



EXPLORING PATIENTS' VIEWS OF SELF-MANAGING COMMUNITY ACQUIRED PNEUMONIA AT HOME

Background

Studies have shown that community acquired pneumonia (CAP) can be safely and effectively managed at home with oral antibiotics in patients with a low mortality risk. A Scottish national audit project (SNAP-CAP) is aiming to increase the number of such patients managed at home. However, little is known about the support and information requirements that people might have when recovering at home with CAP.



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The interviews show that patient with CAP need more information and help to overcome concerns if they are to successfully manage their condition at home. This might include tips on managing symptoms like what is 'normal' when people are recovering from pneumonia, managing symptoms like tiredness and being short of breath and what to do if their symptoms get worse. If this is provided, it is likely that many will feel comfortable self-managing their condition at home, although further research would be needed to be sure of this.

Aims and methods

This study aimed to explore the experiences of patients with CAP and to identify any information and support needs they might have. A total of 15 patients were recruited from assessment units and accident and emergency departments in Ninewells Hospital and Perth Royal Infirmary. Semi-structured interviews were carried out with all 15 patients between one-three weeks following discharge from hospital.

Key findings

- Patients reported they often delayed seeking professional help until they started to suffer severe symptoms such as chest pain or breathlessness.
- Most patients attended hospital with little or no explanation of the purpose of their visit. Once referred they thought they would be admitted and only 1 recalled being given the opportunity to return home to self-manage.
- They tended to rate the information they were given in hospital to be poor. More than half said they left hospital with no clear understanding of pneumonia and some said there were limited opportunities to discuss their condition, its treatment and their concerns. Some however, highlighted that they had been given information on admission but had felt too ill to actively listen at that time.
- Patients had a number of concerns and needs for support prior to or after discharge from hospital.

These included: understanding their illness; how best to manage tiredness and rebuild their strength; their future susceptibility; understanding normal recovery patterns; how to avoid spreading infection to others; assistance with personal care and domestic chores; knowing what to expect from medical follow up.

- Eight patients said they preferred self management at home; five preferred hospital care and two were undecided. All of those who preferred hospital care had received intravenous antibiotics and oxygen saw it as a safer environment than being at home.

Recommendations

- Patients with CAP need a clear description of their illness, its implications and its treatment and specific advice on how they can manage symptoms and re-build their normal level of well-being.
- Opportunities to discuss these issues need to be available throughout their period of illness.
- Extending the provision of home care will depend on ensuring patients receive oral antibiotics as their first line treatment; are presented with the option of returning home; are well informed of their risk of deterioration in the first few days and advised what to do if this happens.
- Patients who choose home care may also need assistance from family or social/health care services with personal care and domestic chores.



Further information: full report available on www.ascr.ac.uk

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