

PLEASE
FEEL FREE
TO ASK
QUESTIONS

Sage and Amy Hayes



- ◆ Physician
 - Assistant
 - Family and Internal Medicine
- ◆ Assistant Professor BCM PA Program
- ◆ Lifestyle Medicine Professional
 - Board certified by the American Board of Lifestyle Medicine (2017)
- ◆ Health and wellness coach
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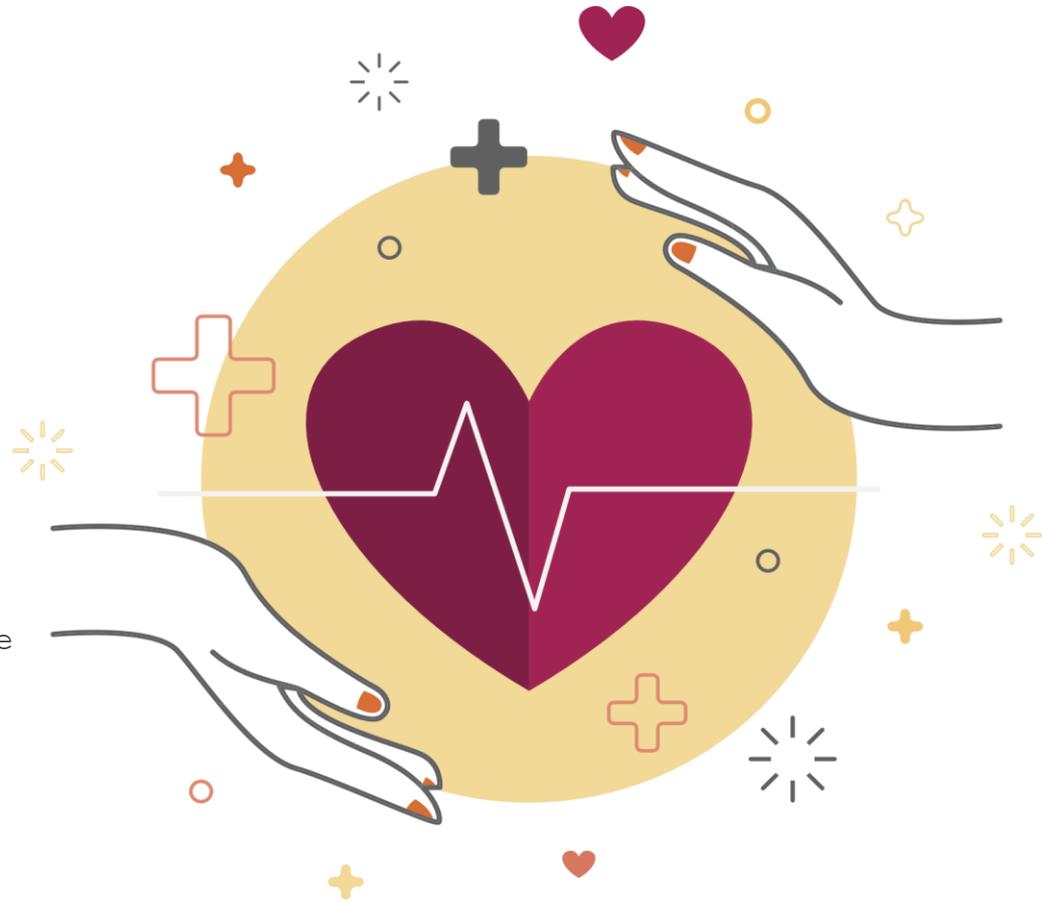
Learning Objectives

- ◆ Recall the most recent guidance for common preventative screening measures in primary care
- ◆ Describe each of the six pillars of lifestyle medicine
- ◆ Appreciate the importance of self-honoring practices for the care of the provider, the patient, and the community



Agenda

- ◆ Four patient cases
 - Prostate Cancer, Breast Cancer, Bone Density, Colorectal Cancer
 - Immunizations
- ◆ Your own ^{Lifestyle} self-honoring and care



Pillars for Patient and Provider



Provider

- ◇ Nutrition
- ◇ Physical Activity
- ◇ Stress management
- ◇ Sleep
- ◇ Social Support
- ◇ Substance Use cessation



