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Assessment Two Report

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1.0 Introduction

This academic report will be discussing diabetes, the findings of the health and lifestyle questionnaire will be analysed including body function and important details of the physiology and anatomy of patient A, and finally holistic natured recommendations will be given based on findings of the health and lifestyle questionnaire. The motive of health assessments is to obtain a general overview of the health condition of the patient in relation to their mental, physical, sexual, and psychological wellbeing. It allows the patient to take early action towards their health and screen for a type of disease (Health, 2019), objectively this will be done in this report through a health and lifestyle questionnaire and advice will be given keeping in mind the health issue.

2.0 Case study

The responses of patient A (**as shown in the appendix**) is the basis of this case study. Based on the age of the patient (**48 years**), the risk of getting type 2 diabetes is higher; however, developing the condition depends on a mix of health and lifestyle factors (Huizen, 2019). Patient A **smokes 10-19** cigarettes daily this lifestyle can put her at risk of type 2 diabetes because smoking affects the way insulin works, rendering it less effective (Centre for Tobacco Products, 2019). The patient admitted to suffering from **high blood pressure**, a high BP is frequently associated with diabetes mellitus, which includes type one, two and gestational diabetes, in other words the patient is at risk (Prelicpcan, 2019). The patient's father suffered a **heart attack** when he was 68 years old, studies have linked a family historical background of heart attacks to increased chances of getting a coronary heart disease (Chacko et al., 2020). A close connection exists between diabetes and cardiovascular diseases and several studies have found biological mechanisms related to diabetes mellitus also increases the risk of cardiovascular diseases (Leon, 2015). The patient's **sister suffers from high cholesterol**, Familial hypercholesterolaemia is a condition that is inherited which can lead to very high cholesterol level and it can be passed down through genes in a family, this means she might be at risk of getting type 2 diabetes (Heart UK, 2019).

The patient indicated that her blood pressure is **180/90**, this reading is high (NHS, 2019a). studies have concluded that people with a **high blood pressure** have an increased probability of getting type 2 diabetes (Prelicpcan, 2019b). The patient weighs **86 kg with a height of 165 cm**, her **body mass index (BMI)** calculation suggests that she is **obese**, consequently, being obese can increase her risk of developing type two diabetes, heart disease and stroke (NHS, 2018b) and the risk of diabetes is 80 times more (Editor, 2019).

The patient's **lack of exercise** can increase her risk of developing type 2 diabetes (John Muir Health, 2020). The consumption of **a mixture of regular chips and fries** as attested to by the patient can contribute to her risk of getting type 2 diabetes (Mandl, 2020). The patient drinks **3 to 6 units of alcohol daily**, this is considered excessive and against the recommendation of 14 units of alcohol weekly (NHS, 2019a) and can be a risk factor for diabetes (Diabetes UK, 2017b), moreover, it can be associated with the inflammation of the pancreas (Zeratsky, 2017)

3.0 Health assessment: Identification of normal and abnormal physiological conditions based on assessment findings

To identify normal and abnormal physiological conditions related to the questionnaire findings and diabetes, a definition of diabetes would be appropriate. Diabetes can be defined as a lifelong condition that is responsible for an individual's blood sugar level to be over the normal limit. In **type one** diabetes, the immune system raids and destroys the cells that are responsible for the production of insulin. In **type two** diabetes however, insulin is not produced in the body and in other cases the cells of the body fail to respond to insulin.

Gestational diabetes may be developed by a number of pregnant women, whereby their blood glucose level becomes too excessive, and the body is incapable of producing sufficient insulin to be able to absorb it all (NHS, 2019c).

The age of the patient being 48 increases her risk of type 2 diabetes because as we age and because of insulin resistance in the body, the weakened pancreatic function may increase the patient's risk of getting type 2 diabetes. The natural process of aging is connected to a decrease in physiological functions that can lead to chronic diseases such as diabetes. As a result of the aging process, some individuals slowly lose the ability to regulate blood glucose levels as was the case earlier on in their lives (Chia et al., 2018).

