



Managing Common Health Conditions

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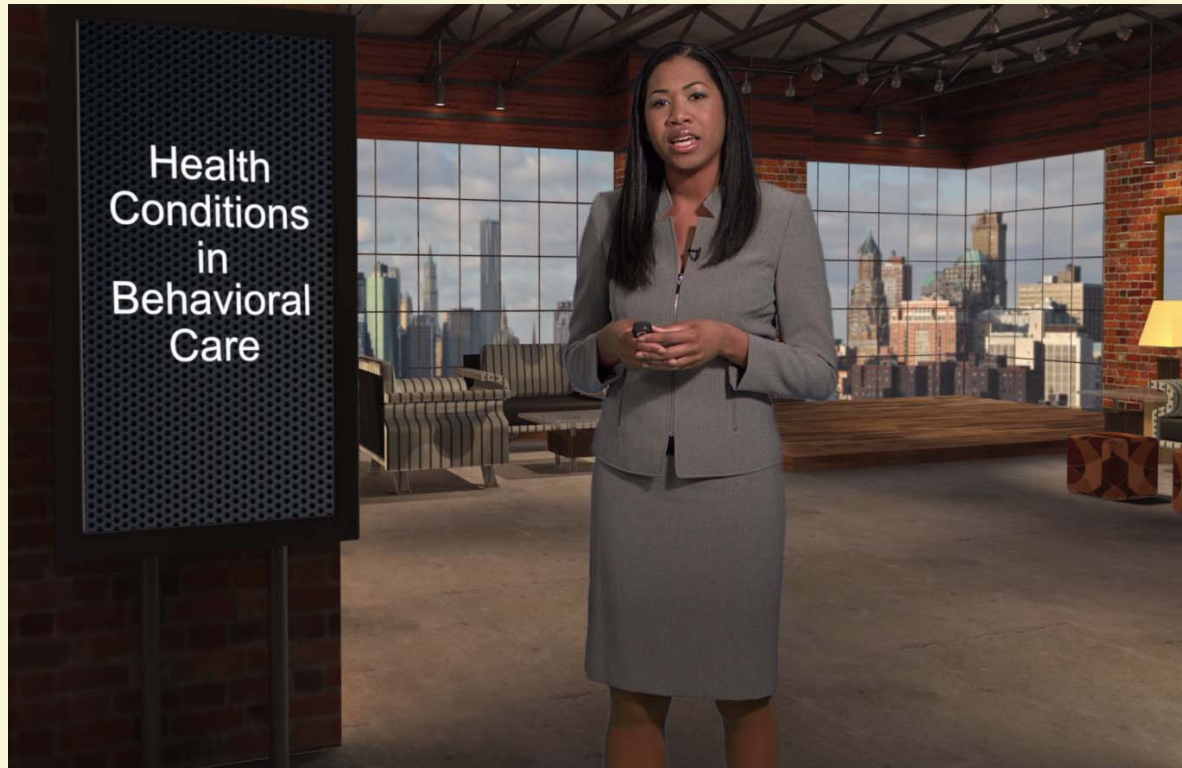
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Learning Objectives

1. Describe symptoms of commonly seen health conditions among people seeking behavioral health treatment
2. Describe treatments for commonly seen health conditions among people seeking behavioral health treatment
3. Identify barriers to people managing their health
4. List strategies for helping people prevent and manage common health conditions



This discussion is based off of the work done around one of our newest Knowledge Builder - **Health Conditions in Behavioral Care.**