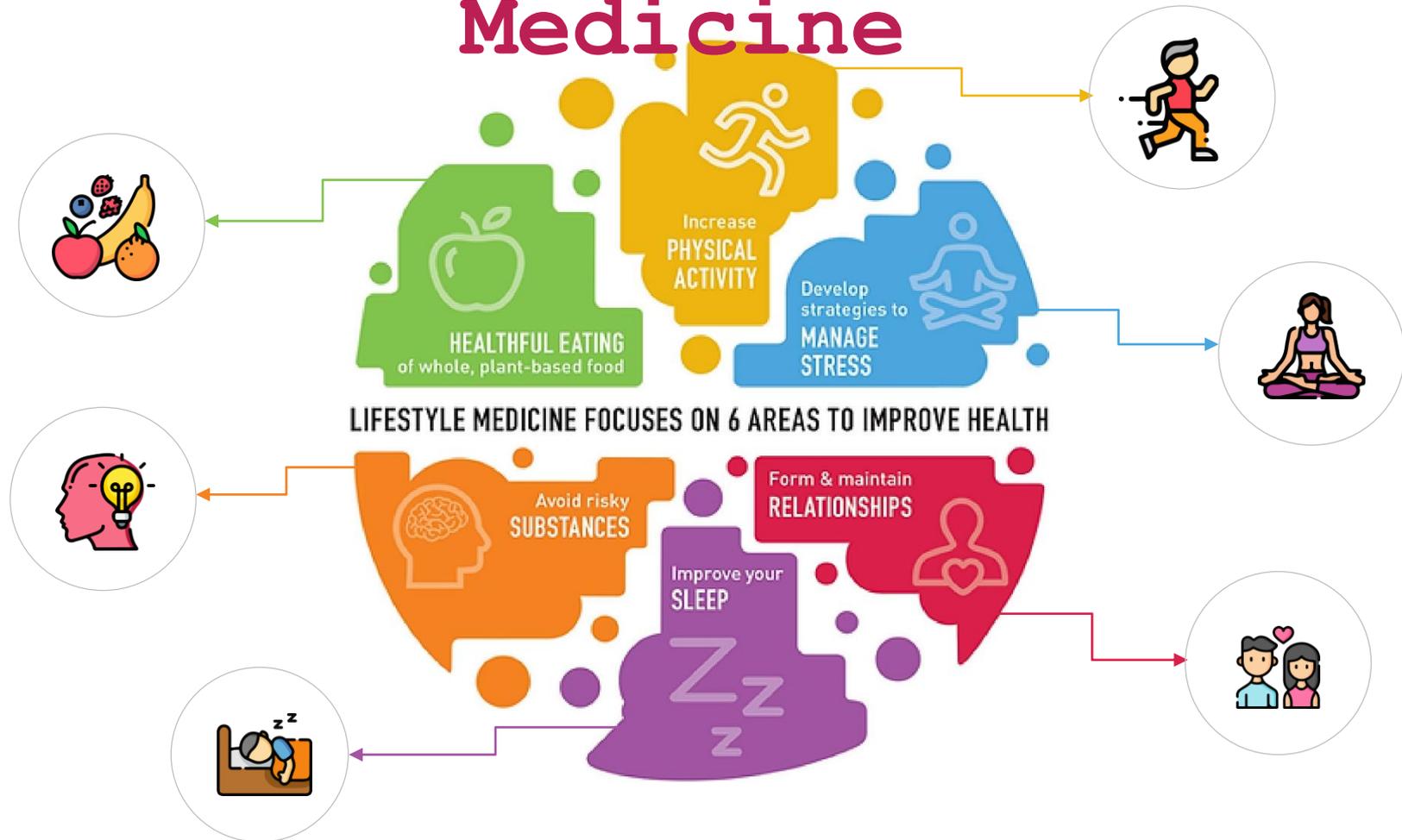
Patient

- ◇ Nutrition
- ◇ Physical Activity
- ◇ Stress management
- ◇ Sleep
- ◇ Social Support
- ◇ Substance Use cessation