Hyperglycaemia also known as high blood glucose refers to insulin being insufficient, or the resistance to insulin or the two conditions at the same time which increases the risk of type 2 diabetes (Higuera, 2019).

The smoking habit of the patient makes her 30 to 40 percent more probable to getting type two diabetes in **comparison with non-smokers**, this is because smoking affects the regulation of insulin levels, and because high nicotine levels in the body reduces the effects of insulin thus making smokers require more insulin to be able to regulate blood sugar levels (FDA, 2021), moreover, smoking impairs pancreatic B cell function (Maddatu et al., 2017).

High blood pressure is generally recordings that read 140/90mmHg or above or 150/90 millimetres of mercury if above the age of 80, furthermore, a **healthy BP** is inside 90/60mmHg and 120/80mmHg, subsequently observations that show from 120/80mmHg to 140/90mmHg might indicate that the individual is **at risk** of the development of a high BP if measures are not taken to control it (NHS, 2019d). The patient's readings indicate that patient A has a **high BP** as indicated earlier, hypertension is two times more present with patients with diabetes than those without diabetes, furthermore, patients with a high BP demonstrate a resistance to insulin and are at an increased probability of developing diabetes than those who do not have diabetes (Petrie et al., 2018). There is an increased artery resistance that is caused by vascular remodelling and a higher body fluid volume linked to insulin resistance, these mechanisms increase systemic blood pressure (Ohishi, 2018). Historically having a father that suffered from a **heart attack** may put the patient within range of the probability of the development of **type 2 diabetes**, the risk soars if the family member was diabetic due to a relative failure of pancreatic response or insulin resistance (Yeung et al., 2006). **Familial hypercholesterolemia** that has characteristics of an impaired up taking of cholesterol in the peripheral tissues that includes the pancreas and liver, is a risk factor for patient A in getting type 2 diabetes (Besseling et al., 2015). Patient A's **BMI calculation** that read 31.6 indicates that she **is obese** because a BMI of 30 or more is considered obese (NIH, 2019). Carrying **too much fat around the stomach area** can increase the **risk of getting type 2 diabetes**, a man with a waist size that reads above 94 cm and a woman's waist measurement that is above 80 cm are considered unhealthy and the person should consider losing some weight (NHS, 2018c).

