

16<sup>E</sup> CONGRÈS  
MÉDECINE  
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FRANCE



VOYAGEZ DANS L'UNIVERS DE LA MÉDECINE GÉNÉRALE

Organisé par COLLÈGE  
de la MÉDECINE  
GÉNÉRALE



23 - 25  
MARS  
2023  
PARIS  
PALAIS DES CONGRÈS

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En partenariat avec leGeneraliste

*SOCIAL PRESCRIBING : BENEFITS TO THE PATIENT, GP AND MORE*

Authors:

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WONCA Europe Social Prescribing and Community  
Orientation Special Interest Group

I declare I have no conflict of interest

## Financements reçus de l'industrie



## Liens spécifiques à l'intervention

« sessions anglophones »

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## Autres liens d'intérêts

### Activité professionnelle

- (-en cours)
- DPC (2022)

### Engagements

- Président EURIPA France (2016-en cours)

## Principaux financeurs

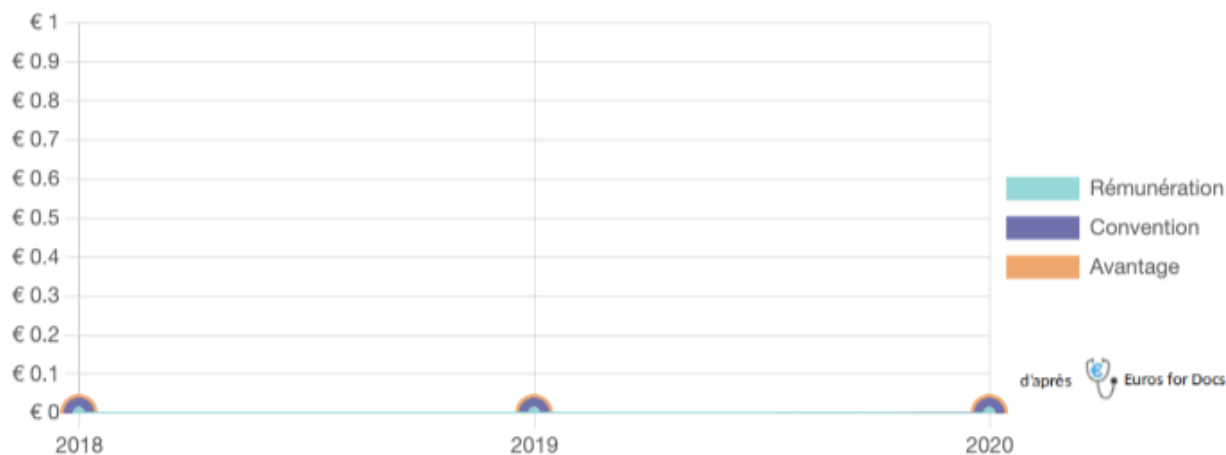
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## Déclaration complète

- disponible sur Archimede.fr



## Financements reçus de l'industrie



## Liens spécifiques à l'intervention

« iCOPE »

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## Autres liens d'intérêts

### Activité professionnelle

- Médecine générale (1987-2022)
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### Engagements

- MG France (1987-en cours)

## Principaux financeurs

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## Déclaration complète

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# Definition

Originated from a **variety** of sources

Centre Forum Mental Health Commission:

‘A mechanism for linking patients with **non-medical sources of support** within the **community**’

# Non-medical sources

## Opportunities for:

- Arts and creativity
- Physical activity
- New skills: Volunteering, mutual aid, befriending and self-help, Employment, housing, debt, legal advice or parenting problems'

**Usually delivered through primary care**

**Referral models and options, appropriate community structures to support referral**



An effective mean of combating many of the underlying causes of poor health and wellbeing

By **all those** who care about improving the lives of those in our society suffering from poor health

**Holistic approach** to the public's health:

- To keep people **living healthy, fulfilling** and **socially active** lives for the long-term
- To **bring communities together** and breakdown the **social isolation**

# A luxury we cannot afford?

**Financial constraints** on the health and social care system

A **catalyst** for a rethinking:

- Lifestyle health challenges
- For the most vulnerable in our society

Engaging in **arts, social activities** and interacting within our **communities**:

- To feel more engaged, to boost confidence and to make people more resilient
- For a broader health and wellbeing

Particularly in **older people**



# Models of social prescribing

Popular models include:

- 'Arts on Prescription'
- 'Books on Prescription'
- 'Education on Prescription'
- 'Exercise on Prescription'



# Models of social prescribing

## Lesser popular models:

- 'Green Gyms' and other 'Healthy Living Initiatives'
- 'Information Prescriptions'
- 'Supported Referral'
- 'Social Enterprise Schemes'
- 'Time Banks'



# Ten key findings have emerged from the summarised evidence – 1/2

1. Increases in **self-esteem and confidence**, sense of control and **empowerment**
2. Improvements in **psychological or mental wellbeing**, and **positive mood**
3. Reduction in symptoms of anxiety and/or depression, and negative mood
4. Improvements in **physical health** and a **healthier lifestyle**
5. Reduction in number of visits to a GP, referring health professional, and primary or secondary care services

# Ten key findings have emerged from the summarised evidence – 2/2

6. A range of options for GPs to complement medical care **using a more holistic approach**
7. Increases in **sociability, communication skills** and making **social connections**
8. Reduction in social isolation and loneliness, support for hard-to-reach people
9. Improvements in **motivation** and **meaning in life**, provided hope and optimism about the future
10. Acquisition of **learning**, new interests and **skills** including artistic skills

# Medicalization of society's ills ...and how to improve for GPs

**Underlying psychosocial problems** largely hidden in the consulting room

Medicalization of **society's ills**

GPs' suggestions for social avenues (Brandling & House, 2009):

- visiting a Citizens Advice Bureau for financial problems
- a dance class for exercise and loneliness
- 'but without a supportive framework this tends to be a token action'

And now it's up to you !