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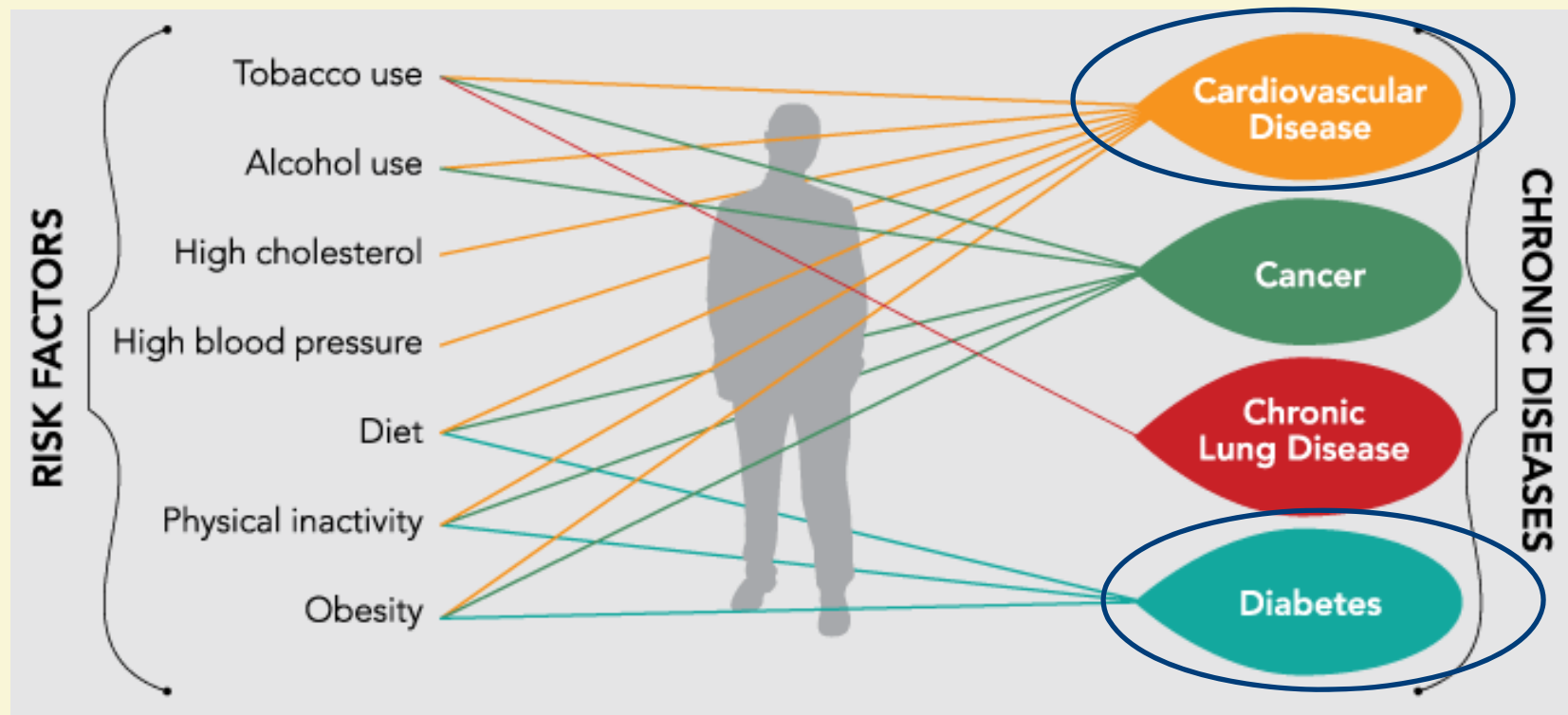
Chronic Diseases

- Chronic diseases among the most common, costly, and preventable of all health problems
- 117 million people (almost 1 in 2 adults) had one or more chronic health conditions
- Causes 7 in 10 deaths each year in the United States
- Account for most healthcare costs

Accessed from <https://www.cdc.gov/chronicdisease/overview/>



The Web of Chronic Disease and The Whole Person



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Most Common Cause of Premature Death among Individuals with SMI

- Cardiovascular disease
- Metabolic diseases (e.g., central obesity and elevated blood pressure, glucose, triglycerides)
- Respiratory disease
- Infectious disease (e.g., HIV, hepatitis)

http://www.who.int/mental_health/management/info_sheet.pdf

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Common Primary Health Conditions Seen in Behavioral Healthcare

- Hypertension: blood flows through blood vessels at higher than normal pressures (high blood pressure)¹
<https://www.nhlbi.nih.gov/health/health-topics/topics/hbp>
- Diabetes mellitus (type 2): blood glucose (sugar) levels rise higher than normal²
<http://www.diabetes.org/diabetes-basics/type-2/?referrer=https://www.google.com/#sthash.CVXuTmE4.dpuf>
- Hyperlipidemia: abnormally elevated lipids or lipoproteins (e.g., fat) in the blood (covers high cholesterol and high triglycerides)³

http://www.heart.org/HEARTORG/Conditions/Cholesterol/AboutCholesterol/Hyperlipidemia_UCM_434965_Article.jsp#.WMDexRirJAY

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Hypertension

- A primary risk factor for stroke
- A major contributor to heart attacks and mortality
- Leading preventable cause of premature death and CVD disparities in racial/ethnic minorities¹



