

Integrated brief interventions for noncommunicable disease risk factors in primary care: the factsheet

BRIEF **PROJECT**

WHAT	Brief interventions for noncommunicable disease risk factors
WHERE	Primary care
WHO	Health service providers of all disciplines and other health workers and/or multidisciplinary teams
WHEN	At each contact with all patients

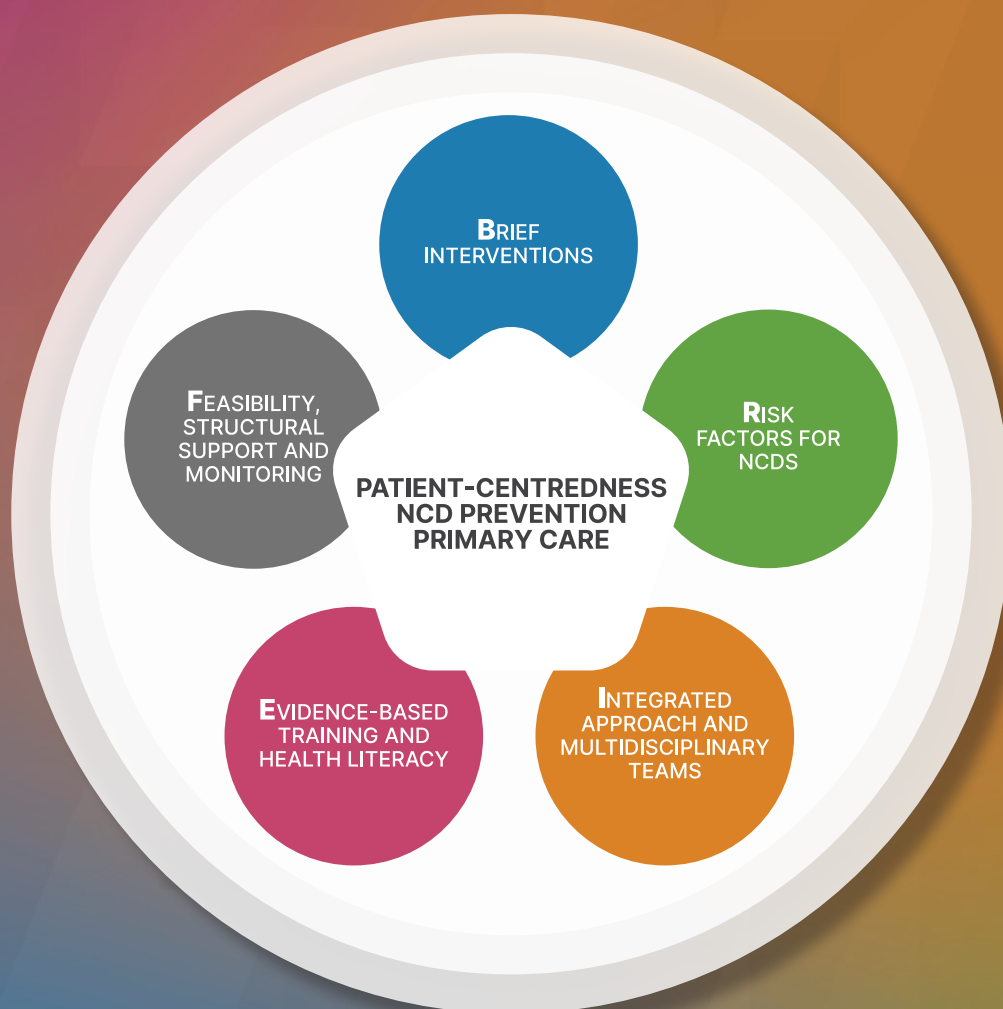
BACKGROUND

Noncommunicable diseases (NCDs), the major groups of which are cardiovascular diseases, cancers, chronic respiratory diseases, diabetes and mental disorders, caused 90% of deaths and 84% of years lived with disability in the WHO European Region in 2019. NCDs are linked not only by common underlying socioeconomic and demographic determinants, but also by behavioural and biological risk factors. A total of 87% of the NCD deaths in the Region were caused by these major behavioural and biological risk factors.

Brief interventions are recognized by WHO as an effective measure to help people to address behavioural risk factors by quitting tobacco, reducing or stopping alcohol use and increasing physical activity. Brief interventions can also help people to achieve and maintain healthy eating behaviours and enable those living with overweight and obesity to manage their weight. They can bring significant health benefits at population level when systematically applied to a large proportion of people.

