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ASSESSMENT 2

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## Contents

|                                                                  |    |
|------------------------------------------------------------------|----|
| INTRODUCTION .....                                               | 3  |
| Health Assessment.....                                           | 3  |
| Prevention .....                                                 | 3  |
| BASELINE HEALTH STATUS REPORT OF PATIENT A.....                  | 4  |
| HEALTH ASSESSMENT ANALYSIS; CARDIOVASCULAR DISEASES BACKGROUND . | 4  |
| NORMAL AND ABNORMAL PHYSIOLOGICAL CONDITIONS .....               | 5  |
| ALCOHOL DRINKING .....                                           | 6  |
| CARDIOMYOPATHY .....                                             | 6  |
| LACK OF EXERCISES.....                                           | 6  |
| FAMILY HISTORY.....                                              | 6  |
| BODY MASS INDEX (BMI).....                                       | 7  |
| DEALING WITH LIFE CHALLENGE.....                                 | 7  |
| LIFESTYLE CHANGES.....                                           | 7  |
| CONCLUSION .....                                                 | 7  |
| Reference list.....                                              | 8  |
| Appendix.....                                                    | 11 |

## INTRODUCTION

Health and Social care professionals, through a health assessment, can have their insight into a patient's health status. Health is a state of complete physical, psychological and social wellbeing and not simply the absence of infirmity (WHO, 1948). Therefore, health assessment helps us understand the state of our health holistically (Health, 2019). In this academic essay, the Author will present Patient A's baseline health status report using the health questionnaire. The paper will show the importance of health assessment to patient A, her family, and the UK. In addition, the article will bring the physiological conditions, through the assessment results, into perspective. Finally, the Author will make suggestions to effect changes in the lifestyle of patient A for holistic wellbeing.

### Health Assessment

In this essay, health and social care professionals collected general information about patient A through a lifestyle questionnaire. Analysis of this data clarifies patient A's health (mental, physical, psychological, spiritual, and sexual wellbeing). Thus, this practice is health assessment. Health assessment increases our knowledge, which empowers us to make informed decisions about our health and wellbeing. Furthermore, the health and social care professional conducts a health assessment to establish whether any underlying health conditions could be prevented or managed to improve quality of life and overall health (Health, 2019).

### Prevention

The National Health Service only spent 4% of its budget on prevention. But, according to Aubrey de Grey, a Cambridge theoretician, there is no shortcut to a healthy older life but suggests that some solutions could be 'do not smoke, do not get fat and certainly do not

retire (Newton, 2011). The Organization for Economic Co-operation and Development claims that eighty per cent of English Trusts are in the red. The NHS in England posted a deficit of two billion pounds sterling for 2015 (Abbasi, 2015).

There are three approaches in the health care system: Prevention; Treatment, and End of life. When there are no known sicknesses or diseases, prevention is the watchword. Hence, through health assessment, prevention becomes effective. However, from the preceding facts, there is pressure on the Central Government, which is the primary employer of NHS. Therefore, the NHS dedicates only four per cent of its budget to prevention. As we age, our lifestyle impacts our health. We do not have any control over ageing itself. However, over lifestyle, we can do a lot to effect modification for our wellbeing.

## BASELINE HEALTH STATUS REPORT OF PATIENT A

Patient A offered voluntarily to participate in this study by responding to a questionnaire. A lady of forty-eight years old, patient A with patience and calm, responded to all questions from the questionnaire and non. Patient A responded that she smokes and that she smokes 10-19 cigarettes a day. On the day of the exercise, the pressure reading of patient A was 180/90. It means she had Systolic reading of 180mmHg and a Diastolic reading of 90mmHg (NHS, 2019). Patient A is aware she has high blood pressure. As a health and social care personnel, attention was not on the medical intervention, so I did not ask patient A about any blood pressure control drug. Patient A has not experienced a heart attack nor angina before that day. Patient A has also not experienced a stroke or shock before. Fortunate enough, patient A has not experienced a weakness down one side before.

However, patient A's father had a heart attack at 68, and her sister has a very high cholesterol challenge. So here, the bell rings in the family about a possible non-pleasant health issue, and patient A is not absolutely out of danger.

At present, patient A has no physical impairment but does not exercise at all. Her reason for not exercising is "busy, No time." For the exact cause of "no time," patient A eats a mixture, including regular chips and fries. She also enjoys meat. The Body Mass Index (BMI) of patient A is 31.59 kg/m<sup>2</sup>.

Patient A affirmed that she drinks between 3 and 6 units a day and goes over this limit **at the** weekend.

