

Chronic Disease Management

In North America and in most western European countries approximately 80% of adults over age 65 have a chronic disease and of these 30% have three or more chronic conditions.

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Common Chronic Conditions

The most common chronic conditions experienced by older adults include:

- Arthritis (osteoarthritis, rheumatoid)
- Heart Disease (heart attack, arrhythmia, high blood pressure, heart failure)
- Respiratory Disease (asthma, chronic obstructive pulmonary disease)

Sixty percent of all hospitalizations and most visits to hospital emergency departments are due to exacerbations of chronic illnesses. Also, of concern is the fact that studies of persons with chronic disease show less than 50% adherence rates to prescribed medical regimes.

Factors that affect adherence include social, cultural, economic factors coupled with managing emotions (depression/anxiety) typically experienced when receiving the diagnosis of a chronic condition for which there is no cure.

Consequently, poor adherence to medical prescriptions for disease management plus high use of medical services by older adults with chronic disease indicate that successful self-management of chronic illnesses is challenging and unachievable in the absence of a constructive Interactive Communication System (ICS) - person with the disease, medical practitioner, family/friend caregiver.

The establishment of an open collaborative communication system with equal status participation of the chronically ill person, their medical practitioner and a designated family/friend caregiver is essential for addressing the numerous challenges of effectively managing a chronic disease.

The challenges of self-management

The challenges of self-management of a chronic disease are complex, for some people overwhelming and include:

1. organizing medication dose - intake schedule
2. changing diet – specifically eliminating unhealthy food choices
3. choosing type and duration of daily physical activity
4. addressing mental health aspects of managing a chronic disease (depression/anxiety)
5. maintaining regular engagement in social interactions with family and friends.

Ultimately, the aim of the ill person, medical practitioner, caregiver partnership is to modify disease exacerbating risk factors by changing specific behaviors through the adoption of Healthy Lifestyle Behaviours.

The key components of Healthy Lifestyle Behaviours

The key components of Healthy Lifestyle Behaviours include:

- Physical Activity
- Healthy Eating
- Social Engagement
- Stress Management

Throughout life the adoption of Healthy Lifestyle Behaviors contributes to an overall state of wellbeing both physically and psychologically. Studies have shown that regardless of culture, ethnicity, race, age, or gender all people benefit from implementing daily healthy lifestyle behaviors. Similarly, numerous studies have shown that improvement in overall health status while managing a chronic disease is significantly associated with the adoption of Healthy Lifestyle Behaviours.

Studies have also shown that family/friend caregivers of people with chronic disease (dementia, stroke, Parkinson, heart, diabetes, chronic obstructive pulmonary disease) who adopt Healthy Lifestyle Behaviours make significant gains in physical and mental health status.

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Last Updated: December 4, 2024

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