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Decay of impact after a health-education program for people with chronic diseases : preparing for reinforcement by analysis of prevalence,magnitude, timing, and predictors of decay

その他のタイトル	慢性疾患患者における健康教育プログラム実施後のdecay of impact : decayのタイミング、割合、大きさ、および予測因子の分析から
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［課程−2］

審査の結果の要旨

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本研究は患者教育プログラムにおいて重要な議論の一つである decay of impact というパターンを明らかにするため、decay の割合、大きさ、タイミング、及びそれを推測できる予測因子を探るため分析した研究であり、下記の結果を得ている。

1. **Participants and data collected:** Usable data were obtained from 364 participants. Many of them were middle-aged. Almost 80% were women. The length of time since the diagnosis of their chronic disease varied widely, from less than 1 year to more than 60 years. More than 40% of them had more than one diagnosis, and more than 15% of them had more than two diagnoses. The most common diagnoses were allergic disease, cardiovascular disease, connective tissue disease, diabetes, and rheumatic disease.
2. **Patterns of change over time:** Unlike the small changes over time at the whole-group level, the pattern-defined subgroups with improvement and with decay had large changes and were easy to identify.
3. **Timing, prevalence, and magnitude of decay of impact:**
   Timing: The percentage of people in whom the decay began at 3 months ranged from 26.1% (communication with medical doctor) to 61.4% (self-rated health).
   Prevalence: The prevalence of decay of impact ranged from 7% (pain) to 26% (self-rated health).
   Magnitude: Overall, decay of impact was greater on the measures of general health status than on the measures of self-management behavior or psychological health. The median magnitudes of the decay ranged from 16.4% of full scale for depression to 39.5% of full scale

for pain. The frequency distributions of magnitude of decay were right-skewed: some people had more than 50% decay, and some had more than 60% decay, on some measures.

4. **Predictors of having decay of impact:** In classification trees the risks of misclassification were all less than 0.3. The best trees were those for predicting decay on coping, on anxiety, and on self-rated health. For those 3, the percentages of participants who were correctly classified with decay were greater than 70%, and the areas under the ROC curves were greater than 0.78.

   In general, diagnoses were not associated with having decay of impact. There were only 2 exceptions. People with fibromyalgia syndrome were more likely to have decay on self-rated health, and people with Parkinson's disease were more likely to have decay on pain.

   The most consistent predictor was the number of years since diagnosis. That predictor was included in 6 of the 8 classification trees. In 5 of those 6, participants with longer disease histories were predicted to have decay of impact. However, in communication with medical doctors, participants with longer disease histories were predicted have improvement rather than decay of impact.

以上、本論文は患者教育プログラムにおいて、decay of impactというパータンがプログラムの直後に発生し、各変数においての大きさは違うことを明らかにした。本研究はこれまで様々な健康教育プログラムの研究で議論されてきた効果の維持と向上において重要な貢献をなすと考えられ、学位の授与に値するものと考えられる。