Making Every Contact Count

Study guide
East London has some of the poorest health in England, but you can help change that. Barts Health strongly believes that we should play our part in preventing illness.

For many patients changing behaviours such as smoking or taking more exercise will have a more positive impact on their health than much of their medical treatment.

If you do one thing to ensure every contact counts for health promotion, ask people about smoking, provide brief advice and offer referral to smoking cessation services.

The others areas will depend on the patient’s clinical problems and their circumstances, but if you have the opportunity, this information will allow you to discuss them.

‘Change a smoker’s life’

A quarter of the adult population in east London are smokers\(^1\), and half will die from a smoking related disease\(^2\) and on average smokers die 10 years younger than non-smokers\(^3\). Pregnant women who smoke are more likely to suffer miscarriage, premature and underweight babies\(^4\).

Smoking rates amongst Bangladesh men are high – circa 50 percent and Paan chewers are five times more likely to develop mouth cancer than those who do not chew\(^5\).

Change a smoker’s life – help them give up smoking. Over 60 percent of smokers want to give up\(^6\).

You should offer very brief advice:

- **Ask:** all adult or adolescent patients about smoking, unless it’s clinically inappropriate. Most patients expect to be asked about their smoking status in Cerner Millennium (CRS).

- **Advise:** if they smoke, tell them they will see immediate health benefits by stopping smoking. Advice in hospital, including Nicotine Replacement Therapy (NRT) and referral to specialist services is very effective, with one month quit rates of 38 percent, twice ‘usual care.’ Find out how to record that you’ve offered very brief advice to the patient in Cerner Millennium (CRS)\(^8\).

- **Act:** offer a referral to the stop smoking service. The patient will be contacted by the stop smoking service within four working days. The service will attempt to contact them by up to three times by phone and the final time by post. One year quit rates with support from specialist stop smoking advisor are much higher at around 20 percent\(^9\). Find out how to record the patient’s smoking status in Cerner Millennium (CRS).

All front line clinical and support staff should complete the on line training. Visit: [www.ncsct-training.co.uk/bartshealth](http://www.ncsct-training.co.uk/bartshealth).

The training only takes 10 minutes; it will explain how to offer patients a referral to their free local stop smoking service and could help you change a smoker’s life.
Atrial fibrillation

When you examine someone, there are many reasons to take their pulse manually, but if you detect AF it can lead to treatment which prevents a stroke.

Atrial fibrillation (AF) is a common heart rhythm problem that causes irregular beating; it often does not have any noticeable symptoms, but can present with palpitations, dizziness, shortness of breath and chest pain\(^1\). AF can lead to formation of small blood clots that can cause blockages in blood vessels, which can result in a stroke. This means having AF significantly increases the risk of having a stroke. Those with AF have a one in 20 chance of having a stroke\(^2\) and around 25 percent of people who present with stroke have AF at the time\(^3\). It is rare under the age of 40 but becomes more common as age increases\(^4\). By the age of 75, over 10 percent of people are affected\(^2\).

Checking someone's pulse is a simple method of detecting an irregular pulse that may indicate underlying AF. Research has shown that this method is useful in increasing detection rates and treatment can reduce the risk of stroke significantly\(^4-7\).

Pulse checks can detect cases of AF about 94 percent of the time. However, about 29 percent of the time, pulse checks indicate that someone may have AF when they actually don’t. Because of this, pulse checking is effective in ruling out AF when it isn’t there, but any positive findings need to be confirmed with an ECG\(^5-6\).

If you are trained to take a pulse, check for irregular pulse activity when you examine or assess patients. If a patient has an irregular pulse with or without symptoms of AF make sure the ward doctor knows, who may arrange for an ECG to be conducted if confirmed and not previously known. If appropriate they may refer for assessment or inform the GP.
Alcohol

Learning outcomes

- Understanding the prevalence of alcohol misuse and the impact on health
- Understanding the role staff has in caring for a person who misuse alcohol
- Understanding the management of alcohol withdrawal in a hospital setting
- Understanding the role of staff in screening and brief intervention

It is estimated that a third of all patients attending A&E do so with an alcohol related problem. A proportion of these A&E attendances also lead to hospital admissions. The harm caused by alcohol is not confined only to people with alcohol dependence. There is a much larger group, around 24 percent of people in the UK aged 16-65, who consume alcohol in a way that is harmful to their health and their social functioning. Alcohol use and misuse is not confined to specific cultural or social groups. Barts Health staff have an important role in improving the health outcome of the community and patients which we serve.