Hypertension



- Significant risk factors include:
 - Age
 - Lifestyle habits
 - Overweight or obese
 - Race/ Ethnicity



Hypertension Complications

HBP can cause blood vessels in the brain to burst or clog more easily

STROKE

VISION LOSS

HBP can strain the vessels in the eyes

HBP can cause the heart to enlarge and fail to supply blood to the body

HEART FAILURE

HEART ATTACK

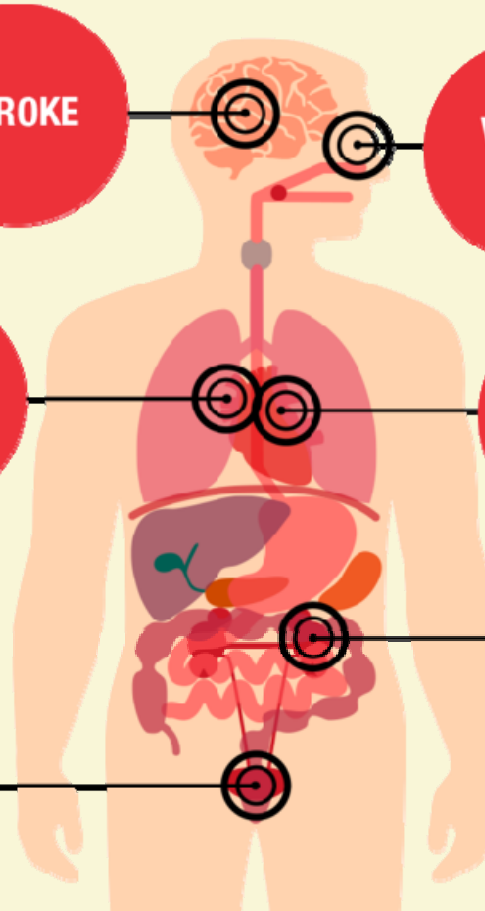
HBP damages arteries that can become blocked

HBP can cause sexual dysfunction in men or lower libido in women

SEXUAL DYSFUNCTION

KIDNEY DISEASE /FAILURE

HBP can damage arteries around the kidneys and decrease the ability to filter blood





Diagnosing Hypertension

Stages	Blood pressure ranges (mmHg)
Normal	<120/80
Prehypertension	120-139/ 80-89
Stage 1 Hypertension	140-159/90-99
Stage 2 Hypertension	160 or higher/ 100 or higher





Diagnosing Hypertension

- **Confirming hypertension with out-of-office testing** (either with home blood pressure (BP) monitors or ambulatory BP monitoring) for initial diagnosis





Treatment

- Work with a primary care provider to develop a treatment plan
- Treatment goals are evolving (<140/90 mmHg in clinic)
- Goals may be lower in high-cardiovascular disease risk people

<https://www.nhlbi.nih.gov/health/health-topics/topics/hbp/treatment>

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Treatment

- Medications
 - Diuretics (e.g., hydrochlorothiazide)
(African Americans)
 - ACEI/ARBs (<50 years old, diabetes)
 - Calcium Channel Blockers
- Managing and coping with stress

<https://www.nhlbi.nih.gov/health/health-topics/topics/hbp/treatment>

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Lifestyle Modification

Lose weight.

Normal body weight/ body mass index is between 18 and 25.



Eat healthier.

Eat fruit, veggies, low-fat dairy and lean protein. Reduce saturated and total fat



Reduce Sodium.

Stay under 1,500 mg a day, which helps reduce blood pressure



Get active.

Regular physical activity
Shoot for 40 minutes, 3-4 times a week



Limit alcohol.

Drink no more than 1-2 drinks a day.
1 for most women or lighter weight persons
and 2 for most men



SMOKING CESSATION FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

More than 1 in 3 adults (33.3%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (20.7%) without mental illness.¹

Smokers with any history of mental illness had a self-reported quit rate of 38.4%, compared with smokers without mental illness (52.8%).³

In other words, people with serious mental illness are **less likely** to quit smoking without the treatments and policies that can help reduce this disparity.