THE MANUAL

The manual Integrated brief interventions for noncommunicable disease risk factors in primary care is an integral part of the WHO European Office for the Prevention and Control of NCDs (WHO NCD Office) BRIEF project.



The manual is presented in three parts.

Part 1

describes the background and approaches to implementing primary care-based brief intervention programmes and is aimed primarily at **directors**, **managers** and **policy-makers**.

Part 2

consists of annexes that present flow diagrams and more detailed guidance for brief intervention delivery over various timescales by **primary care providers of all disciplines and other health workers**.

Part 3

presents supplementary materials that set out behavioural and cultural insights considerations on the use of brief interventions and examples of work being done on brief interventions in the Region.

While there is no single formal definition of a brief intervention, the programmes covered by this manual have two seamless elements based on a conversation between a health service provider and a patient:

measurement of exposure to a behavioural (tobacco use, alcohol consumption, unhealthy eating and physical inactivity) or a physiological (increased body mass index) risk factor; and



discussion, including **advice** as appropriate, and shared decisions for a plan on how to change exposure to the risk factor.



Referral to local support or specialist consultation can be arranged according to the needs of the patient.

The manual uses the Five A's Brief Intervention Model to structure the encounter between the provider and the patient:

ask and measure exposure to the risk factor using a brief measurement tool, followed by clinical assessment as needed;



advise patients to change exposure to the risk factor to: stop (as in tobacco use); lower intake levels or stop (alcohol, for example); or increase participation levels (like physical activity);



assess the patient's readiness to change exposure to the risk factor;



assist patients in acquiring the motivation, self-help skills or support needed for change; and



arrange follow-up support and repeated counselling as required, including referral to specialist treatment if needed.

