

Editorial

Clinical Treatment + Clinical Health Promotion = Better Treatment Results Immediately

Hanne Tønnesen

About the AUTHORS

Editor-in-Chief Director, WHO-CC, Clinical Health Promotion Centre, Bispebjerg & Frederiksberg Hospital, University of Copenhagen, Copenhagen, Denmark & Lund University, Skåne University Hospital, Malmö, Sweden

CEO, International HPH Secretariat

Contact: Hanne Tønnesen Hanne.Tonnensen@regionh.dk



The overall aim of the National Health Services is to improve patients' health by health care deliveries; mainly diagnosing and treatment. Tremendous efforts are made to improve the outcome results, as well as to reduce adverse events, length of stay in hospital, number of visits in outpatient clinic and length of recovery.

More and more evidence has been gathered showing immediately better treatment results when integrating health promotion in the clinical pathways. This is the case for many patient groups, including patients within psychiatry, internal medicine and surgery. Today, very effective health promotion intervention programs exist, and many national, regional and local health services have already implemented the programmes in their strategy.

Internal medicine

Through many years, heavy evidence have established that most patients suffering from chronic medical diseases, such as cardiovascular illness, lung diseases and diabetes, would benefit from comprehensive rehabilitation programs. These programmes, which include smoking cessation, nutrition improvement and alcohol intervention in addition to physical training, have all been recommended by WHO many years ago (1).

Surgery

Clinical health promotion in surgery has become the new classic example on the immediate benefits of integrating health promotion in the clinical pathway. Now, intensive smoking and alcohol cessation intervention has become the gold standard program together with physical exercise and nutrition in the perioperative period. (2-5).

Mental illness

Recently, new evidence has been synthesized on the good effect of smoking cessation on mental health. The levels of anxiety, depression and affection are reduced, while the quality of life is increased. This is the case both for the general population and for specific patient groups. An important group is the psychiatric patients, who benefits at the same degree as other patient groups. Altogether, these improvements have been identified after a few weeks of abstinence, and should therefore be integrated into mental health treatment in order to improve the outcome (6).

Overall

The positive influence on treatment results of adding clinical health promotion seems to continuously increase and broaden out - both in number of patients and in number of specialties. The time has therefore come

- for the national health services to implement clinical health promotion into all patient pathways and secure the staff competences in health promotion,
- for the staff to systematically deliver the health promotion intervention related to patients in need for clinical health promotion
- for the patients and their relatives to demand effective health promotion programs.

All together these initiatives are aimming

Clin Health Promot 2014; 4:3-4



Editorial

at better treatment results immediately and improved health gain for the patients on longer term.

To obtain the immediate benefits it is necessary to implement clinical health promotion, systematically based on patients' needs in daily life. The three validated and "easy to use" tools are recommended from the World Health Organization and the International Network of Health Promoting Hospitals and Health Services (7-9) to secure a transparent process of implementation and follow-up on clinical health promotion.

References

- (1) Tønnesen H (Ed.). Engage in the Process of Change; Facts and Methods. WHO Regional Office for Europe, Copenhagen 2012.
- (2) Thomsen T, Villebro N, Møller AM. Interventions for preoperative smoking cessation. Cochrane Database Syst Rev. 2014 Mar 27;3:CD002294.
- (3) Oppedal K, Møller AM, Pedersen B, Tønnesen H. Preoperative alcohol cessation prior to elective surgery. Cochrane Database Syst Rev.2012 Jul 11;7:CD008343
- (4) Nielsen PR, Jørgensen LD, Dahl B, Pedersen T, Tønnesen H. Prehabilitation and early rehabilitation after spinal surgery: randomized clinical trial. Clin Rehabil 2010; 24:137-48.
- (5) Burden S, Todd C, Hill J, Lal S. Pre-operative nutrition support in patients undergoing gastrointestinal surgery Cochrane Database Syst Rev. 2012 Nov 14:11:CD008879.
- (6) Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P (2014). Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014; 348:g1151
- (7) Groene O, Alonso J and Klazinga N. (2010). Development and validation of the WHO self-assessment tool for health promotion in hospitals: results of a study in 38 hospitals in eight countries. Health Promot Int 2010; 25:221-9
- (8) Tønnesen H, Christensen ME, Groene O, et al. An evaluation of a model for the systematic documentation of hospital based health promotion activities: results from a multicentre study. BMC Health Services Research, 2007; 7:145.
- (9) Tønnesen H, Svane JK, Lenzi L, et al. Handling Clinical Health Promotion in the HPH DATA Model: Basic Documentation of Health Determinants in Medical Records of tobacco, malnutrition, overweight, physical inactivity & alcohol. Clin Health Promot 2012; 2:5-11.