Patient A is a lady with higher educational background. Hence she is aware of the consequences of the chosen lifestyle. (The lifestyle questionnaire would be in Appendix)

## HEALTH ASSESSMENT ANALYSIS; CARDIOVASCULAR DISEASES BACKGROUND

Cardiovascular disease (CVD) is the term given to a group of heart and blood vessels diseases. CVD includes Coronary Heart Disease (CHD), Stroke, heart failure, rheumatic

fever, rheumatic heart disease, peripheral vascular disease, hypertension and hypertensive heart disease. (Ernst & Young, 2009). The health assessment analysis would be holistic, which means the paper would consider complete physiological factors for mental, emotional, physical and spiritual wellbeing.

## NORMAL AND ABNORMAL PHYSIOLOGICAL CONDITIONS

Patient A smokes 10-19 cigarettes a day. Research papers on safe limits a day show there is none (Bjartveit, 2005). Less than four cigarettes a day have grave consequences on the health of smokers. According to Heart UK (2021), the smoke from the cigarette contains many chemicals that damage blood vessels and the heart. Smoking only one cigarette a day raises the risk, and the chemicals in the smoke lower high-density lipoprotein (HDL), which is good cholesterol. HDL has a unique function of absorbing cholesterol and transport it back to the liver and, in its turn, flushes from the system. The presence of adequate HDL can lower the risk for heart disease and stroke. 1.6mmol/L or above is a recommended amount of HDL cholesterol to protect the heart. Smoking damages the inner walls of arteries allowing cholesterol to deposit firmly. The volume of the vessel would eventually reduce posing resistance to blood flow. "There is no safe level of exposure to cigarette smoke" (Barney, 2019).

The effect of smoking can be in almost every organ of the body. It also affects the overall health of a person. For example, a woman smoker may have difficulty in making seeds. Stillbirths and early deliveries are common among those women fortunate to be pregnant. However, children of smoking women do not usually develop entirely by the end of the gestational period. Low birth weight, orofacial clefts, ectopic pregnancy and sudden death syndrome (SIDS) are everyday experiences related to smoking. Damages of cigarette smoking are not found only in women.

Men who smoke also have their fair share. In some cases, sperms are affected, and therefore reduce fertility. Some men smokers lose teeth. Also, smoking can affect bone health. Anybody that takes to smoking brings adverse smoking effects on themselves. There is also the effect of passive smoking on innocent ones in the environment that cannot go

unnoticed. The central government ultimately would spend much more on health protection (CDCTobaccoFree, 2019)

## ALCOHOL DRINKING

Patient A revealed her habit of alcohol consumption. She drinks between three and six units a day, which means: ( Units in a bottle of alcohol are: Volume (ml) multiplied by the strength(%), all divided by 1000). A bottle of 1000ml and alcohol strength of 10%  
 $U = V \times S / 1000 = 1000 \cdot 10\% / 1000 = 10$ . The NHS recommends two units of alcohol a day. In a week, the NHS advises everyone to drink 14 units (NHS, 2018b). From the questionnaire, patient A consumes a minimum of twenty-one and a maximum of forty-two units a week. Patient A also said she drinks more than between three and six units at the weekend.

## CARDIOMYOPATHY

Cardiomyopathy is a heart disease during which the ventricles become dilated and causes systolic failure. When so much enlarged, the wall becomes thin and, therefore, loses some of its elasticity. The heart, at this instance, is not able to pump blood around the body. Some authors add the adjective alcoholic to qualify the type of heart disease, even though it is not with the alcoholics alone. However, considering how much patient A consumes in the week, she stands the risk of alcoholic cardiomyopathy (Chaudhry and Rehman, 2018; NHS Choices, 2019)

## LACK OF EXERCISES

Patient A answered the exercise question that she does not exercise because she has a tight schedule. However, for a healthy heart, everyone without any physical impairment must do some activity to keep fit. Declining exercises means you are depriving yourself of a good level of HDL cholesterol which will help remove fats from arteries. During workouts, the heart produces a suitable type of cholesterol, while at the time, the production of LDL cholesterol goes down. In addition, more energy goes in during exercises; hence, the system breaks down deposited fats. Weight loss, lowering blood pressure, and the risk of diabetes are some of the benefits accrued. An adult-like patient A may do 150 minutes of moderate-intensity activity or 75 minutes of intense workout every week (Heart UK, 2021)

## FAMILY HISTORY

Patient A's father had a heart attack when he was sixty-eight. Her sister has a challenge with hyperlipidaemia, dealing with very high cholesterol. The health information about the father and the sister indicate a risk patient A may have since they share some factors in common. Patient A is not in the same condition as the father and the sister, but she can plan her life with those pieces of information.