Physical
Thriving

The Pillars of Lifestyle Medicine



E.A.T. Acronym

 Letter

 Actions

E



Empathy

A



Ask

T



Translate

Patient Case

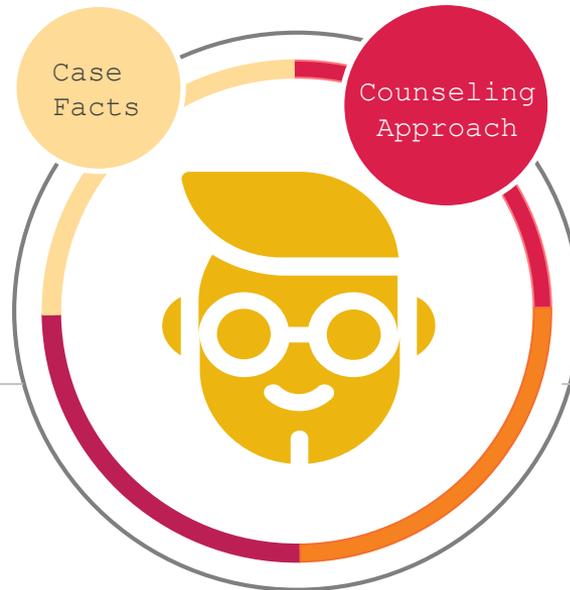
 SB is a 55-year-old male
 History of intermittently controlled
 Type 2 diabetes mellitus, obesity,
 hypertension, hyperlipidemia, and
 anxiety

 Intermittently employed

 Past tobacco use disorder

 Worsening A1C

-  7/2019 7.5%
-  8/2020 8.2%



 Empathy

-  Focus on what is currently going well

 Ask Affirm current strategies

-  Explore past successes and assess strengths

 Translate

-  Leverage strengths to make change in current context
-  Encourage follow-up and follow new medication plan

 Lifestyle

-  Mental Health- Anxiety and depression
-  Healthy diet and physical activity for CVD prevention in adults with CVD risk factors

 Cardiovascular

Preventive Care Needs

 Cancer

-  Colorectal cancer screening
-  Prostate cancer screening

 Infectious Diseases

-  Hep C
-  HIV

 Other Care/Immunizations

Prostate Cancer

Screening

- ◇ Small benefit in reducing mortality
- ◇ Potential benefits weighed against potential harms
- ◇ Shared decision-making

Initiation of screening depends on patient

- Black men
 - Fhx of prostate cancer
- ◇ Prostate specific antigen (PSA) most appropriate screening modality



Pillars for Patient and Provider



Provider

- ◇ Nutrition
- ◇ Physical Activity
- ◇ Stress management
- ◇ Sleep
- ◇ Social Support
- ◇ Substance Use cessation



Patient

- ◇ Nutrition
- ◇ Physical Activity
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- ◇ Sleep
- ◇ Social Support
- ◇ Substance Use cessation



Body
fatness

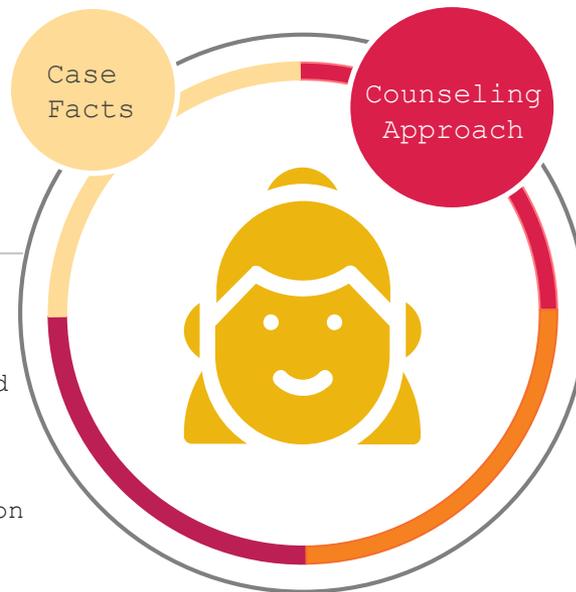
E- Hold empathy for ourselves and our patients,
A- Ask what pillar we have energy around to change,
and T- translate our "should" into SMART "wills"