31% of cigarettes smoked by adults are smoked by adults with mental illness **AND**

1 in 5 adults, or **45.7 million**

people have some form of mental illness²

The rate of smoking in people with schizophrenia is at least

2-3x

that of the general population



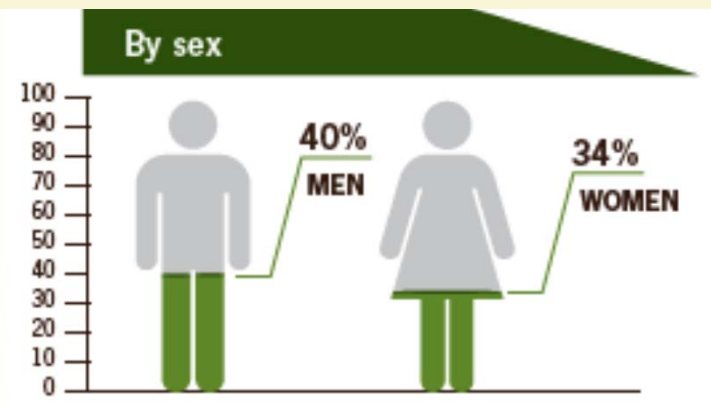
Most began smoking before psychotic aspects of their illness appeared⁴

Smoking tobacco is one of the deadliest forms of addiction.^{1,2}



At minimum, **65% of clients in treatment** for substance use disorders smoke cigarettes.³

Percent of Adults with Mental Illness Who Smoke





Tobacco's Impact on Health

- Tobacco smoke contains many chemicals that are harmful to both smokers and nonsmokers.
- Of the more than 7,000 chemicals in tobacco smoke, at least 250 are known to be harmful.
- Among the 250 known harmful chemicals in tobacco smoke, at least 69 can cause cancer.
- People who smoke are also at greater risk for conditions such as diabetes, high blood pressure, COPD, and others.



Diabetes Mellitus (Type 2)

- The body's ability to produce or respond to insulin is impaired
- The most common type of diabetes
- Can develop at any age

<https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>

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Diabetes Mellitus (Type 2)

- More likely to develop type 2 diabetes if:
 - Age 45 or older
 - Family history of diabetes
 - Overweight or obese
 - Certain health problems (e.g., high blood pressure)

<https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes>

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Common symptoms of diabetes

- Urinating often
- Feeling very thirsty
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal

<http://professional.diabetes.org/pel/diabetes-introduction-english>

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Common symptoms of diabetes

- Feeling very hungry (even though the person is eating)
- Tingling pain or numbness in the hands/feet
- Some people with type 2 diabetes have symptoms so mild that they go unnoticed

<http://professional.diabetes.org/pel/diabetes-introduction-english>

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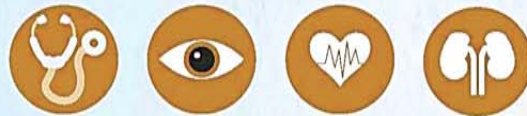
Diabetes statistics

In adults, type 2 diabetes accounts for about
90% to 95%
of all diagnosed cases.

\$
\$13,700
\$

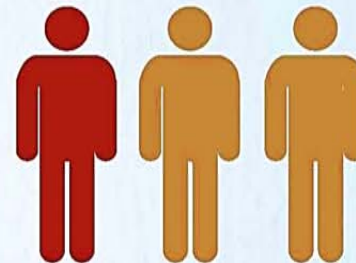
is the **average** amount a person diagnosed with diabetes spends in medical expenses **per year**.

THOSE DIAGNOSED ARE ALSO AT RISK FOR:



High blood pressure
Blindness and eye problems
Heart disease and/or stroke
Kidney disease

WHO IS AT RISK?



Nearly a third of all American adults are at **high risk** of developing diabetes.



Diabetes Management

Keeping track of the ABCs of diabetes

A is for A1C:

A1C check indicates the average blood glucose for the past 2 to 3 months. It's the blood check "with a memory."

Normal – below 5.7%

Prediabetes – 5.7 to 6.4%

Diabetes – 6.5% or above

B is for blood pressure:

BP numbers show the force of blood inside blood vessels. When blood pressure is high, the heart has to work harder

C is for cholesterol:

The amount of fat in the blood.

HDL cholesterol, helps protect the heart.

LDL cholesterol can clog blood vessels and lead to heart disease.

Triglycerides raise risk for a heart attack or stroke.



