

HEALTHY LIVING

DEFINE / EXPLORE:

1. WEIGHT

MEASURE BOTH:

1. Body Mass Index (BMI)

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

Healthy:	18.5 - 24.9
Overweight:	25 - 29.9
Obese (see below):	
• Moderate	30 - 34.9
• Severe	35 - 39.9
• Very Severe	≥ 40

AND

2. Waist Circumference (WC)

WC > 100cm means person is at HIGH RISK of diabetes, heart attack and death.

Make weight loss a priority for these people! (see Weight Loss).

* Permanent change in diet and activity is required to maintain ideal body weight BUT even small amounts of weight loss are significant in reducing CV risk.

2. DIET

* Encourage plenty of cereals, legumes (e.g. baked beans, kidney beans) fruit, vegetables and whole grain/brown bread. These have all been associated with reduced risk of CAD.

- Avoid **alcohol, fat and sugar.**
- Fish ≥ 2 times a week is protective against CV disease.

- Canola and olive oil lower blood fats. So do spreads containing soy/nut/canola.
- Food pyramid.
- Aim for low salt, low animal fat, whole grain.
- Slowly absorbed carbohydrates are best e.g. brown or multi grain bread is better than white bread, basmati rice is better than white rice, porridge and pasta are good.

3. EXERCISE

• Regular exercise keeps you healthy.

- Specifically, it reduces risk of getting diabetes and improves BP, weight and lipids (blood fats).
- At **least 30 minutes** of moderate intensity physical activity on at least **5 days a week** e.g. walking fast enough that you puff a bit.
- Sweeping or raking, reeving or fishing are good. *Walk*, don't drive to the fishing spot! This activity can be accumulated in bouts of as little as 10 minutes' duration.
- More strenuous activity may give even more cardiovascular benefit e.g. playing footy or basketball.
- **Start gently and slowly increase intensity** of exercise especially if not used to it.

4. VACCINATIONS

PNEUMOCOCCAL VACCINE:

Aboriginal people:

- 1st dose: at ≥ 15 years.
- 2nd dose: 5 years later
- 3rd dose: at 50 years or 10 years after 2nd dose (if 2nd dose was given after age 40).

Non-Aboriginal people:

- 1st dose: at ≥ 65 years.
- 2nd dose: 5 years later.
- **with chronic disease, asplenia or immunosuppression:** 1st and 2nd doses 5 years apart, 3rd dose at 50 years or 10 years after 2nd dose (if 2nd dose was given after age 40).

INFLUENZA VACCINE:

Annually in those at risk of influenza related complications i.e.

1. Aboriginal people ≥ 50 years

2. Non-Aboriginal people ≥ 65 years

3. Adults / children ≥ 6 months:

- with chronic disease including chronic lung disease, RHD, pregnant women *after* 1st trimester; alcohol abusers, diabetes, chronic liver/kidney/heart disease).

- residents of nursing homes/longterm care facilities.
- health care workers.

RECOMMENDED DOSES of influenza vaccine:

- 6 months – 2 years 0.125ml
- > = 2 - 6 years 0.25ml
- > 6 years 0.5ml

NB. Two doses given 1 month apart are recommended for children < 9 years receiving vaccine for the first time. Subsequently, one dose/year is sufficient. ONE DOSE per vial regardless of dose size.

HEALTHY LIVING

5. SMOKING STATUS

- **There is NO SAFE LEVEL of smoking.**
- **People are most likely to quit successfully with regular follow up by health care provider.**
- **ALL cigarettes are toxic including lights.**
- **Some smoking damage CAN be undone by quitting** e.g.

- 1 yr after quitting, risk is ...
- 5 yrs after quitting, risk is ...

- **Assess/document use** to help figure out risk and choose the right patches for quitting.

a. in pack years

Pack years = packets / day x no. of years smoking

b. number of cigarettes/day

 currently.

6. ALCOHOL USE

* 1 standard drink contains 10g alcohol e.g.

- 1 x 375 ml can mid strength beer
- 1 x 285 ml glass (schooner/pot) full strength beer
- 1 x 100ml glass wine
- 1 x 60ml glass fortified wine (port)
- 1 x 30 ml (nip) spirit
- 300ml premixed cooler/soda

SAFE ALCOHOL USE:

Includes x 2 alcohol free days/week and for:

- **Women ≤ 2 standard drinks (20g) a day.**
- **Men ≤ 4 standard drinks (40g) a day.**

Best to avoid alcohol in pregnancy and while breastfeeding.

ASSESS:

- **Alcohol use/dependence-** document number of standard drinks each day and how often e.g. 20 standard drinks for 2 days every weekend.
- **Withdrawal symptoms-** has person fitted or had the shakes after stopping drinking or had hallucinations while drinking, recently or ever?

ASSESS READINESS TO CHANGE

- **Identify unsafe/problem areas:**
i.e. review the previous six areas and with patient, note problem areas.
- **Assess readiness to change for each problem area.**
 - A person's readiness to change helps us know *how* to talk to and best help a person to make a change so it's VERY important to know a person's readiness.
 - e.g. someone may want to keep smoking but be interested in losing weight and ready to start. Document this.
 - See table on page 3 to figure out a person's readiness to change i.e. Not Ready, Unsure, Ready.

