



Tutorial 9: NCD Prevention

[Click here for tutorial 4 \(imp especially stages of counseling and the 5 A's\)](#)

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Wish you all
the best!

Color Index

- Main text
- Males slides
- Females slides
- Doctor notes
- Important
- Textbook
- Golden notes
- Extra

Case 1

Abdullah a 44-year-old man came to you for help as he is thinking to quit smoking. His BMI 27 and his BP 136/ 84
Take a history and how are you going to counsel him to quit smoking?
BMI and BP are not our concern, comment on them briefly (for ex: we noticed that your BP is a bit high, are you taking any medications?)

Start your history with patient's demographics (name, age, gender, relationship status. Residence, education level and employment)

What areas are you going to discuss regarding smoking history?

1

Smoking history:

Type?
how many?
how long?
smokers around him at home or work?

2

History of previous attempts of quitting:

Did you try to quit smoking before? yes/no
How many times?
Success or failure and why? Reasons for relapse?
(ex: what made you go back to smoking?)
If he tried to quit for couple of times, focus on the longer cessation duration
عشان نشوف ايش يفيد معاه

3

Motivation to quit

is he ready to quit smoking?

4

General health issues:

Chronic disease: CVD, HTN, chronic cough, depression, etc.
Explores **ICE**: (Have to be asked in history taking)
Chance for opportunistic screening (only asked e.g. BP)

5

Family history: CVD, Stroke, Cancer, etc.



Idea:(what's your idea about your problem?) He wants to give up, will some medication help him, or there are other options to try

Concern: (Why did you come here to get help?) Mostly he is afraid to have lung cancer

Important for OSCE

Expectations¹:(What do you expect from me to today) or (Okay mohammed you seem very interested and I'm glad you're taking this step, how do you want me to help out?) to get a advise on how to stop smoking

Recall from Tutorial 4

The 5 A's: Ask, Advise, Assess, Assist, and Arrange.

ASK: Ensure that tobacco-use status is obtained and recorded at every patient visit, and ask an open-ended question

- "Have you ever smoked?"
- "How often do you smoke?"
- "When is the last time you smoked?"
- "How many cigarettes did you smoke yesterday/last week/last month?"
- "Why do you think it would be a good idea to quit?"
- "Do you dip or use snuff?"

ADVISE: Advise your patients to quit smoking. Use clear, strong, and personalized language to get your point across.

- "Quitting is the single most important thing you can do to protect your health as well as your family."
- "quitting will help you to save money."

ASSESS: Ask every patient if she is willing to quit at this time.

- If she is willing to quit, offer praise and provide resources and assistance.
- If they have tried to quit in the past, get more information.

"So you've tried to quit. What do you think triggered you to start smoking again?"

- If unwilling to quit, help motivate the patient by using the "5 R's": Relevance, Risks, Rewards, Roadblocks, and Repetition.

ASSIST: Assist your patients with a quit plan.

ARRANGE: Schedule follow-up visits/phone calls to review patient progress toward quitting.

1) Let the patient talk, s/he will guide you towards an approach and respond back by correcting the concept or agreeing over a plan
Important steps in all cases: 1) full history 2) focus history 3) ICE 4) Behavioral changes (if applicable) 5) maintain eye contact 6) break bad news by asking: what're your expectations?



How can you help him to quit smoking?

Discuss the benefits to quit smoking (financial, health, social benefits)

Discuss the risks associated with smoking (cancer, COPD, ect)

Behavioral smoking counseling (Avoid places used for smoking, tell family and friends about quitting smoking, firm refusal of cigarette from others).

Discuss the different **pharmacological treatments** options and their efficacy.

Brief him about choices of **Nicotine replacement therapy** or varenicline (Champix)

Agree on a plan to proceed with his quitting (**imp**) at the end of the session write a clear plan & when you will be seeing the patient again. Tell the pt (if you feel like you need to come before your appointment this is our number and you're welcome to come at any time)

Define a date to stop smoking (e.g. write a contract between physician and smoker, put this contract in a place to be seen daily, remove ash tray, through any cigarette at home, anything reminding for smoking)

Respect his choice of advice on who to approach

Encourage him to **attend the Primary care smoking cessation clinic.**

Agree on **discussing his success or failure attempts** after two weeks

**Dr (it's very important to mention this to your examiner after you're done with the patient)
In which stage is your patient at?**

