of specialists in each state that is available upon request.

To determine if a specialist is right for them, patients need to ask a few questions, according to Simons. They include the following:

- What percentage of the practice is dedicated to headache management and treatment?
- Does the medical provider take any continuing education courses in headache management and treatment?

SOURCE

For more information about teaching people about headache management, contact:

- **Suzanne Simons**, MS, Executive Director, National Headache Foundation, 428 W. St. James Place, 2nd Floor, Chicago, IL 60614-2750. Telephone: (888) NHF (643)-5552 or (773) 388-6395. E-mail: info@headaches.org. Web: www.headaches.org.

- What is the treatment philosophy of the provider? Patients need to find someone with the same philosophy as theirs. For example, if patients want to try complementary therapies, and the physician does not believe in them, it isn't a good match.
- Does the physician understand that headaches are disabling and impair a person's quality of life?

Many people say they have been in and out of the health care system, have tried everything, and been told that they have to live with their condition. "There are so many new medications and different types of medications that if patients are in the hands of a competent health care provider, they can get relief. At least 95% of all headaches can be controlled," says Simons. ■

National focus on headaches set for June

Group sets educational goals

The Chicago-based National Headache Foundation has three educational goals for National Headache Awareness Week scheduled for June 3-9, 2001:

- To spread the word that headaches are a legitimate biological disease.
- To encourage headache sufferers to seek a health care provider for diagnosis and treatment.
- To let people know that there are new treatment options available.

There are many ways patient education managers can get the word out. **Suzanne Simons**, MS, executive director of the National Headache Foundation, suggests they assemble an educational bulletin board in a high-traffic area, arrange a brown bag lunch with a headache specialist as the guest speaker, or arrange to have the specialist

interviewed on a local radio or TV program.

Organizing a public education seminar with a panel of physicians and headache sufferers also works well, or providing a demonstration of a complementary therapy, such as biofeedback, that might help headache sufferers.

Health care facilities who organize events for National Headache Awareness Week should contact the foundation for a form they can complete to have their events added to a master calendar of events the foundation posts on its web site and includes in its press kit. "In that way, health care facilities can get more exposure for their event," says Simons.

This year the theme is: "Headaches? Think Migraine." In keeping with the theme, the foundation is sponsoring a migraine artwork contest in which migraine headache sufferers are invited to paint or draw images of migraine. The artwork will be displayed at a show in Chicago during National Headache Awareness Week and then appear in a virtual gallery on the foundation's web site (www.headaches.org).

There is also a lot of information available on the web site, such as topic sheets and educational modules. These same materials also are available by calling the foundation's toll-free telephone line.

National Headache Awareness Week is not just for headache suffers. The general public needs to learn that headaches are a legitimate biological disease, and headache sufferers are not hypochondriacs, says Simons. "Headache sufferers are not trying to get out of work or draw attention to themselves. They have a legitimate health problem," she explains. ■

Patient Education Management™ (ISSN 1087-0296) is published monthly by American Health Consultants®, 3525 Piedmont Road, N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Patient Education Management**™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291. Hours of operation: 8:30 a.m.-6:00 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday EST. E-mail: customerservice@ahcpub.com. World Wide Web: www.ahcpub.com.

Subscription rates: U.S.A., one year (12 issues), $365. Outside U.S., add $30 per year, total prepaid in U.S. funds. Two to nine additional copies, $292 per year; 10-20 additional copies, $219 per year; for more than 20, call (800) 688-2421. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $61 each. (GST registration number R128870672.)

This continuing education offering is sponsored by American Health Consultants®, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing, provider number CEP 10864, for approximately 18 nursing contact hours.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Editor: **Susan Cort Johnson**, (530) 256-2749.
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@ahcpub.com).
Editorial Group Head: **Leslie Coplin**, (404) 262-5534, (leslie.coplin@ahcpub.com).
Managing Editor: **Kevin New**, (404) 262-5467, (kevin.new@ahcpub.com).
Production Editor: **Nancy McCreary**.

AMERICAN HEALTH CONSULTANTS™
THOMSON HEALTHCARE

Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (530) 256-2749.

NEWS BRIEFS

Health care education conference planned

The dates for the 2001 Health Care Education Institute sponsored by the Philadelphia-based Health Care Education Association (HCEA) are set for Oct. 4-6. The conference will be held at The Holiday Inn City Centre in downtown Chicago. Professionals involved in staff development, patient and community education, management and leadership development, accreditation and compliance issues are encouraged to attend. This year's theme is "Managing the Whirlwind of Health Care Education," and will include sessions on such issues as accreditation, compliance, technology, research, outcomes, management strategies, and leadership skills.

