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## **HEALTH COACHING IN CHRONIC INFECTIOUS DISEASES**

### **Coaching zdrowia w przewlekłych chorobach zakaźnych**

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## **Abstract (in Polish):**

### **Wprowadzenie**

Osoby cierpiące z powodu chorób przewlekłych w swoim codziennym funkcjonowaniu często zmagają się z różnego rodzaju trudnościami. Jest to związane ze schematem leczenia oraz jego skutkami ubocznymi, które zazwyczaj wymagają modyfikacji stylu życia. W niektórych przypadkach osób zakażonych wirusem HIV (Human Immunodeficiency Virus) lub HCV (Hepatitis C Virus) codzienny dyskomfort może być bardziej dotkliwy ze względu na większe ryzyko stygmatyzacji społecznej. Celem artykułu jest przedstawienie coachingu zdrowia jako podejścia, które potencjalnie mogłoby wspomóc leczenie osób cierpiących na przewlekłe choroby zakaźne.

### **Przegląd literatury**

Coaching zdrowia to podejście, które sprawia, że osiągnięcie celów związanych ze zdrowiem jest bardziej prawdopodobne. Dostosowanie się do zaleceń lekarskich jest kluczowe dla poprawy wyników związanych z prowadzonym leczeniem. Często istnieje konieczność, by pacjenci zmienili niektóre ze swoich nawyków zdrowotnych oraz codziennych zachowań. Jednakże, aby implementacja wymagań terapii była prawdopodobna, plan działania powinien być realistyczny oraz możliwy do osiągnięcia. Ponadto, w kontekście chorób zakaźnych ma to szczególne znaczenie, ponieważ ma ono wpływ na bezpieczeństwo i życie zarówno samych pacjentów, jak i bliskich im osób.

### **Wnioski**

Zdecydowana większość dowodów naukowych dotyczy wdrażania coachingu zdrowia u pacjentów cierpiących z powodu chorób przewlekłych bez kontekstu zakaźnego. Jednakże, coaching zdrowia może być rozważany jako obiecująca interwencja w kontekście chorób zakaźnych, jakkolwiek istnieje potrzeba dalszych badań w celu zweryfikowania jego skuteczności.

## **Abstract (in English):**

### **Introduction**

People with chronic disease frequently have different kinds of difficulties with everyday functioning as the treatment regime and its side effects usually demand lifestyle changes. In some people infected with HIV (Human Immunodeficiency Virus) or HCV (Hepatitis C Virus) everyday discomfort may be augmented due to a higher risk of social stigmatization. The aim of this paper is to introduce health coaching as a method which could assist the treatment of people suffering from chronic infectious diseases.

### **Review of literature**

Health coaching is a method that helps to achieve health-related goals. Compliance with medical requirements is crucial to enhance outcomes connected to treatment. Frequently, there is a need for patients to improve or change some health-related habits and everyday behaviors. However, treatment-related action plan should be realistic as well as achievable. According to infectious diseases it is of the utmost importance because it impacts on the safety and life of patients and their relatives.

### **Conclusions**

The vast majority of evidence is related to the implementation of health coaching in chronic diseases without an infectious context. However, health coaching could also be considered as a promising intervention in the context of infectious diseases, although there is a vital need for further research exploring its efficacy.

**Keywords (in Polish):** coaching zdrowia, choroby zakaźne, choroby przewlekłe.

**Keywords (in English):** health coaching, infectious disease, chronic disease.

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J. Sułkowska et al.

## **Introduction**

The World Health Organization states that: “Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans” [1].

Patients suffering from chronic infectious diseases experience difficulties in various areas of life, for example social marginalization, which may differ depending on the diagnosis, the stage and duration of the disease. People diagnosed with viral hepatitis argue that the symptoms, treatment regime and side effects make their life difficult [2,3]. These problems may be exacerbated by their concerns about infecting other people with the virus [3] and those around them also fearing becoming infected too [4,5].

Chronic viral hepatitis is a long-term disease of slow progression, lasting more than 6 months, characterized by hepatic necrotizing changes caused by persistent infection with HBV (Hepatitis B Virus) and HCV (Hepatitis C Virus) [6,7]. These viruses transmitted by blood differ in many respects but have similar deleterious effects on liver function [8]. The majority of infected patients are initially asymptomatic or report atypical complaints. The most commonly reported symptoms include: lowered energy, mood swings and depression. In the case of hepatitis C, the presence of at least one extrahepatic symptom related to skin, kidneys, central and peripheral nervous system, and musculoskeletal system is also characteristic [6,7]. Chronic hepatitis C virus (HCV) infection affects several aspects of patients’ physical, mental, social life and well-being [9].

Previous studies indicate the need to strengthen anti-stigma programmes that will reduce psychological and social problems for patients with hepatitis C and decrease their stigmatization in society [10].