Patient Case 2

E.A.T

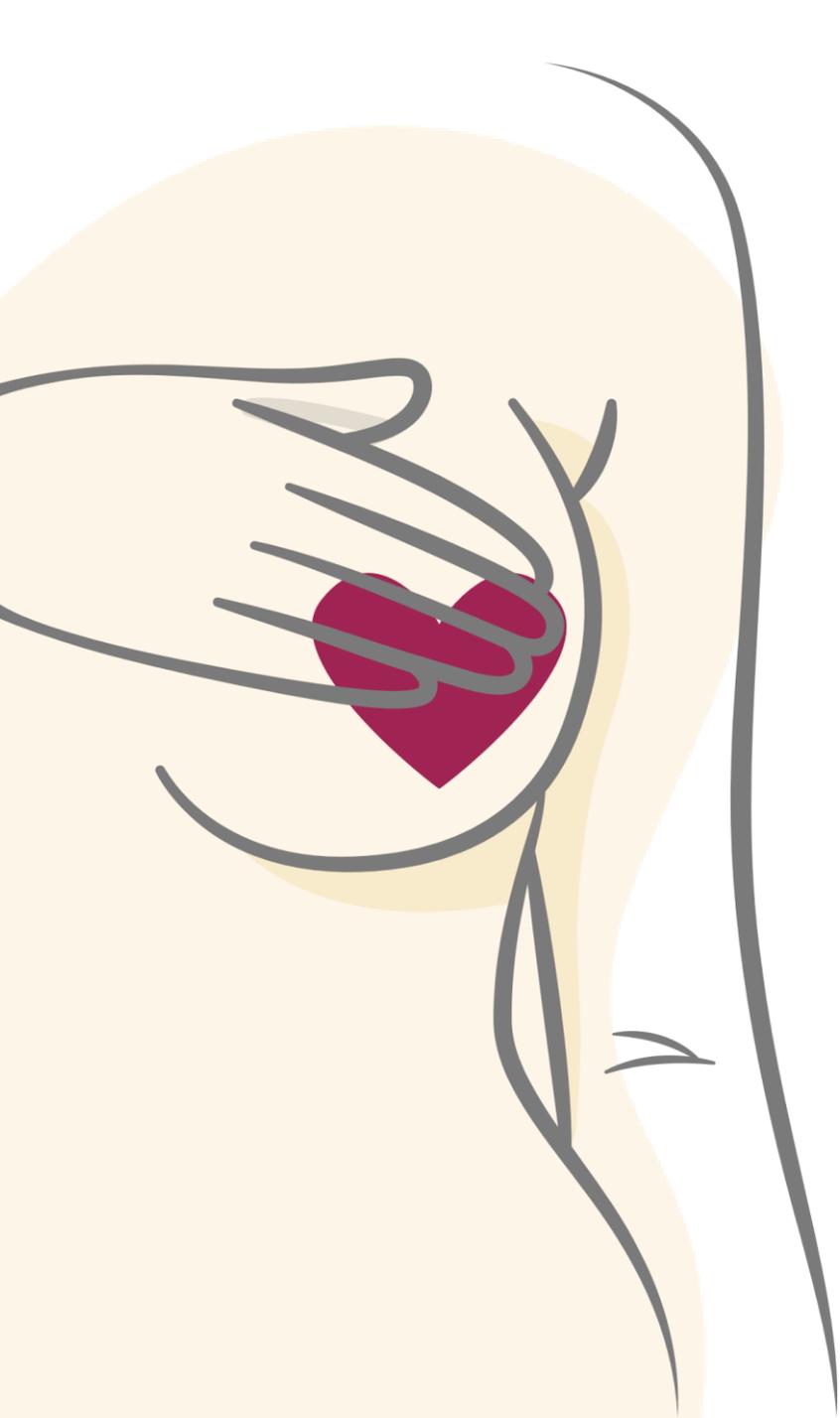
- 📌 SL is a 66-year-old female
- 📌 History of poorly controlled Type 2 diabetes mellitus,, hypothyroidism, insomnia
- 📌 A1C 7.9%, fasting blood glucose 384
- 📌 Several recent falls

- ✅ Lifestyle
 - Mental Health- Anxiety and depression
 - Healthy diet and physical activity for CVD prevention in adults with CVD risk factors
 - Screen for Tobacco Use
 - Weight loss to prevent obesity-related morbidity and mortality
- ✅ Cardiovascular
 - Screen for Hypertension



Preventive Care Needs

- 📌 Empathy
 - Provide encouragement and engage
- 📌 Ask
 - Ask permission to discuss lifestyle changes
 - Ask what patient is interested in working on
 - Translate
- 📌 Translate
 - Focus on flexible goals
 - Failure → Experiments
- ✅ Cancer
 - Colorectal cancer screening
 - Breast Cancer Screening
- ✅ Infectious Diseases
 - Hep C
 - HIV
- ✅ Other Care/Immunizations
 - Osteoporosis to Prevent Fractures
 - Over 50 vaccinations



