

HNN319: CHRONIC ILLNESS AND SUPPORTIVE CARE

Week 1: Models of chronic care

Chronic Illness

Chronic conditions have many definitions although most of them include the following:

- Have complex and multiple issues
- Usually have a gradual onset
- Occur across the life cycle, becoming more prevalent with older age
- Can compromise quality of life and create limitations and disability
- Are long term and persistent, and often lead to gradual deterioration of health and loss of independence
- Whilst not immediately life threatening, they are the most common cause of premature mortality

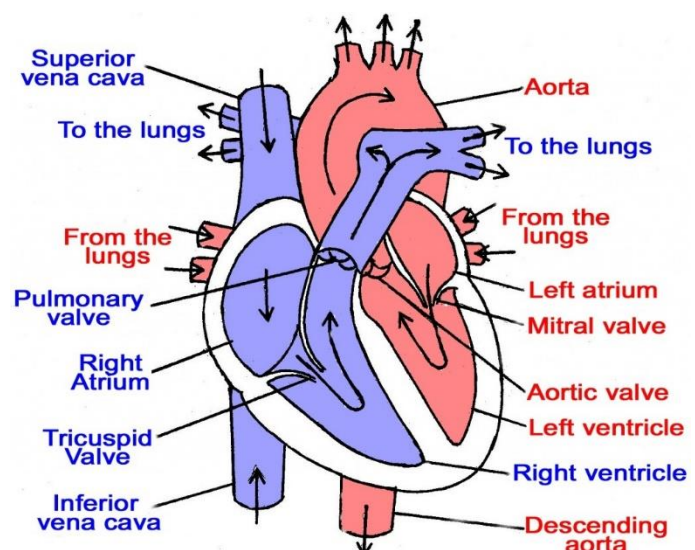
Models of chronic care

- Australian national strategic framework for chronic conditions – focuses on priority populations rather specific diseases
- Wagner’s chronic care model – all stakeholders know their roles and work towards a common goal (more suited to first world country health services)
- Innovative care for chronic conditions framework – takes a more prevention based approach to population health and is more flexible and adaptable to any healthcare context (can be applied in any world health setting)
- Shifting perspectives model – a cycle of illness versus wellness at the forefront of the patient’s mind which can affect the ability to reach goals

Heart failure is an abnormal clinical condition involving impaired cardiac pumping. It results in the characteristic pathophysiological changes of vasoconstriction and fluid retention. HF is classified as systolic or diastolic failure or mixed. *Systolic failure* is an inability of the ventricles to contract and *diastolic failure* is an impaired ability of the ventricles to relax.

Left-sided heart failure results from left ventricular dysfunction which causes blood to back up through the left atrium and into the pulmonary veins. The increased pulmonary pressure causes fluid extravasation (leakage) from the pulmonary capillary bed into the interstitium and alveoli, resulting in pulmonary congestion and oedema.

Right-sided heart failure causes a backup of blood flow into the right



atrium and venous circulation. Venous congestion in the systematic circulation results in peripheral oedema, hepatomegaly (enlarged liver), splenomegaly (enlarged spleen), vascular congestion of the GI tract and jugular venous distension. RSHF is usually caused by LSHF.

Risk factors include hypertension, diabetes, smoking, obesity and hypercholesterolemia.