Stages of change

- **Precontemplation:** No intention to quit within 6 months
- **Contemplation:** Intention to quite within 6 months
- **Preparation:** Ready to quit within 30 days
- **Action:** Has quit
- **Maintenance:** Abstinent for 6 months or more (from any tobacco related product)
- **Relapse:** Return to regular use after a period of abstinent

Practice with Checklist of smoking cessation

Question:	Done	Partially done	Not done
introduce yourself to the patient, make appropriate eye contact.			
Act professionally and appropriately, explain what you are going to do and gain consent.			
Ensure the patient privacy and that he/she is comfortable.			
personal information: (name, age, occupation, residence, marital status, special habits like smoking and alcohol)			
Use 5A's approach ASK about:			
Type of smoking			
Frequency			
Duration			
Quitting history and cause of failure			
Effect of smoking on patient quality of life			
ADVICE the patient to quit smoking			
ASSESS willing to quit A&B : A) If willing, ASSIST the patient to quit through: <ul style="list-style-type: none"> - Ask for a commitment - set quitting date - behavioral methods (progressive restriction, alternative oral habit) - Avoid Friends that you use to smoke with - Avoid smoking cues as ashtrays from surrounding environment - Avoid Places and parties that you use to smoke in Use self-help materials: <ul style="list-style-type: none"> - Learn something that will distract you - Nicotine replacement therapy (gum, patch...) - Smoking cessation programs 			
ARRANGE Schedule follow-up visits/phone calls to review patient progress toward quitting.			
B) If not willing, motivate the patient through 5R's approach:			
Risks Emphasize disadvantages of smoking (medical, social, etc...)			
Reward Emphasize benefits of smoking cessations			

From 436 OSCE file

Cass 2

Mona a 46-year-old woman came to check some results. She is totally asymptomatic. BMI 31, BP 124/75 Fasting plasma glucose: 8.4 mmol/L (151 mg/dl) 2 hours postprandial: 13.7 mmol/L (247 mg/dl) HbA1C:8.4%. Take a history and how are you going to manage her?

Take a history based on her results

1

Personal and social history:
Job, marriage, children

She is newly discovered to be diabetic, start to take related history regarding diabetes:

2

Symptoms:
polyuria, polydipsia,
nocturia, loss of weight,
Duration of the
symptoms.

3

Symptoms of complication:
burning / numbness of foot, visual
disturbances

4

Risk factors:
Smoking, HTN, obesity,
exercise, etc.
Ask about past medical
history

5

**Family H. of DM
(detail), HTN, CVD, etc.**

6

Alcohol, H/O drugs

Do you take any
medications (e.g.
steroids) **imp**

7

**Nutritional status,
daily life activity**

8

ICE

I:What's your idea about
your problem?

C:Why did you come
here to get help?

E:What do you expect
from me to today?

How are you going to plan her management including education and prevention?

Dr: الي بالاحمر مهم وعليها درجات

1

Appropriate **education** about life style modification

2

Exercise: Details, measures to decrease weight like walking (at least 150 minutes per week for at least 5 days and of brisk walking [Inform him to do such activity for at least 30 minutes daily) also to reduce risk and weight.

3

Dieting: Dietary advice, avoid excess sugar, reduce refined CHO, encourage vegetables, fruits and fibres, Low animal diet.

4

Advice for **foot care** inspection, shoes. *After وضوء make sure you dry your feet properly*

5

Offer referral to **dietitian**

6

Offer referral to **ophthalmologist**

7

Offer the patient **Glucometer** to do home monitoring blood glucose

8

The student may offer the **start of Metformin**

9

Offer requesting some investigations like: FBS, HbA1C, Renal functions, Lipid, Albumin/creatinine ratio