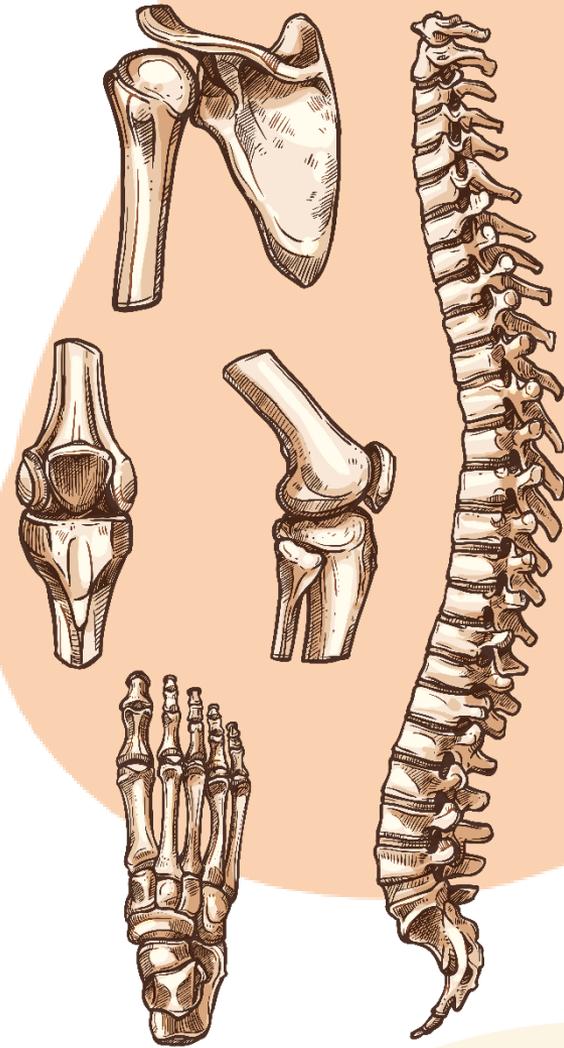
Breast Cancer

Screening

- ◇ Screening strategies depend on risk
 - Most women are average risk
 - ◇ Most important risk factor-age
 - ◇ Age 40-49- shared decision making
 - ◇ Age 50-74- routine screening
 - ◇ <75- screen if life expectancy >10 yrs
- Mammography is modality of choice

Bone Density Screening

- ◇ Goal- minimize risk of fracture
- ◇ Age >65- BMD assessment
- ◇ Age <65 + post-menopause+ risk factor
 - Risk factors: Previous fracture, glucocorticoid therapy, parental hx of fracture, low body weight, current smoking, excessive alcohol, rheumatoid arthritis
- ◇ Hip and spine dual-energy x-ray absorptiometry



Immunizations for Patients Over 50 years



Actions

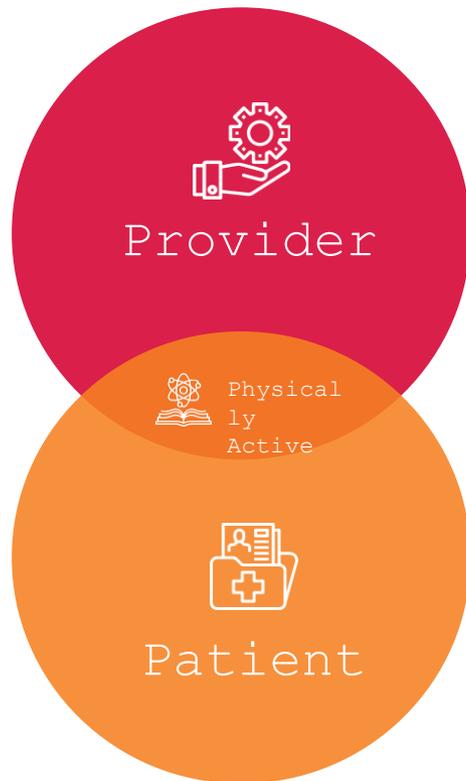
- ◇ Zoster
- ◇ Flu
- ◇ Tdap
- ◇ Over 65
 - Pneumococcal Polysaccharide Vaccine
 - Pneumococcal Conjugate Vaccine



Conditions Present

- ◇ Ex:
 - Diabetes
 - Pneumococcal Polysaccharide Vaccine (earlier)
 - Pneumococcal App Shots App

