

Створення міжнародної мультипрофесійної команди для пропаганди здорового способу життя та поведінки серед людей, що живуть з ВІЛ, в країнах колишнього СРСР

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Сьогодні в Росії, Східній Європі та Центральній Азії живе близько 1,4 млн. осіб з ВІЛ. Близько 130 тис. осіб було інфіковано у 2009 р. і 76 тис. померло від СНІДу. За оцінкою експертів 2/3 з них живе у Росії. На Росію та Україну припадає 90% усіх нових випадків ВІЛ у цьому регіоні.

Для ВІЛ-інфікованих людей в країнах колишнього СРСР основною задачею їхньої реабілітації є зниження ризику серцево-судинних захворювань та поліпшення якості їхнього життя. Одним із рішень цієї задачі є навчання і залучення ВІЛ-інфікованих до здорового способу життя (ЗСЖ). Основна перевага ЗСЖ – його доступність та ефективність. Зо таке ЗСЖ для ВІЛ-інфікованих? На нашу думку – це регулярні заняття фізичними вправами, правильне харчування, прихильність до високоактивної антиретровірусної терапії (ВААРТ). Проблема формування ЗСЖ у ВІЛ-позитивних осіб є актуальною для спеціалістів з усього світу. Мультипрофесійний підхід зрівнює усіх членів команди щодо відповідальності кожного за досягнення спільного результату. Кожний член команди розуміє, що без його взаємодії з рештою спеціалістів ймовірність успішного результату в роботі з низькомотивованим пацієнтом є рівною нулю.

Команда, що складається із різних спеціалістів, має більше шансів успішно впоратися із різноманітними проблемами пацієнта. При цьому члени команди переймають знання і досвід один одного. Ідея створення мультипрофесійних команд (МПК) у Центрах СНІД є новаторською для російської багаторівневої системи охорони здоров'я, яка сформувала розшарування і виключає рівноправне партнерство між лікарями, психологами, спеціалістами з соціальної роботи, медсестрами. На сьогодні на базі Балтійського федерального університету ім. Іммануїла Канта та Калінінградського Центру СНІД проводиться експеримент з формування ЗСЖ у ВІЛ-інфікованих за участю фахівця з фізичної культури.

Establishing an International, Multi-Disciplinary Team Committed to Promoting Healthy Lifestyles/Behaviors for People Living with HIV in the Former Soviet Union Countries

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The creation of Multi-Disciplinary Team in the former Soviet Union countries will allow to form the promotion of healthy lifestyles among PLHIV and their families.

Ключові слова – HIV, healthy lifestyle, people living with HIV, quality and quantity of life, care team composition.

I. Introduction

Since specialists in PT are rarely involved in rehabilitation of PLHIV, this issue has to be studied in greater detail. The creation of a research center studying HIV/AIDS is currently under planning at the I. Kant State University of Russia (IKSUR). The main scientific direction of the center will be the creation of a multi-disciplinary team committed to promoting healthy lifestyles/behaviors for people living with HIV. A large variety of professions are being planned to involve in the center such as health care workers, pediatricians, educators, infection disease doctors, psychologists, social workers, physical therapists, recreation therapists, exercise therapists and kinesiologists. Now we have a lot of questions about care team composition and quality of HIV care. How to provide well-organized team work? How to improve interactions inside the team? How to strengthen the team spirit? How to increase the activeness of the team members in joint discussions on patient's problems? How to increase the level of understanding of every specialist's contribution and the significance of team's success?

II. Main part

Another serious problem is "burnout". Burnout, viewed as the exhaustion of physical or emotional strength as a result of prolonged stress or frustration, was added to the mental health lexicon in the 1970s, and has been detected in a wide variety of health care providers. Burnout produces both physical and behavioural changes, in some instances leading to chemical abuse. The health professionals at risk include physicians, nurses, social workers, dentists, care providers in AIDS-patient care personnel. Early identification of this emotional slippage is needed to prevent the depersonalization of the provider-

patient relationship. Prevention and treatment are essentially parallel efforts, including greater job control by the individual worker, group meetings, better up-and-down communication, more recognition of individual worth, job redesign, flexible work hours, full orientation to job requirements, available employee assistance programmes, and adjuvant activity. Burnout is a health care professional's occupational disease which must be recognized early and treated.