10

The student will plan for follow up for control of diabetes **after 3 months.**

Practice with Checklist of Diabetes Type 2 Counseling

Task	Done	Partially Done	Not Done
Introduce yourself - Take permission			
Personal Hx (Name - Age - Marital status - Occupation)			
Chief Complaint (when was diagnosed? Any similar condition in the family? And which type?)			
HPI <ul style="list-style-type: none"> • Duration of DM • Are you on any medication? If yes, What? (Compliance). Self monitoring at home? Last reading? HbA1c?			
Associated symptoms (Complications). <ul style="list-style-type: none"> - Polyuria, polydipsia, polyphagia, skin changes. - CVD: Chest pain, Claudications, Foot ulcer. - Neurological: Numbness, Weakness, Blurred vision. - Renal: Frothy urine, edema - DKA: Abdominal pain, N/V - Hypoglycemia: Sweating, palpitation, syncope 			
Constitutional symptoms: (Fever, Fatigue, Night sweats, Weight change appetite)			
Medical: Chronic Diseases (DM - HTN - IHD - Stroke - Renal diseases - Endocrine diseases (Thyroid) - Obesity - Dyslipidemia)			
Social: (Smoking - Alcohol - Stress - exercise)			
Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)			
Counselling: <ul style="list-style-type: none"> ★ explain what DM: 1- What do you know about DM2 & its complications? => then start from there to explain in brief in a nice way) 2- What are you concerned about? => If the patient asked you why I developed DM? talk about risk factors (weight\inactivity\HTN\family hx) 			

From 436
OSCE file

Practice with Checklist of Diabetes Type 2 Counseling

<p>3- What do you expect from this visit?</p> <p>★ Types of medications that She will take and the importance of taking these</p>			
<p>medications, taking it in a right way and should not miss it.</p> <p>★ Talk about management (lifestyle, Oral hypoglycemic drugs, insulin) & refer him to the specialist:</p> <p>- Lifestyle: Low animal diet - Low carb - more vegetables - offer referral to dietitian to help.</p> <p>- Exercise: advice the pt to walk 30 minutes 5 days/week.</p> <p>- Lose weight if the pt is obese and explain how this will help in improving his/her condition.</p> <p>- Control other comorbidity and explain how it will prevent further complications.</p> <p>★ Talk about complications:</p> <p>- Eyes => may need to follow up with the ophthalmologist</p> <p>- Kidneys => may need referral to nephrology</p> <p>★ Footcare: use moisturizers, examine everyday for skin changes/blisters/cuts /not walk with bare foot</p> <p>★ Educate the pt about the importance of self-monitoring at home by glucose meter</p> <p>★ Investigations: CBC - MSU - RFT - Lipids profile - Albumin/Creatinine ratio - ECG - 24 h urine collection for proteinuria.</p>			
<p>Make sure that the patient agree with you in every step</p>			
<p>Do you have anything to add? Or ask?</p>			
<p>Appointment for follow up (Ask if the patient available at that time).</p>			
<p>Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)</p>			
<p>Thank the patient</p>			

Cass 3

You are seeing Mrs. Bakar, a 56 year old woman, in your clinic today. She is worried about a left breast mass, and would like you to tell her about screening availability.

Take a focused history of her complaint and educate her regarding the recommendations of breast screening.

Take a focused history of her complaint

- Onset of awareness of mass
- Size of the mass and any change in size
- Mastalgia
- Associated discharge, including pus and blood (none)
- Size/tenderness association with menstrual cycle
- Nipple changes Skin changes (on affected breast)
- Systemic symptoms – weight loss, low energy, anorexia
- Associated shortness of breath or chest pain
- Changes in personality – suggestive of brain metastases **headache as well**
- Bone pain – suggestive of bone metastases
- Inquiries about date of menopause **if is she's in her twinties don't ask about menopause**
- Pregnancy history ¹
- Breastfeeding history **protective effect**
- History of chest radiation
- Age of menarche **early is a risk factor, late is protective²**
- Alcohol history
- Smoking history (quantity in pack-years)
- Past and current use of **hormone replacement and oral contraceptive pills**
- Past mammography results
- **Family history/risk factor history:**
 - Family history of breast, ovarian, or colon cancer
 - Past history of breast masses

How are you going to plan her management and education?

1. Offer to examine breast mass.
 2. Addresses patient's concerns and educate her regarding screening guidelines
- Recommended age of screening (**Clinical/US at 20, mammogram after 40**)
- Methods available for this patient you have to request **Mammogram** and **US** breast.

1. Date of menopause, breastfeeding, and pregnancy is important because of estrogens exposure, and some cancer is estrogen-dependent
2. Early menarche → longer exposure to estrogen throughout the years (risky). , late menarche → less years of exposure to estrogen (protective)