Preventing diabetes associated disease

Uncontrolled/ poor diabetes management can lead to health problems such as:

**Heart Disease
& Stroke**

Hypoglycemia

Nerve Damage

**Kidney
Disease**

Foot Problems

Eye Disease

**Gum Disease/
Dental
Problems**

**Sexual
Problems**

<https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems>

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Preventing diabetes associated disease

Monitoring and Treatment:

**Aspirin
Statin
Exercise
tolerance**

**Monitor if on
insulin or
sulfonylureas**

**Microfilament
testing**

**Screen for
CKD (BMP,
urine protein)**

**Yearly Foot
Exams**

**Yearly Eye
Exams**

**Regular
Dentist exam**

**Additional
testing may
be warranted**

<https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-problems>

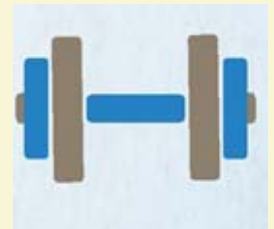
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Treatment



- Work with team of nurses, provider, and nutritionists
- Dietary management/Nutrition and physical activity are important components of diabetes care
- Hemoglobin A1c goal 7-8%

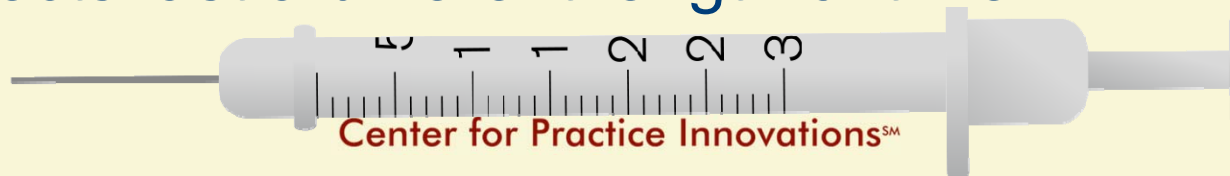
<https://www.niddk.nih.gov/health-information/diabetes/overview/diet-eating-physical-activity>





Treatment - Medication

- **Metformin:** Most people with type 2 diabetes start with this medication (avoid in people with severe kidney disease)
- **Other oral agents:** Glipizide (sulfonylurea), Januvia (DPP-4)
- **Insulin:** Several types available. Each starts to work at a different speed and its effects last a different length of time





Hyperlipidemia

- Also called high cholesterol
- Too many lipids or fats in the blood
- Several types of lipids:
 - LDLs sometimes called “bad” cholesterol
 - HDLs called “good” cholesterol
 - Triglycerides store unused calories and provide energy
 - Total cholesterol: used to build cells and certain hormones

<http://professional.diabetes.org/pel/all-about-cholesterol-english>

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Hyperlipidemia

- One of the major controllable risk factors for coronary heart disease, heart attack and stroke
- Smoking, high blood pressure or diabetes increases risk further
- Levels affected by age, gender, family health history and diet

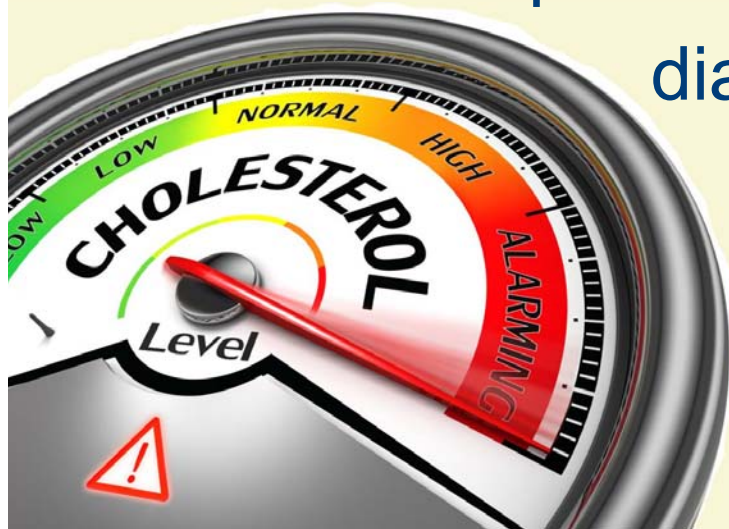
KKreyenbuhl J, Dickerson FB, Medoff DR, et al. Extent and management of cardiovascular risk factors in patients with type 2 diabetes and serious mental illness. *J Nerv Ment Dis.* 2006;194(6):404–410.