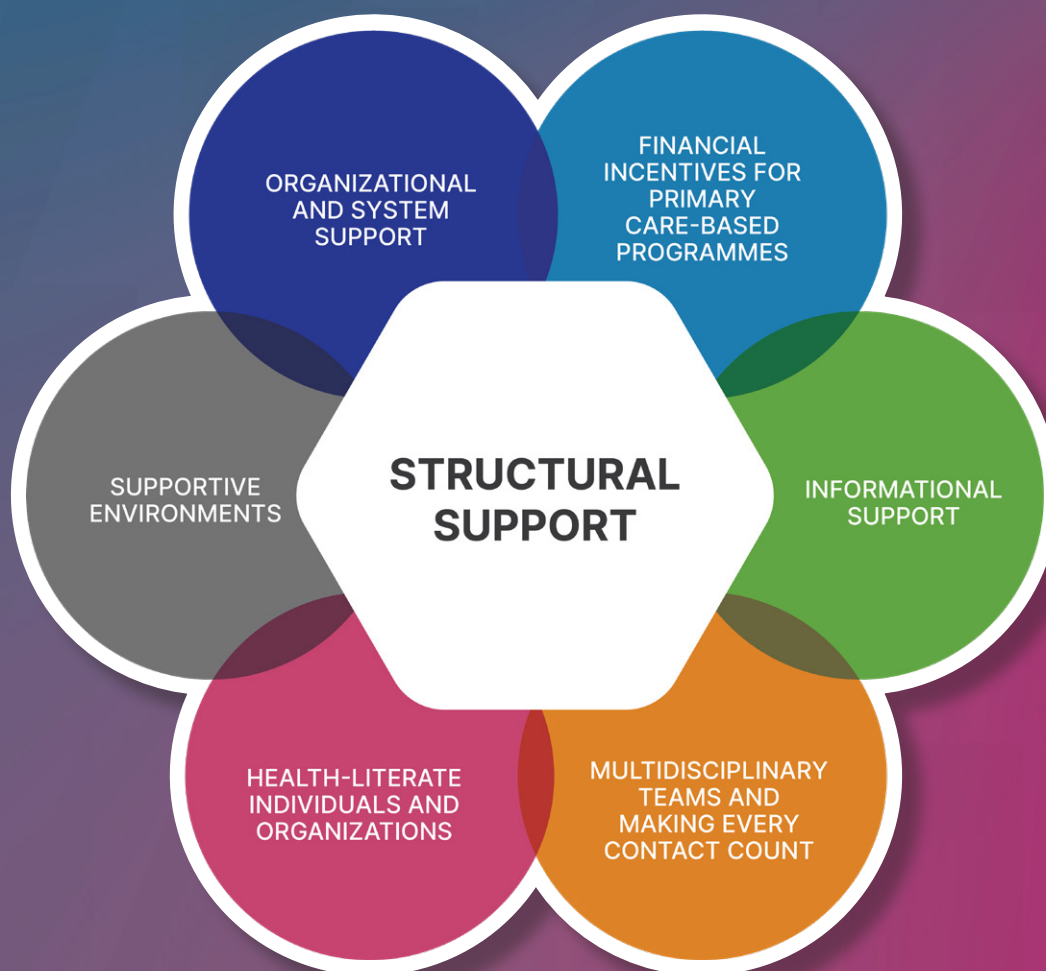


The manual emphasizes an **integrated** and **patient-centred** approach to brief intervention delivery. Exposure to behavioural risk factors can cluster for the same individuals, especially those living in socioeconomically disadvantaged communities. Given that the skills in helping people change their exposure to behavioural risk factors are similar across risk factors, it makes sense to measure exposure in **an integrated manner** and offer help to change as appropriate. The goal is to change exposure to all behavioural risk factors, but this appears more feasible in some cases when done sequentially rather than all at once. Prioritization of the sequence is a balance between **health risk** and the **patient's preferences**.

Multidisciplinary primary care teams with a diverse mix of skills can assume different roles and tasks in the provision of brief interventions. While some providers can invest only limited time to deliver brief advice and arrange a referral, colleagues who have additional competencies and longer consultation times available can address patients' motivation for health behaviour change and provide individually tailored advice on the benefits and best ways to change behaviour.

KEY MESSAGES FOR DECISION-MAKERS

- Primary care brief intervention programmes should not be done in isolation but need to be embedded in environmental support at local and national levels. They also require wide ranging system and structural support across the domains of organization, finance, information and pathways for referral.
- Developing comprehensive pathways reflective of local needs is likely to improve the continuity of care experience from a patient's perspective and increase effective implementation of brief intervention programmes.
- Delivery of brief interventions is best done through multidisciplinary teams in health-literate primary care centres.
- Monitoring and evaluation need to be designed and implemented at the outset. Ongoing monitoring and evaluation can assess progress against programmes' aims, activities and outcomes and identify areas for course correction.
- Training needs to be implemented through a coordinated approach that ensures appropriate system-level support, available referral options and alignment with clinical guidelines and care pathways. It needs to be tailored to local-level needs and must focus on health literacy skills and competencies to support patients' informed decisions.



KEY MESSAGES FOR PRIMARY CARE PROVIDERS

- Primary care providers should evaluate patients' risk status at each interaction. By doing so with all their patients and offering advice on modifying behaviour, providers can have a lasting influence on improving patients' health and well-being.
- Even with very little time during a consultation, patients can be asked and advised about their exposure to risk factors for NCDs.
- The key element of a brief intervention is a patient-centred conversation with a well prepared primary care provider. The success of behaviour change interventions depends on shared decision-making and coproduction with patients whose needs, preferences and readiness to change are acknowledged.
- Patients welcome such interventions, which can be delivered for single risk factors or in combination through an integrated approach.
- Primary care providers are advised to adopt motivational interviewing approaches to improve their confidence in communication and support patient centredness.

CONCLUSION

A wealth of evidence demonstrates that simple brief intervention programmes delivered by primary care providers are effective and cost-effective in helping patients to quit tobacco, reduce or stop alcohol use, eat more healthily, be more physically active and manage weight. The manual *BRIEF: integrated brief interventions for noncommunicable disease risk factors in primary care* offers guidance to primary care services on implementing brief intervention programmes and supporting patients' health behaviour change.

ACKNOWLEDGMENTS

This factsheet was developed by Olga Andreeva, Alena Tokareva and Regina Malykh (WHO NCD Office, Russian Federation). The factsheet was reviewed by Peter Anderson (Newcastle University, United Kingdom and Maastricht University, the Netherlands), Melitta Jakab and Arnoldas Jurgutis (WHO European Centre for Primary Health Care, Kazakhstan) and Kremlin Wickramasinghe (WHO NCD Office, Russian Federation).

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