Patients with hepatitis B do not seem to have a better health-related quality of life despite lower perceived stigmatization, than patients with hepatitis C [8]. These patients have lower probability of

successful treatment compared to the latter group [11,12]. Patients with HBV may suffer from physical symptoms, psychological disturbances such as low self-esteem, and experience discrimination [13] and stigma [8,10,13]. The feelings of loneliness, hopelessness and isolation are common amongst these patients and could increase the risk of depression [13]. There is also a risk of reduced quality of life as a result of interferon and ribavirin treatments in patients with chronic viral hepatitis [14] or limited improvement in physical functioning in people under the age of 70 treated with daclatasvir and asunaprevir [15]. Therefore, these patients may benefit from improved provision of educational services focusing on the disease and its cultural aspects [8].

Human Immunodeficiency Virus (HIV) is a human virus that impairs immune function [16]. Acquired Immune Deficiency Syndrome (AIDS) is the final stage of the disease resulting from HIV infection characterized by impaired immune system and the occurrence of difficult to treat opportunistic infections and cancers. Learning about this serious illness can be distressing for patients, their relatives and friends. Disclosing HIV infection can be very challenging, people are often afraid to sharing this information and do refrain from doing so. Extreme stress can be accompanied by high levels of anxiety, hopelessness and depression, withdrawal from social contacts and increasing isolation, feelings of non-acceptance by others, weakening independence and autonomy, increasing need for care by other parties, as well as anxiety regarding the final stages of the disease [16].

The stigma of HIV is related to the social response to dissimilarity, which is caused by the perception of people with HIV as those who have contributed to infection by their behavior [17]. They are afraid of pain, degradation of physical or cognitive functioning, and approaching death [16]. The fear of losing these relationships and people around might be another important stressor [18].

The main purpose of this paper is to introduce health coaching as a method which could possibly assist the treatment of people suffering from chronic infectious diseases.

## **Review of literature**

There is no general agreement on a universal definition of health coaching and its framework [19]. Palmer and associates define health coaching as: “the practice of health education and health promotion within a coaching context, to enhance the wellbeing of individuals and to facilitate the achievement of their health-related goals” [20, p. 92]. This definition has become the most frequently cited in the literature [21]. Olsen proposed an operational definition of health coaching: “a goal-oriented, client-centered partnership that is health-focused and occurs through a process of client enlightenment and empowerment” [21, p. 24]. Another definition of health and wellness coaching components (conceptual and interventional) is proposed by Wolever and associates [19]:

“a patient-centered approach wherein patients at least partially determine their goals, use self-discovery or active learning processes together with content education to work toward their goals, and self-monitor behaviors to increase accountability, all within the context of an interpersonal relationship with a coach. The coach is a healthcare professional trained in behavior change theory, motivational strategies, and communication techniques, which are used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being” [19, p. 52].

Health coaching has been found to benefit some patients with non-communicable chronic diseases and this intervention is worth considering in primary care as a lifestyle pro-health correcting process [22]. As with any intervention, health coaching is effective only in some cases. There are research and review papers which confirm its effectiveness [23-25], while other papers do not confirm it [26], and a number of publications present mixed results [27-28]. This discrepancy can be explained by differences

in the way coaching is delivered or performed, various types of assessed interventions (coaching as a single intervention vs coaching as an adjunct to another intervention), and different endpoints which were measured by researchers.

Health coaching is an intervention where actions and effects are not immediate but they are staggered in duration [29]. Consequently, this approach might be suitable for patients with infectious chronic conditions.

So who can benefit from health coaching? The answer is not straightforward. According to a review of empirical evidence which was carried out by the Evidence Centre “There is no evidence that health coaching is more effective for people with some conditions than others” [30, p. 11]. In conclusion, it stated that: “health coaching may work best when people have already decided that they want to do something differently and health coaching provides a tool to help them achieve this” [30, p. 11].

Potential benefits of health coaching for patients suffering due to chronic infectious diseases.

Palmer and associates pointed out the potential of health coaching as an approach which could possibly “facilitate the promotion of healthy behaviors and help individuals achieve their health-related goals” [20, p. 91]. In infectious chronic diseases certain behavior changes are required which are potentially crucial for therapy and the safety of the patient as well as the people who are in contact with them. Adherence to medical regime and medication intake (exactly as instructed) are of the utmost importance. Consequently, building a realistic and achievable action plan of how to cope with a new lifestyle, diet regime, modifying everyday behaviors and social interactions is vital to improve therapeutic outcomes. One challenge is ensuring the safety of people around the patient whilst not creating unnecessary social isolation for the patient. Through a health coaching conversation, an individual action plan could be developed to enable the patient with an infectious chronic disease cope with therapy, adopt and maintain new healthy behaviors. However, there is an important question: Is there sufficient evidence that health coaching is an appropriate intervention for patients suffering from chronic infectious diseases?

## Conclusions

Health coaching has been used within a variety of different health settings and applied to a range of disorders. Health coaching could also be considered as a promising approach in the context of chronic infectious diseases. However, more evidence is needed to demonstrate that health coaching is effective for assisting and supporting patients with chronic infectious diseases.

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