Screening for alcohol consumption is simple and quick. Opportunistic brief interventions delivered by health professionals have been shown to reduce excessive drinking and the subsequent risks and harms.

Drinking to excess can cause or contribute to various morbidities including: liver cirrhosis, cancers (oral, oesophageal, liver amongst other), high blood pressure, heart problems and mental health conditions. In addition to health problems alcohol may contribute to social problems such as break down of relationship, employment difficulties and criminal problems. It is estimated that in 50 percent of all violent crime alcohol has been a factor.

Assessment of alcohol consumption should be considered for all patients. Alcohol use and misuse is not confined to specific cultural or social groups. There is not an easy way to tell if the person misuse alcohol without assessing. Screening all patients gives staff the opportunity of offering brief intervention and health advice which in turn can lead to an improvement in health for the person whether the person drinks socially or have dependency issues.

According to the DSM-IV alcohol dependence is the presence of three out of seven of the following criteria during the previous 12 month –

- Alcohol tolerance
- Withdrawal symptoms or clinically defined alcohol withdrawal symptoms
- Use of larger amounts or for longer periods than intended
- Persistent desire or unsuccessful efforts to cut down on alcohol use
- Time spent on obtaining alcohol or recovering from effects
- Social, occupational and recreational pursuits are given up or reduced because of alcohol use
- Use is continued despite knowledge of alcohol related harm (physical or psychological)

Assessment can be carried out using tools such as the Alcohol Use Disorders Identification Test (AUDIT). This is the ‘gold-standard’ tool for detecting harmful/hazardous alcohol use and should only take around two-three minutes to complete. In areas where time is very limited the first three questions (AUDIT-c) is indicative of alcohol problems.

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.
If a patient is identified as engaging in harmful or hazardous drinking, brief advice should be offered immediately.

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<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
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<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
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<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
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<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
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Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol 14 units (recommendation for both men and women).

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<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
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<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
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<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
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<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
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<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
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<td>Have you or somebody else been injured as a result of your drinking?</td>
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<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
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**Scoring:**

0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
Harmful drinking is defined as when a person drinks over the recommended weekly amount of alcohol and experiences mental and physical health problems that are directly related to alcohol.

The Clinical Institute Withdrawal Assessment for Alcohol withdrawal (CIWA –Ar) is used in assessing the severity of the alcohol withdrawal. The aim of the tool is to give staff an effective and objective method of assessing withdrawal. It is useful in deciding on the medical management of the withdrawal. Alcohol withdrawal is a medical emergency. Please refer to the trust guidelines on the management of alcohol withdrawal, chlordiazepoxide being first line treatment. Severe withdrawal (delirium tremens) has a significant mortality rate associated with it.

**Symptoms of alcohol withdrawal include:**
- nausea & vomiting
- tremor
- paroxysmal sweats
- anxiety
- agitation
- tactile, auditory and visual disturbances
- headaches
- disorientation
- clouded sensorium

Wernicke's encephalopathy is an acute confusional state associated with thiamine deficiency and is well managed with IV thiamine (pabrinex).

This is a medical emergency

Brief advice should use the FRAMES principles:
- **Feedback** = tell the patient that the assessment indicates they have an alcohol problem
- **Responsibility** = reinforce that change is the patient's responsibility
- **Advice** = provide clear evidence-based advice when requested
- **Menu** = offer a range of options for change
- **Empathy** = use an approach that is warm, reflective and understanding
- **Self-efficacy** = encourage optimism about the individual's potential for behaviour change.

If the assessment indicates the person needs specialist help you can inform their GP and/or refer them to local services which differ by borough. Your local hospital or community service may also have access to specialist alcohol staff. Contact these staff for advice.

**Further learning:**
- [http://www.alcohollearningcentre.org.uk/eLearning/IBA/](http://www.alcohollearningcentre.org.uk/eLearning/IBA/) – includes sessions on units, assessment and brief intervention
- Unit calculator – [https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator](https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator)
Exercise

In 2009 the chief medical officer in his report said “the benefits of regular physical activity to health, longevity, well-being and protection from serious illnesses have long been established. They easily surpass the effectiveness of any drugs or other medical treatment. The challenge for everyone is to build these benefits into their daily life”.

The evidence that exercise protects against a range of diseases including stroke, heart attacks, high blood pressure, type two diabetes, obesity, depression and some cancers has got stronger over the last few years.

Ideally, patients should be asked about their exercise history as part of their admission or consultation. A significant proportion of the population are largely sedentary, taking little exercise that raises their heart rate.