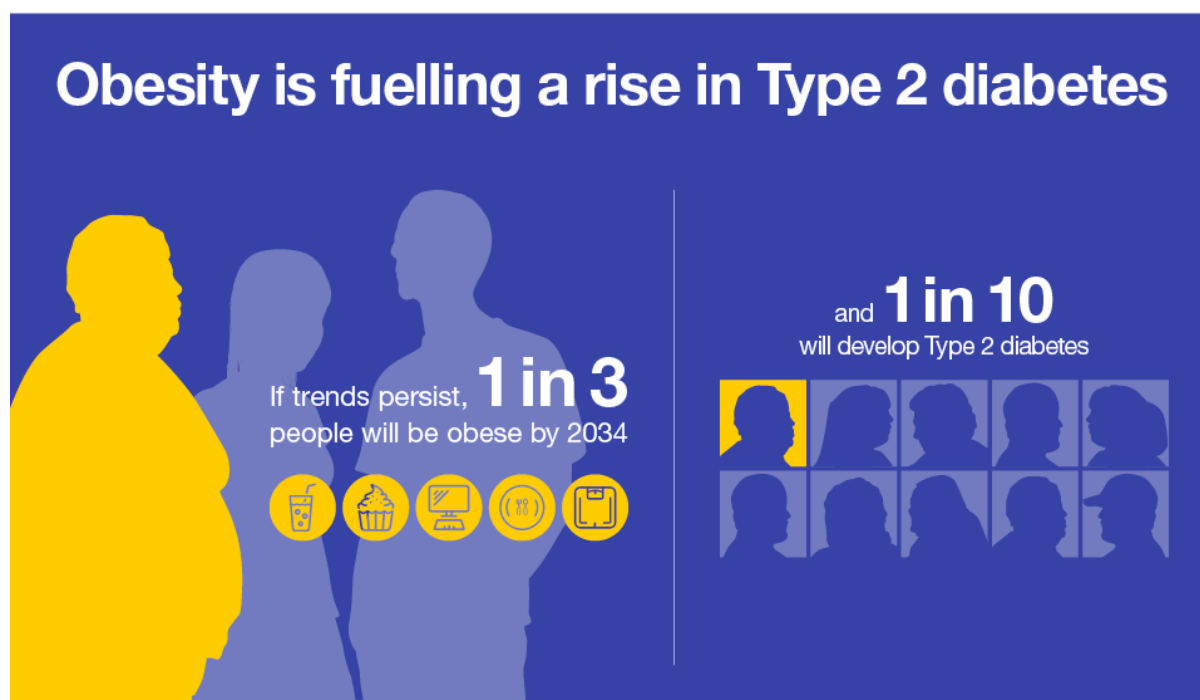


Figure 1: (PHE, 2018)

The image above by public health England depicts the stark picture of the number of people likely to develop type two diabetes. The NHS recommends that adults between the ages of 19-64 years should carry out physical activity daily because exercising once or twice weekly can reduce the risk of getting certain diseases. Exercises may include strengthening activities, 150 minutes of activities of moderate intensity weekly, spreading exercises between four to five days weekly or daily and breaking up periods of excessive sitting time by movement and physical activity (NHS, 2019d). Patient A's **sedentary lifestyle** has been linked with the beginning of several chronic diseases including **type 2 diabetes** (Brugnara et al., 2016). Regularly eating a mixture of chips and fries increases patient A's risk of diabetes and complications. Potatoes increase blood sugar levels, this happens as carbohydrates are broken down into sugars that then move into the blood stream (Mandl, 2020b), and for every three servings per week of French fries there is a 19% increase in the risk of getting diabetes type 2 (Muraki et al., 2015). The patient consumes between 3 to 6 units of alcohol daily, this is over the limit recommended, because the NHS recommends that adults should desist from drinking over 14 **units of alcohol weekly** (NHS, 2019b). Drinking alcohol may be a contributory factor in the risk of getting type 2 diabetes because constant drinking **may reduce the sensitivity of the body to insulin, cause chronic pancreatitis, moreover, due to the high number of calories in alcohol it can cause the patient to be overweight which is a further risk factor for diabetes type two** (Drinkaware, 2021)

4.0 Recommendations of life-style changes for a healthy lifestyle

Evidence suggests that health and lifestyle changes such as the promotion of a healthy diet, engagement in physical activity, and weight reduction can assist in the prevention and delay of diabetes especially amongst those at high risk (Galaviz et al., 2015). The underlisted guidelines will benefit patient A.

- Patient A should be aware that from the **age** of 40 her risk level increases for type two diabetes. The patient may use the NHS stop smoking services to help in **quitting smoking** to reduce her risk of diabetes (NHS, 2018c).
Relating to the **high BP** of the patient, NHS recommends:
- Cutting salt intake to less than 6 g daily
- Choosing a low fat and balanced diet that includes a lot of fresh fruits and vegetables
- To be active
- Cutting alcohol intake
- Losing some weight and
- drinking less caffeine. (NHS Choices, 2019a)

NICE guidelines on diabetes prevention and control relating to physical activity, weight loss, dietary changes and managing stress levels should be adhered to and it will be beneficial to the patient. NICE recommends two and a half hours of exercise that is not very intense (brisk walking, cycling, hiking, using lawn mower etc) or 1 ¼ hours of high intensity exercise (jogging, swimming, football, skipping, gymnastics etc) weekly. Having a healthy BMI (between 18.5 and 24.9 and for South Asian people between 18.5 and 22.9) will be beneficial to the patient because losing weight can decrease the risk of getting type 2 diabetes by allowing people at risk to better control their blood glucose level (NICE, 2019).