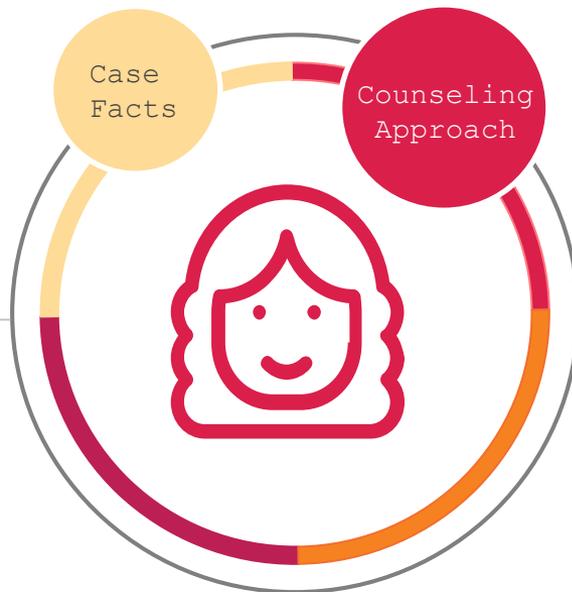
Pillars for Patient and Provider



Principle	Practices
Move more throughout the day	Get up to get water throughout the day
Some is better than none, more is better	Squats while washing hands
Most physical activity is safe to initiate	Walk 5-10 minutes a day

Coach Visits

- 📌 LV is a 42-year-old female
- 📌 History of obesity, asthma, migraines
- 📌 Wants to focus solely on health habits and not weight
- 📌 Regularly sees coach and provider



Coach

- 📌 Empathy- Honor desire to focus on behavior rather than weight
- 📌 Ask- Ask what is going well.
- 📌 Translating-

✓ Lifestyle

- Mental Health- Anxiety and depression
- Healthy diet and physical activity for CVD prevention in adults with CVD risk factors
- Screen for Tobacco Use
- Weight loss to prevent obesity-related morbidity and mortality

✓ Cardiovascular

- Screen for Hypertension
- Screen for dyslipidemia

Preventive Care Needs

✓ Cancer

- Cervical cancer screening

✓ Infectious Diseases

- Hep C
- HIV

✓ Other Care/Immunizations

- Folic acid
- Under 50 vaccinations

Cervical Cancer Screening

- ◇ Decreases incidence and mortality
- ◇ Papanicolaou, HPV testing, or co-testing
- ◇ Begin at age 21
 - Pap test q 3 years until Age >30: Pap q 3 years, HPV testing q 5 years, or co-testing q 5 years
- ◇ Shared decision to end screening at age 65



Immunizations for Adult Patients Under 50 years



Standard

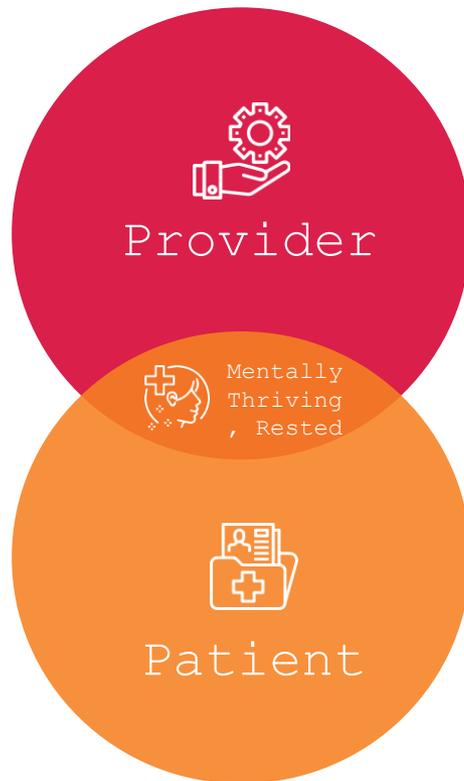
- ◇ Flu
- ◇ Td/Tdap



Consider

- ◇ HPV
- ◇ Special conditions
(Ex: Diabetes,
Smoking):
Pneumococcal
Polysaccharide
Vaccine

