

**Research Project** 

PICASSO: Is there a preference for interactive health applications to support Self- Management in solid organ transplant patients? The PICASSO-TX Project

## Project funded by own resources

**Project title** PICASSO: Is there a preference for interactive health applications to support Self- Management in solid organ transplant patients? The PICASSO-TX Project

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Organisation / Research unit

Departement Public Health / Institut für Pflegewissenschaft Departement Public Health / Pflegewissenschaft (De Geest) **Project start** 01.01.2013 **Probable end** 31.12.2019 **Status** Completed Despite a survival gain in the first year after transplantation (T)

Despite a survival gain in the first year after transplantation (Tx), long-term survival did not improve much over time. Nonadherence to a healthy lifestyle or medication is common post-Tx and increases the risk for morbidity and mortality. Regrettably, few studies tested the effect of interventions aiming to support post-Tx patients' self-management. Using interactive health technology (IHT) might facilitate behavioral change, but its success will likely depend on the patient's preference or comfort with using computerized applications, as well as its costs.

The following aims are driving our proposed program of research:

1. To develop a core SM intervention with an interactive health technology (IHT) option to support medication taking, level of physical activity and weight control in adult kidney, liver, heart and lung Tx recipients

2. To test the feasibility and usability of the core SM intervention with and without IHT option and to determine the effect size of the intervention.

To evaluate the efficacy and cost-effectiveness of a preference based SM intervention with IHT option after solid organ Tx on medication adherence, physical activity levels, and weight control (primary outcomes).

This is a RTC. Besides a usual care group (group 1), some patients will be offered the choice between the core (group 2) and the IHT enhanced self-management intervention (group 3), while others will be randomly assigned to either the core (group 4) or the IHT enhanced intervention (group 5). Over the last 15 months, we developed the IHT application using a user-centered design, including 1) the active involvement of both patients and professionals in all phases, and 2) empirical and iterative measurement of usability in laboratory and field studies to measure the ease with which the application can be learned and used, including its safety, effectiveness and efficiency (1).

This study could provide a proof of concept for ehealth supported self-management support for chronically ill patients.

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