The cost of the conference is $395 for HCEA members and $465 for nonmembers before Sept. 14. After that date, the registration cost to members is $445 and $515 for nonmembers. One-day registration is available for $240 before Sept. 14 and $260 after that date. A preconference activity will take place at Northwestern Memorial Hospital Oct. 4 and costs $65.

For more information about the 2001 Health Care Education Institute contact: HCEA, 1211 Locust St., Philadelphia, PA 19107. Telephone: (888) 298-3861. Fax: (215) 545-8197. E-mail: ken.Cleveland@rmpinc.com. ▼

'Cancer's Gift' offers support for families

During her son's four-year struggle with neuroblastoma, Donna Breen kept a journal chronicling the pediatric cancer diagnosis, treatment, and eventual remission. From those notes, she wrote a book, *Cancer's Gift*, in which she shares coping mechanisms her family developed during the ordeal that others going through a similar experience might benefit from.

The "gifts" were many, including the strength the family developed and new friendships with other families going through the same experience. The book is an excellent selection to add to the book collection at patient education resource centers for family caregivers going through the cancer experience.

The book is available for $12.95 from RockWren Publishing, P.O. Box 70326, Reno, NV 89570-0326. Telephone: (877) 481-8248 or (775) 829-4489. Fax: (775) 829-4459. E-mail: rockwren@gbis.com. ■

Would you be a good guest column author?

Do you have any insights into persisting problems in patient education or new ideas that have improved patient education? If so, we invite you to share them with readers of *Patient Education Management* as a guest columnist.

Topics covered by past guest columnists include an innovative educational material review process, ways to motivate changes in behavior so the patient is not only learning information but applying it, and insight into creating a better form for documentation of patient education. If you would like more information about the column format, a copy of a previously printed column, or to inquire about a topic you would like to cover as a guest columnist please contact Susan Cort Johnson, editor, at: (530) 256-2749 or E-mail: suscortjohn@onemain.com. ■

CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics
PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

Now is the time to warn about Lyme

Prevention methods improve tick detection, removal

During summer, outdoor activities such as camping and hiking are popular, increasing the possibilities of tick bites as people go out into the woods. Therefore, as the weather warms and people seek sun and fresh air, they need to learn the dangers of contracting Lyme disease, the bacterium *Borrelia burgdorferi*, which is transmitted by infested ticks. They also need to know how they can protect themselves.

"The most important thing I recommend is a tick check. Parents teach their children how to brush their teeth; they should also teach them how to do a tick check. It doesn't take any longer than brushing their teeth," says **Carol Stolow**, director of The Lyme Disease Network of New Jersey. She also recommends nighttime bathing, because ticks try to go to the top of people's heads before feeding. People are more likely to wash them off before they attach if they shower at night rather than waiting until morning.

To help prevent Lyme disease, Stolow frequently lectures at schools. She tells kids that ticks often feel like a scab; if they find something on their body that feels like a scab, they should have an adult check it with a magnifying glass.

According to the Atlanta-based Centers for Disease Control and Prevention (CDC), it is unlikely for the bacterium that causes Lyme disease to be transmitted before 36 hours of tick attachment. Daily tick checks and their prompt removal is the best method for preventing infection.

What do parents need to know about preventing Lyme disease? Following are a few suggestions from Stolow and the CDC:

• **Tick habits.** Adults and children alike should know something about the habits of ticks and where they are most likely to be found. Ticks like a moist, shaded environment and can often be found in leaf litter and low-lying vegetation. Habitat that is wooded, brushy, or overgrown with grass will attract ticks. "The tick lives on the underside of a leaf or a bush," says Stolow.

While nymphal ticks feed during the spring and summer months, people should be aware that they can contract Lyme disease from a tick bite any time of year. In the fall, a pile of racked leaves could be infested with ticks, and one could attach to children when they run and jump into the leaves.

To find out about ticks' habitat in a particular area, people should contact their state and local health departments, park personnel, and agricultural extension services.

• **Protection methods.** If people are aware that an area is infested with ticks, they should wear light-colored clothing so that ticks can be spotted more easily, according to the CDC. Pants can be tucked into socks or boot tops to keep ticks from reaching a person's skin. Wearing long-sleeved shirts might help, as well. Because ticks are often in leaf litter or vegetation close to the ground, high, rubber boots can offer some protection.

