

## Need for structured patient education in improving treatment outcome in chronic lifelong diseases

**Ahmed Murtaz Khalid***Professor of Physiology, CMH Kharian Medical College/Tutor Postgraduate Diploma Diabetes,  
University of South Wales, UK**Correspondence [murtazkhalid120@gmail.com](mailto:murtazkhalid120@gmail.com)***How to site this: Ahmed Murtaz Khalid Need for structured patient education in improving treatment outcome in chronic lifelong diseases: cross-sectional study. PAMS 2025;1 (1): v-vi**

Incidence of chronic lifestyle related diseases is on the surge not only in Pakistan<sup>1</sup> but globally. Obesity and its associated comorbidities like heart disease, diabetes, stroke and other microvascular complications not only affect the patient's quality of life but also put a lot of economic burden both on the patient and healthcare sector.

These lifelong ailments do impact the patient and his family psychologically, as these diseases demand an altogether change in lifestyle of the patient. Changing a lifestyle pattern is not any different than changing a behavior or a bad habit and it demands a holistic multidisciplinary approach with emphasis on patient education.

Patient education is quite challenging once healthcare professionals are dealing with a wide range of patients, based on their educational backgrounds and having diverse mother languages. Further lack of availability of palatable information for patients in various languages further make it challenging for patients to grasp the real concept behind changing their behaviors. These challenges might breach patient doctor confidence and the patients turn to quacks, further aggravating their disease and related complications.

Changing behaviors with breached confidence with the doctor will make it impossible to convince an adult that his current lifestyle is posing a threat which can affect the quality of life. In this scenario a multidisciplinary approach by engaging a family physician, a psychologist and a nutritionist might help

the individual, however in a budget constraint healthcare sector the need of the hour is to educate the primary healthcare physician how to implement the behavioral change model in a personalized manner.

So to effectively educate the patients living with a chronic disease with a lot of variety in the follow up system once not a single general physician is designated to a fixed pool of patients, it's important to first educate the primary healthcare physicians, both doctors and nurses about the implementation of Prochaska model of behavioral therapy<sup>2</sup>. Health care individuals should be able to identify which phase of the behavioral model the patient currently belongs to base on history, ranging from contemplation, pre-contemplation, preparation, action, maintenance and relapse and further make a clear line of action to promote him up the stage to finally land in the maintenance phase.

It is recommended to share palatable information to the patients in the pre-contemplation phase, a phase where the individual don't recognizes that his current lifestyle poses any danger to his life, therefore is not open for any change, here argumentation will be of least help<sup>3</sup>. By employing the medical journalism and social media platform, it is needed that a simple, easily digestible information about the current disease of the patient, its associated complications along with treatment strategies should be made available to the patient along with the prescription. Since a lot of Latin language is already used on the social media

and it hasn't making any impact on changing the current unhealthy behaviors of the patients suffering from chronic lifelong diseases. So the need of the hour is to formulate a healthy dietary plan in the mother language of the patients and make it available at the time of consultation since it might have better impact on the patient education.

## References

1. The state of health in Pakistan and its provinces and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019
2. Hashemzadeh M, Rahimi A, Zare-Farashbandi F, Alavi-Naeini A, Daei A. Transtheoretical model of health behavioral change: a systematic review. *Iran J Nurs Midwifery Res.* 2019;24(2):83
3. Elshahoryi NA, Subih HS, Hammouh FR, Hammad FJ. Stage of change of Transtheoretical Model for nine health-related behaviors among hypertensive patients: Cross-sectional study. *Patient Preference and Adherence.* 2024 18: 1691-1711