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Hyperlipidemia

- Many people do not know their cholesterol is too high because there are usually no symptoms
- People with mental illness who have a diagnosis of diabetes hyperlipidemia are only 29% as likely to receive a statin



KKreyenbuhl J, Dickerson FB, Medoff DR, et al. Extent and management of cardiovascular risk factors in patients with type 2 diabetes and serious mental illness. *J Nerv Ment Dis.* 2006;194(6):404–410.

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Treatment

- Working with primary care provider is key
- Lifestyle Changes
 - Know Your Fats
 - Cooking to Lower Cholesterol

Nutrition Facts	
Serving Size 1 cup (228g)	
Per Container 2	
Amount Per Serving	
Calories	
Calories from Fat 110	
% Daily Value*	
Total Fat 12g	
Saturated Fat 3g	18%
Trans Fat 3g	15%
Cholesterol 30mg	
Sodium 470mg	10%
Potassium 700mg	20%
Total	



Treatment

- Treatment based on ASCVD (Atherosclerotic Cardiovascular Disease) risk (<http://tools.acc.org/ASCVD-Risk-estimator/>)
 - People 40-75 years with diabetes or risk $\geq 7.5\%$
 - Existing cardiovascular disease
 - LDL ≥ 190 mg/dl
- Statins (i.e., Atorvastatin (Lipitor®)) most common treatment



Monitoring Recommendations

Assessment frequency in people receiving second generation antipsychotics

Assessment	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Yearly	Every 5 yrs
Personal/ family history	X					X	
Weight (BMI)	X	X	X	X	X		
BP	X			X		X	
FBG	X			X		X	
Lipids	X			X			X



Cultural Considerations

- Increased prevalence of CVD, type 2 diabetes and obesity among African Americans, Hispanics, Asians, and other minority populations
- Hypertension is a leading preventable cause of premature death and a major contributor to the disparate burden of CVD in racial/ethnic minorities

<http://circ.ahajournals.org/content/125/1/171/tab-article-info>

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Cultural Considerations

- Black men and women are much more likely to die from heart disease and stroke than whites²
- Heart disease and stroke are the largest determinant in inequality of life expectancy between whites and blacks

http://www.guidelineadvantage.org/idc/groups/tga-public/@wcm/@tga/documents/downloadable/ucm_473405.pdf

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Cultural Considerations

- Values, beliefs, customs, and family patterns are a piece of the total information gathered regarding people with chronic illness
 - Contribute to non-adherence with dietary recommendations in diabetes
 - Influence foods used in celebration or comfort; religion; or considered unclean or unhealthy
 - Misconceptions (e.g., belief that heavier physique indicative of health)



Cultural Considerations

- Understanding a person's cultural identity helps identify words/idioms to engage individuals effectively
- Meaningful and culturally-relevant interventions can lead to successful behavior stability or change

<http://circ.ahajournals.org/content/125/1/171/tab-article-info>

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Summary

- **Know The Numbers** – There are specific cutoffs for diagnosing and treating hypertension, diabetes, and hyperlipidemia
- Making healthy changes can **modify risk factors**





Summary

- **It takes a team** to develop and maintain a successful health program
- Encourage people to keep an up-to-date record of all medications
- Use **culturally relevant** discussions and interventions



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**What are
the
barriers?**

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Additional Resources

1. [CDC Prevention Checklist](#)
2. [Downloadable Cholesterol Tool](#)
3. [All About Blood Glucose](#)
4. [Personal Medicine Form](#)
5. [What Is High Blood Pressure Medicine?](#) and [My Blood Pressure Log](#)
6. [Getting the Very Best Care for Your Diabetes](#) and [Blood Glucose Log](#)
7. [30 Things You should know About Managing Diabetes](#)
8. [All About Cholesterol](#) and [What Do My Cholesterol Levels Mean?](#)
9. [Lieberman, J. A. \(2004\). Metabolic Changes Associated With Antipsychotic Use. *Primary Care Companion to The Journal of Clinical Psychiatry*, 6\(suppl 2\), 8–13.](#)



Tobacco Resources

The individual

1. [Becoming Tobacco Free video](#)
2. New York State Smokers' Quitline toll-free at 1-866-NY-QUITS (1-866-697-8487)
3. smokefree.gov

The Practitioner

1. [Implementing the Learning About Healthy Living \(LAHL\) manual](#)
2. [Tobacco Dependence Treatment Curriculum](#)
3. [Motivational Interviewing when working with people with serious mental illness who are current smokers](#)
4. [NYCDOHMH Smoking & Tobacco Use](#) or [OASAS Provider Training and Resource](#)