Pillars for Patient and Provider

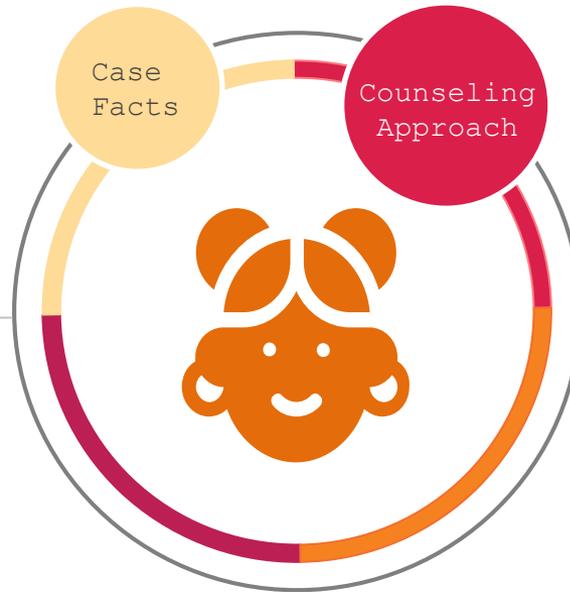


Principle	Practices
Prioritize Sleep	Sleep.
Prioritize space and stillness	Cultivate a stillness practice: five minutes in line, while washing hands
Prioritize Support	Walk with a friend Call a loved one

Coach Outreach

EAT

- BP is a 63-year-old female
- History of hypertension, hypothyroidism, and NAFLD
- Regular follow-ups with hepatologist and nutritionist who encourage healthy eating patterns



- Empathy- Affirms the positive, empowers sense of autonomy
- Asking- What are the patients values and motivations? What is the vision of health?

Translate- Shoulds into cans to build self efficacy

- ✓ Lifestyle
 - Mental Health- Anxiety, depression
 - Healthy diet and physical activity for CVD prevention in adults with CVD risk factors
 - Screen for Tobacco Use
 - Weight loss to prevent obesity-related morbidity and mortality
- ✓ Cardiovascular
 - Screen for dyslipidemia

Preventive Care Needs

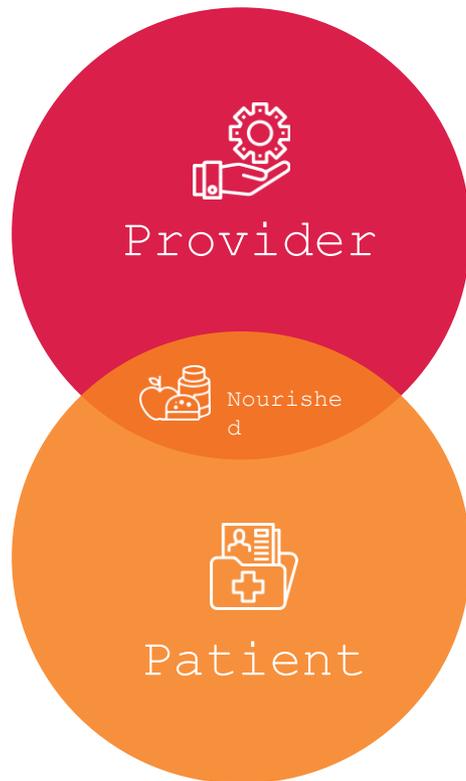
- ✓ Cancer
 - Cervical cancer screening
 - Colorectal Cancer Screening
 - Screen for Breast Cancer
- ✓ Infectious Diseases
 - Hep C
 - HIV
- ✓ Other Care/Immunizations
 - Osteoporosis Screening
 - Over 50 Immunizations

Colorectal Cancer Screening

- ◆ Screening decreases mortality
- ◆ Age to initiate- 45
- ◆ Age to stop- consider 75
- ◆ Colonoscopy (q 10 years) choice modality
- ◆ Fecal immunochemical testing (or FIT-DNA) is second choice



Pillars for Patient and Provider



Principle	Practices
Hydrate	Small sips throughout the day
Prioritize whole foods	
More fruits and vegetables	Add a half to whole cup of fruits or vegetables to any meal

Key Takeaways



- ✔ Prevention MATTERS
- ✔ How you care for yourself matters for you, your patient, and your community
- ✔ The provider and the patient are an ecosystem of reciprocity and care--resilience is key
- ✔ Lifestyle is key to chronic disease and screening and prevention
- ✔ We can engage with patient ecosystems through empathy, curiosity, and gentle exploration and translation

*Thank
you!*



Thank you and
Questions





Disclosure

I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re selling, or distributing healthcare products used by or on patients.)



References

