Coaching by non-drug prescribing health professionals reduced total cholesterol concentrations in coronary heart disease


In patients with coronary heart disease (CHD), does a 6 month programme of coaching by non-drug prescribing nurses and dietitians reduce total cholesterol (TC) concentrations?

**METHODS**

In patients with coronary heart disease, telephone coaching by non-drug prescribing nurses and dietitians reduced total cholesterol (TC) concentrations.

**MAIN RESULTS**

Patients in the COACH group had greater decreases in TC concentrations than patients in the usual care group (table). The COACH programme also reduced low density lipoprotein cholesterol concentrations, weight, BMI, dietary fat intake, and anxiety more than usual care. Blood pressure increased in both groups but to a lesser extent in the COACH group (table).

**CONCLUSION**

In patients with coronary heart disease, telephone coaching by non-drug prescribing nurses and dietitians reduced total cholesterol concentrations and other coronary risk factors.

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**Commentary**

Research on the effectiveness of multicomponent disease management programmes for improving coronary risk profiles is slowly emerging. However, evidence regarding the effectiveness of individual components of these programmes, specifically non-prescribing nurse led interventions, is limited and conflicting. The trial by Vale et al rigorously examined the effectiveness of nurse or dietitian coaching on achieving cardiac risk factor targets, particularly serum TC concentrations.

Patients from 6 Australian teaching hospitals were contacted by health workers who had received training on the COACH programme. The programme assists patients to aggressively pursue improvements in cardiac risk factors. It reflects common principles of self-care: processes are initiated by the individual or in collaboration with a healthcare professional, and involve active client participation in health related decisions and actions. The programme focuses on the development of self-management skills beyond mere understanding of treatment targets to include proactive communication with physicians and development of action plans.

Nurses with or without prescribing authority could incorporate coaching strategies into their care and follow up patients with modifiable risks. Nurses have an important role in supporting and encouraging patients' self-management of chronic illness, and the nature of nursing is well suited to coaching, a function that may enhance the effectiveness of more passive educational strategies.

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