The dietary changes ((balanced diet) includes reducing the consumption of fat and an increase in dietary fibre, eating smaller portions, including vegetables, fruits, beans, lentils etc the mental health of the patient is a significant influence, and the patient should seek advice from a medical professional, for example the stress level of the body is important because constant stress can result in difficulty in the control of glucose level in the blood,

furthermore stress reduction will reduce the patient's chances of developing conditions that are related to diabetes such as hypertension, coronary artery disease and mental health conditions such as anxiety disorders and depression (Jephcote, 2019), seeking specialist medical advice will be beneficial to the patient . Patient A would also benefit from adhering to the behavioural change initiatives or programmes of the diabetes prevention programme of the NHS (England, 2019).

5.0 Conclusion, summary of key findings and reflection on my learning

I have **found** through conducting the health and lifestyle questionnaire that identifying risk factors in relation to health behaviours and family health history is an important step in addressing, managing, and preventing diseases like diabetes. I have gained knowledge of the importance of a health questionnaire through developing a health assessment for patient A because the process demonstrates the fact that a health assessment is a vital step in the process of identifying the health concerns of the patient which will guide the medical professionals in targeting the medical needs and actions required in the interest of the health of patient A. I found that linking the data collected from the questionnaire to relevant recommendations was tasking but the overall process was useful because it would assist me in future practice.

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7.0 Appendix

7.1 Lifestyle questionnaire

Introduction

In order to help us focus our Health Promotion activities in the practice, we would be grateful if you could fill in this short questionnaire. If you have already completed one on a previous visit, please return this questionnaire to the receptionist.

Name ...Patient A.....

Date of Birth ...1 Jan 1973.....

Do you smoke? [X] No ☐

If yes, do you –

smoke less than 1 cigarette/day ☐

1- 9 cigarettes/day ☐

10-19 cigarettes/day [X]

20-39 cigarettes/day ☐

more than 40 cigarettes/day ☐

smoke a pipe ☐

smoke cigars ☐

If No, have you –

never ever smoked ☐

given up smoking in the last year ☐

not smoked for more than 1 year ☐

Do you have high blood pressure? Yes [X] No ☐

Have you ever had a heart attack?

or suffered from angina? Yes ☐ No ☒

Have you ever had a stroke, "shock"?

or any weakness down one side? Yes ☐ No ☒

Have any of the following – mother, father,

brothers or sisters had –

a heart attack below the age of 60 Yes ☐ No ☒

a heart attack above the age of 60 Yes ☒ No ☐. Father had a heart attack at the age of 68

a stroke Yes ☐ No ☒

trouble with very high cholesterol Yes ☐ No ☒. Sister (yes) suffers from high cholesterol

(hyperlipidaemia)

.....

Practice Use Only

Health Education Smoking

BP ...180. / 90.

Height ...165cm.....

Weight ...86 kg.....

EXERCISE

Healthy exercise usually involves activity that lasts for at least 20 minutes, raises your pulse and produces hard breathing. In younger people this might be running, cycling or sport, or brisk walking for older people.

Do you take this type of exercise –

daily ☐

3 times weekly ☐

once weekly ☐

once monthly ☐

seldom [X]. Patient does not exercise

I cannot take exercise because of disability ☐

DIET

Please tick the one category which is closest to your usual eating pattern.

I eat no meat, fish or dairy produce ☐

I eat no meat ☐

I eat a mixture including daily fruit and vegetables ☐

I eat a mixture including regular chips and fries [X]

I eat frozen meals (eg TV dinners) 3 or 4 times/week ☐

I eat mainly snacks ☐

I eat a special medical diet ☐

Please specify

ALCOHOL

Please tick the statement which most closely describes your usual average alcohol intake. (1 unit is 1 glass

wine, ½ pint beer or a single measure of spirit.)

I never drink alcohol ☐

I drink less than 1 unit per day ☐

I drink between 1 and 2 units a day ☐

I drink between 3 and 6 units a day [X]

I drink between 7 and 9 units a day ☐

I drink more than 9 units a day on average ☐

.....

Practice Use Only

Health Education Alcohol []

Alcohol Brief Intervention []