## BODY MASS INDEX (BMI)

Patient A weighs 86 kg and is 165 cm tall. With these pieces of information, her BMI is calculated;  $BMI = \text{Mass (kg)} / \text{height (m)} \times \text{height (m)} = 86 \text{ kg} / 1.65 \times 1.65 \text{ (m)}^2 = 31.59 \text{ kg/m}^2$ . BMI of 31.59 means patient A is obese. BMI considers changes in body shape. BMI is considered with other factors to advise a line of action. If pregnant, BMI must not be used as a measure. Adult of South-Asian origin may have a higher risk of some health problems with a BMI of 23, which is usually considered healthy (NHS, 2018a)

## DEALING WITH LIFE CHALLENGE

The agony of having to live a health challenge is excruciating. When it happens to a mother or a wife, the pain becomes ripples of water that never stop moving. All relatives would have to live that situation in their skin. In the end, the psychological issues would turn economic (NHS, 2021).

## LIFESTYLE CHANGES

Patient A, as noted, has an economic problem. She keeps saying there is no time for exercise because of the workload. Together, we will read an exciting book a friend gave me as a present at my birthday celebration. It is about the rat-race life we are leading. It helped me to set clear priorities in life. I will offer to purchase a treadmill for her. Then we will consider together the issue of smoking and the idea of exercising. The first five days with her consent, a telephone call will link us in the first five minutes. Then the last five minutes of 30 minutes. The book will motivate her to quit smoking. She will understand that she is working out herself on the treadmill healthy heart. And if so, why should she smoke to ruin the heart again?

## CONCLUSION

From the health assessment and the literature, one thing stands out. Good health is much an individual decision. The UK population is growing, and life expectancy is increasing gradually. Our cardiovascular systems depend very well on the lifestyle decisions that we embrace. Prevention is the watchword.

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## Appendix

### 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 01/01/1973

Do you smoke? Yes ☒ No ☐

If Yes, do you –

|                   |                |                                     |
|-------------------|----------------|-------------------------------------|
| smoke less than 1 | cigarette/day  | <input type="checkbox"/>            |
| 1 – 9             | cigarettes/day | <input type="checkbox"/>            |
| 10-19             | cigarettes/day | <input checked="" type="checkbox"/> |
| 20-39             | cigarettes/day | <input type="checkbox"/>            |
| more than 40      | cigarettes/day | <input type="checkbox"/>            |
| smoke a pipe      |                | <input type="checkbox"/>            |
| smoke cigars      |                | <input type="checkbox"/>            |

If No, have you –

|                                   |                          |
|-----------------------------------|--------------------------|
| never ever smoked                 | <input type="checkbox"/> |
| given up smoking in the last year | <input type="checkbox"/> |
| not smoked for more than 1 year   | <input type="checkbox"/> |

Do you have high blood pressure? Yes ☒ 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 <input type="checkbox"/>                 | No <input checked="" type="checkbox"/> |
| a heart attack above the age of 60                   | (63) Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> (Dad)      |
| a stroke                                             | Yes <input type="checkbox"/>                 | No <input checked="" type="checkbox"/> |
| trouble with very high cholesterol (hyperlipidaemia) | Yes <input checked="" type="checkbox"/>      | No <input type="checkbox"/> (Father)   |

### Practice Use Only

Health Education Smoking .....

BP 180 / 90

Height 165 cm

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          | <input type="checkbox"/> |
| 3 times weekly | <input type="checkbox"/> |
| once weekly    | <input type="checkbox"/> |
| once monthly   | <input type="checkbox"/> |
| seldom         | <input type="checkbox"/> |

Don't exercise, no time

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                 | <input type="checkbox"/>            |
| I eat no meat                                        | <input type="checkbox"/>            |
| I eat a mixture including daily fruit and vegetables | <input type="checkbox"/>            |
| I eat a mixture including regular chips and fries    | <input checked="" type="checkbox"/> |
| I eat frozen meals (eg TV dinners) 3 or 4 times/week | <input type="checkbox"/>            |
| I eat mainly snacks                                  | <input type="checkbox"/>            |
| I eat a special medical diet                         | <input type="checkbox"/>            |

(Eat meat)

Please specify ..... Eat meat too

## 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                      | <input type="checkbox"/>            |
| I drink less than 1 unit per day           | <input type="checkbox"/>            |
| I drink between 1 and 2 units a day        | <input type="checkbox"/>            |
| I drink between 3 and 6 units a day        | <input checked="" type="checkbox"/> |
| I drink between 7 and 9 units a day        | <input type="checkbox"/>            |
| I drink more than 9 units a day on average | <input type="checkbox"/>            |

Drink more at the weekend

## Practice Use Only

- |                            |                          |
|----------------------------|--------------------------|
| Health Education Alcohol   | <input type="checkbox"/> |
| Alcohol Brief Intervention | <input type="checkbox"/> |