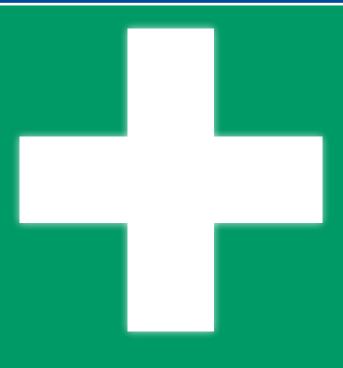
Department of Health and Social Care Reviews Facility

To support national policy development and implementation



Evidence Summary Self-care for minor ailments

- People can manage minor health complaints, such as coughs and colds, by themselves, using simple actions. Yet many people seek appointments with general practitioners (GPs) or go to accident and emergency (A&E) departments.
- Encouraging people to manage their minor ailments by themselves can reduce the burden on GP and A&E services.
- People describe a range of reasons why they do not feel confident to handle their minor ailments including:-

- not knowing how or feeling unable
- having no support from family or friends
- being unable to obtain physical examination and prescriptions from other types of health professional, such as nurses or pharmacists
- Various ways to encourage people to handle minor ailments have been tested – but few were successful.
- New ways that reflect the reasons why people feel unable to handle their minor health problems could be tried and tested

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• This summary covers three systematic reviews.

• In reviews 1 and 2, we examined patients' views about self-care for minor ailments. We focused on studies of interviews with patients (review 1) or written surveys of patients (review 2).

• In review 3, we examined studies of ways (or interventions) to encourage self-care. We assessed which of the different ways were effective.

• We combined the findings of the three reviews to see how well the tested ways matched people's views on their issues with caring for their minor ailments.

Background

Patients can manage minor health problems, such as coughs and colds, by themselves, using simple actions. Yet many people visit general practitioners (GPs) or accident and emergency (A&E) departments. Most visits to a GP or A&E, for a minor ailment, are for one of these 10 problems: back pain, dermatitis (dry sore skin), heartburn and indigestion, nasal congestion, constipation, migraine, cough, acne, sprains and strains, and headache (Pillay et al. 2010).

Self-care means taking responsibility for your own health and wellbeing (Foot et al. 2014). For minor problems, this can include asking for advice from friends, family and other people, finding information on the internet, and buying medicines that don't need a prescription. It can also include getting advice and support from healthcare workers other than GPs or at A&E – for example, from community pharmacists, at walk-in/urgent care centres, or by calling NHS 111.

Encouraging people, families and communities to self-care may help the NHS to save up to £1.6 billion (Pillay et al. 2010).

One aim of this review was to find the reasons why people do or do not manage their minor health problems by themselves. The other was to see if ways to encourage self-care do or do not work.

Evidence Sources

- 20 interview studies (review 1)
- 13 survey studies (review 2)
- 26 intervention studies, testing the success of ways to encourage self-care (review 3).
- Many of the studies had problems in design or conduct; so, our conclusions need to be interpreted with caution.
- This is a summary of the methods and results of the review. A full report is at https://eppi.ioe.ac.uk/cms/ Default.aspx?tabid=3728

What do people say stops them from self-caring for their minor ailments?

People gave seven reasons why they did not handle minor ailments by themselves:

- A lack of the knowledge or skills to handle minor symptoms and not knowing that self-care services are available;
- A lack of thought about alternatives to GP and A&E care;
- Worrying that minor problems are something more serious;
- Wanting antibiotics when they are not needed (due to provision of antibiotics in the past when they were not needed)
- Believing that their symptoms were so severe that they were a serious health threat;
- A lack of support from friends or family;
- Concerns about the alternatives to GP and A&E care, such as the cost of buying medicine or believing that pharmacists and nurses are not able to prescribe medicines or physically examine people.

Which approaches were found to help people to selfcare?

Researchers have tested six main approaches for encouraging self-care of minor ailments. Only two of those approaches were shown to encourage selfcare. Giving people a prescription for antibiotics, with a delayed date, so that they had to wait a few days before getting their medicine, reduced the number of GP visits. There was also some evidence that paramedics, trained to assess and treat older people in the community after a minor injury or illness (such as wounds and falls), reduced A&E visits, but this was tested in only one study.

There was little evidence for other ways, which included:

• Teaching people how to self-manage minor problems, and

• Providing other professional support, including telephone helplines (such as NHS Direct), practice nurses (at a GP surgery), and walk-in centres for treatment (NHS walk-in and urgent care centres).

How well do these approaches address the reasons why people do not self-care?

Delayed antibiotic prescription and education addressed issues that people said stopped them from self-caring. None of the other tested approaches did. This may explain why so few of them were effective.

Following discussions about these findings with clinicians and people from government, we suggest some possible ways to address the reasons why people do not self-care (found in reviews 1 and 2). For example, helping people to find out what worries lead them to go to their GP/A&E and making plans to manage these worries.

Implications for practice

• We should continue to give delayed antibiotic prescriptions for minor health problems.

• New interventions should address the many barriers to choosing to self-care that may be changed; education on its own is unlikely to work.

• Interventions that address the barriers to self-care could be tried and tested in practice, in ways that also gather evidence on what works, for whom, and when

References

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