

Using the internet to help individuals stay healthy and prevent further reductions in health from existing chronic diseases

Submission date 08/09/2011	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 08/11/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 16/04/2015	Condition category Respiratory	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

One of the greatest healthcare challenges is the increasing costs and social burden of chronic disease - a challenge which the healthcare system is poorly equipped to address. Self-management refers to learning and practicing skills necessary to carry on an active and emotionally satisfying life in the face of a chronic condition. This requires providing patients with tools and strategies to manage their health and to develop the confidence needed to take up healthy behaviors and stop unhealthy ones. Unfortunately, the support provided by the healthcare system to help individuals manage their health has mainly involved a combination of infrequent brief discussions during physician visits and educational pamphlets, but has not provided the patient with ongoing information and monitoring in response to changes in their health. Self-management support for patients by the care team is recognized as an integral element needed for improving health outcomes by guiding individuals to care for their own health and to make positive health choices. To provide this type of support a direct line of communication is required between the patient and care team, extending the care experience outside of the physician's office or clinic. Health information technology (HIT) offers a unique opportunity to provide regular monitoring by supplying a means for two-way communication and exchange of information between the patient and care team. Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in Canada and is one condition where self-management has been shown to be effective for improving health outcomes. This study will evaluate the acceptability and test the effects of using a COPD web-based self-management tool on selected health behaviors and outcomes.

Who can participate?

Patients aged 40 and over with stable COPD .

What does the study involve?

Participants will be randomly allocated to either the intervention group or the control group. Both groups will receive usual care, which includes being managed by their respective specialists or general practitioners and receiving the Living Well with COPD program. In addition to usual care, the intervention group will also get access to the COPD web-based self-management tool.

What are the possible benefits and risks of participating?

If the tool is found to be effective, it will be deployed and further tested on a larger scale and adapted for other chronic diseases. Other than the time required for this study, there is no direct disadvantage or risk to health by participating in this study.

Where is the study run from?

Montreal Chest Institute, Sacre Coeur Hospital, Montreal, Canada.

When is the study starting and how long is it expected to run for?

From January 2012 to December 2013.

Who is funding the study?

Canadian Institutes of Health Research (Canada).

Who is the main contact?

Dr Sara Ahmed

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

246788

Study information

Scientific Title

Maximizing the effects of self-management interventions on chronic disease outcomes: the development of a Chronic Obstructive Pulmonary Disease (COPD) web-based patient portal

Study objectives

Higher rates of usage of the web-based tool will be associated with:

1. Greater improvements in COPD action plan adherence in the event of an exacerbation
2. Reduced nurse case manager work load

Ethics approval required

Old ethics approval format

Ethics approval(s)

McGill Faculty of Medicine Institutional Review Board (IRB), Canada 1 December 2010, ref: A08-M73-10B

Study design

Multicentre two-armed randomized controlled trial

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Chronic Obstructive Pulmonary Disease (COPD)

Interventions

Intervention group:

In addition to usual care, access to the COPD web-based self-management system including educational COPD content, personal medical information such demographic, drug and medical visit information.

Control group:

Usual care

Duration: 12 months

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Improvement in patients' adherence to action plan in the event of exacerbation
2. Action plan adherence defined as the patient taking antibiotic or prednisolone within three days of starting an acute exacerbation

Key secondary outcome(s)

1. Medication adherence
2. COPD self-efficacy

3. COPD specific health-related quality of life (chronic respiratory questionnaire, St George's respiratory questionnaire)
4. Adverse events (number of respiratory emergency department visits and hospitalisations)

Completion date

31/12/2013

Eligibility

Key inclusion criteria

1. Males and females patients with stable COPD aged 40 years and older
2. Patients who started the "Living Well with COPD" program
3. Have access to a computer and internet
4. Current or previous smoker (at least 10 packs per year)
5. Forced expiratory volume in 1 second (FEV1) after the use of a bronchodilator between 25% and 70% of the predicted normal value and FEV1 - forced vital capacity ratio less than 70%
6. Two COPD exacerbations in the previous year

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Previous diagnosis of asthma
2. Left congestive heart failure
3. Terminal disease
4. Dementia
5. Uncontrolled psychiatric illness
6. Long term care-facility stays

Date of first enrolment

01/01/2012

Date of final enrolment

31/12/2013

Locations

Countries of recruitment

Canada

Study participating centre
Montreal Chest Institute
Montreal
Canada

Sponsor information

Organisation
McGill University (Canada)

ROR
<https://ror.org/01pxwe438>

Funder(s)

Funder type
Government

Funder Name
Canadian Institutes of Health Research, ref: MOP - 115082 (Canada)

Alternative Name(s)
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