Such approach presupposes participation of specialists in PT. At the same time, medical staff in Russia does not treat such specialists as equal members of the team. They often think that nurses can conduct exercise sessions for PLHIV successfully without professional help. It is also traditionally believed, that taking medication is the primary treatment, while using the means of PT is just an unnecessary addition. Moreover, general scientific research into HIV/AIDS is usually sponsored by producers of medication for PLHIV. Such companies are not interested in research into ways of forming a healthy lifestyle for PLHIV. Columbia University clinical guidelines point out that the idea of creating multi-disciplinary teams (MDT) in AIDS centers is innovative for Russian multi-level healthcare system, which has formed stratification, and excludes equitable partnership between doctors, psychologists, social workers and nurses. Moreover, comparing the USA with Russia, dietitians, masseurs and physical education specialists are not invited in such teams. Nowadays experiments on creating MDT are carried out only in several cities of Russia, such as St.-Petersburg and Magnitogorsk. PLHIV are only recommended to do exercise and lead a regular life. Therefore, such issues as determination of optimal motor activity for HIV, dosage and frequency of sessions, compiling complexes of unassisted exercises and diet are still meant to be a problem. So, consultation on a healthy lifestyle is held only by infection disease doctors in Russia. Because of their workload they are not able to consult repeatedly an increasing stream of patients. In addition, difficulties in working with AIDS patient are caused by the presence of the whole complex of medical, social and psychological problems, which build barriers in the way of forming a healthy lifestyle. It is clear that infection disease doctors, while giving help to patients, are responsible only for its medical part and they cannot prepare them for a healthy life-style according to all their problems. The lack of work on detection and removal of non-medical risks of destroying patients' healthy lifestyle leads to their breach, including the violation of ART medication and even discontinuation. Patient's unauthorized therapy discontinuation makes them vanish from specialists' sight. The solution to this problem is to establish a multi-disciplinary team committed to promoting healthy lifestyles/behaviors for people living with HIV.

The advantage of MDT work will be that infection disease doctors doing non-specialized work will delegate

this work to specialists. Therefore, saving the major aim of MDT to form and save the promotion to a healthy lifestyle. The main principle of successful work of MDT is principle of interaction. My thesis observes the peculiarities of interaction between HIV patients and support specialists. At the same time, deeper research of these peculiarities is needed. A specialist, who works in a MDT for medical and social support of HIV, has to be prepared for such types of activities as:

- pedagogical incentive of PLHIV to physical exercises, consultation on questions of using means of PT, collaboration with specialists;

- medical and pedagogical supervision during physical exercise: detection of contra-indications for physical activity and level of physical state of PLHIV before their access to exercise, systematic supervision for physiologic and psycho-emotional state of PLHIV;

- physical exercise arrangement: working out optimal motive regimes according to individual peculiarities of PLHIV, detection of orientation and matter of exercise for PLHIV, teaching basic kinds of physical exercises, methods of independent exercises and self-control, healthy nutrition and tempering basics for PLHIV;

- motivation of PLHIV to do regular exercise: adoption of positive guideline, oriented to maintenance and strengthening of vitality.

Holding the opinion that the aim of every work should be measurable, it is necessary to work out and implement the method that would lower the risks of destroying the promotion to a healthy lifestyle, would let monitor and evaluate the effectiveness of the process.

III. Conclusion

In our opinion, the promotion of a healthy lifestyle for PLHIV is necessary to begin from forming the promotion of specialized medical aid. That is why one of the main tasks is to attract PLHIV to AIDS Centers. It is necessary to conduct a campaign on prophylactic medical examination and treatment of HIV infection, and adoption of consulting practice by MDT specialists. According to the research results it is planned to publish articles, to work out methodology advice on formation and implementation of a healthy lifestyle for PLHIV. The research data can be used by all specialists working in an area of HIV-prevention and fighting against AIDS, and also for preparing future specialists in PT, psychology, medicine and social studies all over the world. Moreover, the results can be very interesting for specialists from the former Soviet Union.

References

- [1] Cade WT, and Yarasheski KE. Cardiometabolic disease in the human immunodeficiency virus: the tip of the iceberg? *J Cardiometab Syndr* 3: 77-78, 2008.
- [2] Rockstroh J, Guaraldi G, Deray G. HIV and the body: a review of multidisciplinary management. *HIV Med.* 2010 Sep;11 Suppl 2:1-8. doi: 10.1111/j.1468-1293.2010.00859.x. Review