

SELF-CARE IN THE DIGITAL AGE

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In this issue the paper by Hearn, Chan *et al*¹ draws our attention to a phenomenon that has great potential to influence self-care in the future. The majority of mobile telephones sold in the US and elsewhere in the developed world are now 'smart', or able to do much more than make and receive calls. Thus an increasingly large proportion of the population in these countries now has immediate access to a device with considerable computing power. There are now a staggering number of 'apps' designed for use on these devices with healthcare as their primary field of interest. These bare facts suggest that this ubiquitous technology may have latent potential to change not only how people behave, but also how they interact with health care delivery systems.

The health apps available for smart phones largely fall into one of the following categories:

Measuring 'health': including programs to help monitor variables associated with health e.g. calorie intake, exercise parameters, quitting smoking and sleep.

Health advice: including health tips and e.g. what to expect week by week in a healthy pregnancy.

Symptom checkers and 'triage': essentially helping people decide whether symptoms are serious or not, and what action to take. Some of these originate from healthcare providers e.g. the NHS in England.

Programs to use with hardware to monitor disease: designed to measure parameters which can help monitor chronic disease. The best known relate to diabetes and tracking blood sugar but there are also, for example, apps that measure pulse oximetry when linked to appropriate hardware, in patients with Chronic Obstructive Pulmonary Disease (COPD).

Each category presents both opportunities and risks. At one end of the spectrum, programs which enable self-measurement and therefore self-improvement might be seen as largely benign. At the other extreme, programs which enable collection of disease-tracking data used to make treatment decisions in chronic diseases might fundamentally change the nature of some patient-doctor interactions.

The study by Hearn, Chan *et al* illustrates that even in diabetes, where this technology is possibly most developed, healthcare professionals (HCPs) have not yet really engaged with patients to discuss its use. When one sees the sophisticated features available in some of the apps, it is clear

that there is probably untapped potential to improve patient education and care through the use of this software.

To those of us interested in promoting self-care, the growth of interest in health apparent from the sheer number of 'healthcare' apps available is encouraging. As with so much else in the digital age, the quality of information accessed through apps will be variable and the potential for harm cannot be ignored. However harnessing this interest and turning it into improved self-care is potentially revolutionary. The potential to measure and track health and behaviours related to health means that many will soon have the information they need to improve those behaviours.

Self-care in the digital age may look very different and we expect to return to this theme in future issues of *SelfCare*. We welcome other contributions on this subject, including, for example, reviews of apps, examples of their use in practice, and studies of their impact on health outcomes.

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REFERENCE

1. Hearn Z, Chan P, Sallam S, Soller RW. Healthcare provider and student perspectives on mobile health applications for diabetes self-care. *SelfCare* 2014;5(4):73-84.