The Department of Health recommends adults should take a minimum of 150 minutes of moderate intensity exercise a week and there is increasing evidence that this can be taken in small bursts of 10 minutes. The recommendation with children <5 is that they should take at 180 minutes per day. For children >5, it is recommended for them to exercise >60 minutes per day. For adults and children >5 they also need to include resistance and muscle strengthening exercises at least three times a week.

The biggest health gains are in moving from inactivity to some activity and a recent study in the Lancet showed that just doing 15 minutes a day reduced all cause of mortality by 14 percent.

Patients with unstable coronary disease, cardiomyopathy, BP >200/110, need specialist advice and supervision before exercising and those with cardiovascular risk factors or men >45, women >55 may need screening before taking vigorous exercise. Those with stable cardiovascular disease may require medical assessment before starting exercise programmes. However, most patients can do more exercise. If they are open to taking more exercise, then, with the caveats above, advise them to try integrating it within their daily lives, for example by walking more, using the stairs and cycling, and to discuss it with their GP.

Resources exist in Tower Hamlets, Newham and Waltham Forest which can support patients in taking more exercise, for example by joining exercise classes or being referred to an exercise referral scheme. We are currently constructing a directory of resources for clinicians.

If you want to learn about exercise, watch 23 ½ hours by Dr Mike Evans on YouTube. [http://www.youtube.com/watch?v=aUaInS6HIGo](http://www.youtube.com/watch?v=aUaInS6HIGo)

Obesity

In England just over a quarter of adults and one in 10 children aged 4-5 years were obese rising to one in five aged 10-11. If current trends persist 60 percent of adult men and 50 percent of women and 25 percent of children may be obese by 2050 (with a BMI of more than or equal to 30kg/m² or children with a BMI over the 95th percentile). It is particularly central obesity, around the waist that is important.
Obesity is linked to social disadvantage and ethnicity and most prevalent amongst Black Caribbean and African men\textsuperscript{1,3}. Rates of childhood obesity are amongst the highest in the country in east London and the south Asian population is at risk of complications at lower BMIs, 23kg/m\textsuperscript{2} is used by some\textsuperscript{4}.

Around 58 percent of type two diabetes, over a fifth of heart disease and a significant proportion of some cancers are attributable to excess body weight as is some liver disease. Obesity reduces life expectancy by nine years on average\textsuperscript{2}.

Those requiring specialist services can be referred and we are currently constructing a directory of resources.

**HIV testing**

Despite HIV now being a chronic illness with a near-to-normal life expectancy if diagnosed early, people are still dying from AIDS-defining illnesses because they are diagnosed too late for treatment to be effective.

UK national HIV testing guidelines recommend routine opt-out HIV testing in medical admissions units where the diagnosed HIV prevalence exceeds two per 1000\textsuperscript{1}. This means offering everyone a test. In north east London the HIV prevalence is around six per 1000\textsuperscript{1}. Therefore routine opt-out HIV testing is indicated within Barts Health hospitals. Increased HIV testing will prevent late diagnosis, and reduce the onward transmission of HIV to partners.

This is being done in the Whipps Cross and The Royal London’s medical admissions unit and ITU. It is hoped to roll it out in Newham and in out patients in Whipps.

To do this, inform patients that there is a high local prevalence of HIV and therefore we are offering everyone having blood tests within the medical admissions unit a HIV test and ask if they are happy to have a test. HIV antibody tests should be sent in an extra yellow topped blood bottle to virology.

Fail safe mechanisms and guidelines are available at each site to ensure that all HIV positive tests are managed jointly between the HIV and medical teams.

If opt-out HIV testing is taking place in your clinical area you will receive local in-depth training with regard to carrying out a test, and policies relevant to your local area.

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**Fuel poverty**

It is estimated that fuel poverty currently costs the NHS £850m a year, through the treatment of winter-related diseases caused by cold homes, yet for every £1 spent on improving the heating in a home, the NHS saves 42 pence.

You can help by talking to vulnerable patients, including frail elderly patients, those with cardiac and/or respiratory illness, and carers for the very young, about the affordable warmth scheme. If they get certain tax credits or benefits, they will qualify for free support to get new boilers and insulation to keep their homes warm in winter and improve health. Barts Health NHS Trust is running a project to increase access to the support for those most in need. Please contact Fiona Daly, environmental manager, at Fiona.Daly@bartshealth.nhs.uk for more information and leaflets.
References

Tobacco
1. Department of Health, our communities 2010
5. Mouth Cancer Foundation (2009)
6. ONS, 2011

Atrial Fibrillation

Exercise

Obesity
4. Obesity and ethnicity. The National Obesity Observatory. 2011

HIV