However, wearing protective clothing is no guarantee against a tick bite. Ticks are so small they can work their way through the weave of a sock, says Stolow. Also, it isn't practical to recommend long pants tucked into socks in the middle of July.

Make tick checks a habit

• **How to check for ticks.** The best way to keep from getting Lyme disease is to do a tick check so ticks can be discovered and removed before they have a chance to transmit the bacterium. First, check all the bending parts of the body, such as the back of knees, front of the elbows, the fingers, and the toes, Stolow instructs. "The goal of the tick is to reach the top of your head, but if you bend your leg just when it gets to that area, it will stop and feed there."

Next, check the areas where clothing pressed more tightly against the skin, such as the waist or the shoulders if a bra was worn. The third step is to check the areas of the body where a tick might hide, such as the navel, inside the ear, behind the ear, and along the hairline. Finally, gently run the fingers through the scalp and over all exposed skin. The tick check should always be done with the fingertips, because ticks that are too small for

SOURCE

For more information about the prevention of Lyme disease, contact:

- **Carol Stolow**, Director, Lyme Disease Network of New Jersey, 43 Winton Road, East Brunswick, NJ 08816. Web: www.lymenet.org.

the eye to see can be felt. They will feel like a scab.

• **How to remove a tick.**

Every household should have a pair of fine-tipped tweezers for removing ticks. In that way, when a tick is found on someone, it can be removed by sliding the tweezers under its body and grabbing the mouth part that is attached to the skin. Once the tick is secure, the tweezers should be lifted straight up without twisting. "I tell people it is no more serious then a splinter at that point. Remove the body without squeezing it because the bacteria lives in the gut of the tick," advises Stolow.

If a person does contract Lyme disease, he or she should see their physician immediately for treatment. Some of the signs and symptoms of the disease are a fever, headache, stiff neck, muscle aches, joint pain, and fatigue. Some get a red, "bulls-eye" type rash. Remember that ticks can feed and drop off, so a person would never know they had been bitten, says Stolow.

Neonatal pain gets long-overdue attention

Infants, unlike adults, are at a disadvantage

All newborns undergo routine invasive procedures the first days and weeks after birth. Babies in the intensive care often undergo numerous medical procedures, yet pain in newborn babies is often unrecognized and undertreated, according to the International Consensus Group for Neonatal Pain, a collaborative of pediatric pain experts from around the world.

Because babies cannot talk or respond like adults, it is difficult for health care professionals to understand the type or degree of pain the baby is experiencing, contend these experts. Lack of understanding contributes to inadequate assessment, prevention, and management of pain.

To help health care providers manage pain in newborn babies, the group developed a set of guidelines. "Our recommendations are mainly applicable in established neonatal intensive care units that provide advanced medical and nursing care for critically ill babies. However, we are working toward adapting them for the management of neonatal pain in other clinical settings," says **K.J.S. Anand**, MD, chairman of the virtual group consisting of 25 physicians and nurses from 12 countries.

The guidelines, which were published in the February issue of the *Archives of Pediatrics and Adolescent Medicine,* consist of safe and effective treatment approaches for preventing and relieving pain, as well as principles for pain relief in neonates.

Treatment approaches include:

• **Environmental.** Producing a soothing atmosphere by reducing light and noise surrounding the baby.

• **Behavioral.** Providing comfort by swaddling the baby and using pacifiers.

• **Pharmacological.** Using analgesia as a preemptive comfort measure including oral sucrose, topical anesthetic creams such as EMLA cream, morphine and other opioids, and acetaminophen.

Principles for pain relief include:

• If a procedure is painful in adults, it should be considered painful in newborn infants, even if they are preterm.

• Adequate treatment of pain may be associated with decreased clinical complications and decreased mortality.

• The appropriate use of environmental, behavioral, and pharmacological interventions can prevent, reduce, or eliminate neonatal pain in many clinical situations.

The guidelines are based on the latest research developments in an effort in an effort to link research and clinical practice. "We hope our work will stimulate further research by clearly outlining the areas where current evidence is not available with regard to specific therapeutic approaches," says Anand.

(Editor's note: To help manage pediatric pain, look for an overview of pain assessment scales in the May issue of Patient Education Management.) ■

SOURCE

For more information, or to obtain a copy of the guidelines, contact:

- **K.J.S. Anand**, MD, Chairman, International Consensus Group for Neonatal Pain, c/o Arkansas Children's Hospital, 800 Marshall St., Little Rock, AR 72202. Telephone: (501) 320-1100.