# Peter , single of 43 years

- After a divorce 8 years ago a son 10 years he meet every month for a weekend , salesman in international trading is smoker since 20 years now. After more than 3 try on tobacco cessation hi his still smoking.
- He has a cough mainly in winter, last year pulmonary evaluation concluded to COPD. The tobacco cessation seems difficult.He argue: Hectic lifestyle, with frequent journey abroad, many professional meetings with regularly alcohol consumption etc. (BMI: 29 Waist circumference 98 cm. He has no hobby
- His personal life is quite poor, he live in a "bachelor apartment" and he is focused on work.
- During the appointment he told you, he is willing to stop smoking and make physical activities. Last year he subscribe in a fitness room but he did not pursue
- How can you help Peter in his willing to stop smoking and doing physical exercise

- Key words ?
- how to start the consultation with peter?
- What could be your proposal ?
- What could be your follow-up?



# Marta 71,

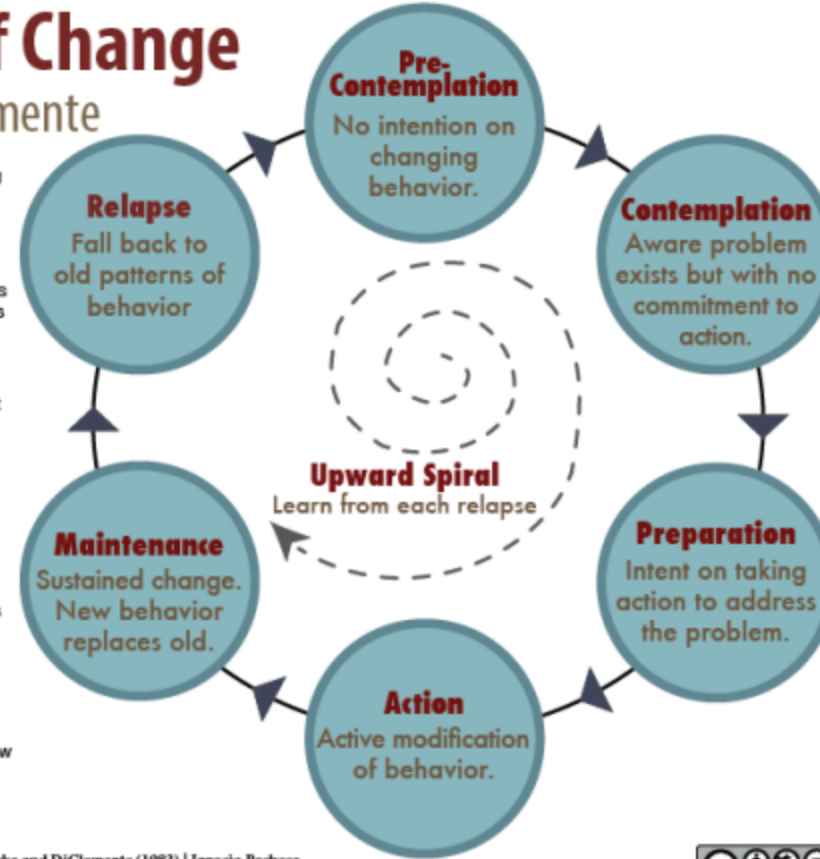
- Former cleaning lady lives quietly with her husband Edward in their apartment in the suburbs. Their 4 children are settled in the same region and they see their grandchildren regularly.
- Marta likes to cook and take care of her apartment, but she has little physical activity. She weighs 74 kg for 1.58 (BMI: 29.6) and a waist circumference of 83 cm.
- The examinations showed a blood sugar level of 7.8mmol (1.41g/l) and a second measurement 3 months later of 8mmol (1.45g/l) and an HbA1c: 7.4.
- What can you propose to Marta to change her way of life

- Key words ?
- how to start the consultation with Marta?
- What could be your proposal ?
- What could be your follow-up?

# The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change  
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco  
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# Conclusion

Social prescribing is a powerful tool to induce a long term change of way of life. GPs are on the core of the process.

To insure the success of social prescribing:

- ✓ -GPs have to understand that social prescription is at least as important as drugs, in many situation
- ✓ Know and identify the health and social workers able to link or provide SP
- ✓ Know structures, (associations, charity, clubs, community, all local initiatives reliable)
- ✓ Do a psycho-social-environmental diagnosis
- ✓ Propose social prescription , the willingness and the state of change of the patient.
- ✓ Share the social prescription's plan with the patient
- ✓ Insure a long follow-up of the patient

# Your own take home message?

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Thank you!