HEALTHY LIVING

MAKING CHANGES – GENERAL PRINCIPLES

ASSESSING READINESS TO CHANGE – ASK: How do you feel about your smoking / drinking / being overweight?

ASK: What do you think is good about smoking / drinking / being overweight?

ASK: What do you think is bad about smoking / drinking / being overweight?

ASK: Do you want to try to quit smoking / drinking / lose weight?

NOT READY

Discuss risks of smoking / passive smoking / drinking too much / being overweight.

Invite person to return and offer to help if / when ready to change.

UNSURE

Ask:

- For you, what's good about smoking / drinking / weighing too much?
- For you, what's not so good about smoking / drinking / weighing too much?
- For you, what's good about quitting / cutting down / losing weight?
- For you, what's not so good about quitting / cutting down / losing weight?

Explore concerns and encourage person to change.

Share information e.g. risks and benefit, difficulties to expect, supports that we can give.

Invite them back for another visit.

READY

Ask:

- For you, what's good about quitting smoking / cutting down drinking / losing weight?
- For you, what's not so good about changing?
- What is your main reason for changing?

Help make a plan:

- how to quit smoking and set a date.
- how to cut down on alcohol.
- how to lose weight.

Find out concerns. Review past attempts to change, what helped, what didn't and what made them go back to old habit. Identify triggers and plan how to deal with them.

Suggest need for support from family and friends.

Discuss patches/tablets and provide them if wanted. Remember, patches / tablets HELP but don't make change easy.

Invite them back for another visit.

KEEP THE CHANGE

Ask:

- What's going well about quitting smoking / cutting down on alcohol / losing weight?
- What's not going so well?
- What do you do instead of smoking / drinking alcohol / eating too much?
- How do you avoid triggers?

Talk about the benefits of change.

Talk about exercise and healthy diet.

Ask about support and offer support.

Praise and encourage client.

Invite them to come back for another visit.

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MAKE CHANGES – SPECIFIC

QUIT SMOKING

- **Educate re-risks** i.e. heart attack, stroke, kidney disease, going blind, leg amputation, infertility (men and women), many cancers and death.

- **Consider:**

1. PATCHES (nicotine replacement therapy) -

Start at quit date and not while still smoking. Apply patch to clean, dry, non-hairy skin on upper body. Leave for 24 hours then remove and apply next patch to different site. Aim to reduce dose of patch every 2 weeks. It's okay to stop patches abruptly though some people might need patches for up to 12 weeks.

STARTING DOSE If smoking:

- > 20 cigarettes/day, start with 21mg/24hr.
- 10 - 20 cigarettes/day, start with 14mg/24hr.
- < 10 cigarettes/day, patches not recommended.

Patches also available 7mg/24hr for when people want to reduce their dose.

Patches are poisonous to children and pets.

2. Bupropion 150mg TABLETS -

Start while person still smoking but 1 week BEFORE planned quit date. Start with 1 tablet every morning for 3 days then increase dose to 1 tablet morning and night. Quit smoking on day 8. Continue tablets for 9 weeks altogether.

ALCOHOL: SAFE USE, CUTTING DOWN AND QUITTING

Educate re-risks of current use i.e. stomach problems, liver and heart disease, more infections and time in hospital, crash car, lose job, get into fights, lose money, kids suffer.

Discuss ways to quit e.g. cutting down gradually, going cold turkey.

Remember to:

- **Refer** for counselling:
 - Outpatient: via local Drug and Alcohol Services or
 - Inpatient: (once sober for 3 days) at:
 - Milliya Ramara in Broome 9192 1699
 - Ngowar-Aerwah in Wyndham 9161 1496
- Consider inpatient detox. if ...
- Give: **thiamine** 100mg daily, **multivitamin** daily.
- Consider: **naltrexone** 50 mg daily.

LOSING WEIGHT THE HEALTHY WAY

- Aim for changes to be made **permanently.**
- **Exercise** is ESSENTIAL to weight loss and to maintaining a healthy weight. Aim to exercise for at least **half an hour** every day.
- ENERGY IN < ENERGY OUT **every day** to lose weight where:
 - Energy in = calories/kilojoules in food/drink.
 - Energy out = energy used in exercise/activity.
- Remember, drinks can contain cal/kj.
- Too much food, even healthy food can increase weight so PUT LESS FOOD on the plate.

- A healthy meal looks like this:

Plate model i.e.

- ½ plate salad/veggies (fresh, frozen or tinned).
- ¼ plate protein (lean meat, fish, baked beans).
- ¼ plate carbohydrate (potatoes, rice, noodles / spaghetti).

People might need to change their usual plate of food to look like this to lose weight.

- LEAN MEAT = fish, meat with skin/fat cut off.
- Slowly absorbed carbohydrates are best e.g.
 - Sweet potatoes better than potatoes.
 - Basmati or brown rice is best.
 - Baked beans (or lentils, chick peas) are excellent.
 - Porridge is good.
 - Noodles/spaghetti are good.
- Replace high fat foods with low fat ones e.g.
 - Normal milk with low fat milk.
 - Bacon with baked beans.
- Don't deep fry foods. Stewing / roasting / BBQ and cooking in healthy oils is best.
- ALL FISH and BUSH FOOD is good.

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