

CHIME Data Entry

It is important to record risk factor management activities in CHIME for a number of reasons:

- Provides a record of previous risk factor intervention in the client record to allow for future follow up, especially by staff not familiar with the client.
- Accounts for time spent with the client doing risk factor intervention.
- Will enable long term tracking of changes in client risk factor status and benefit of clinician intervention.
- Will help identify the need for additional referral services eg high proportion of clients with at risk drinking may indicate the need for more drug and alcohol services.

Steps for CHIME data entry (see CHIME user guide for more details):

1. Enter diary section of CHIME.
2. Search for activity template using the following codes:

SNP-S (Smoking status and intervention activities)

SNP-N (Nutrition screening and intervention activities)

SNP-A (Alcohol screening and intervention activities)

SNP-P (Physical activity screening and intervention activities)

SNP-NA (Not appropriate to ask about SNAP, give reason in clinical notes)

For each risk factor record any risk factor activities undertaken during that consultation this could include:

- Asking about a risk factor
- Verbal discussion
- Written information
- Referral to community program, support group or service
- Referral to a health professional
- Verbal discussion with health professional about case

Record risk factor activities in diary section of CHIME for every client. If not appropriate to ask about SNAP, use SNP-NA code

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Helping People Change

S *Smoking*

N *Nutrition*

A *Alcohol*

P *Physical Activity*

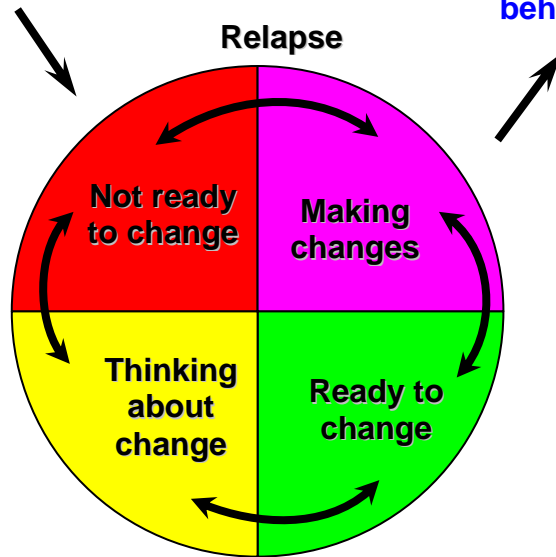
**A Guide for
Primary Health Care Clinicians
For Use With Adults**

Stages of Change Model

- People don't like change. Most of us will take many attempts to change lifestyle habits, moving through various stage of change.
- We can better support people in making lifestyle changes if we know what stage of change people are at, and tailor our intervention to this stage of change.
- Moving people from one stage of change to the next is a good outcome in helping people eventually make permanent changes to their lifestyle.
- What stage of change is your client at? Can you help them move to the next stage?

Initiate at risk behaviour

Maintenance of behaviour change



Stage of Change	Tailor your Approach
Not ready to change (Pre-contemplation)	Discuss benefits of change for the individual, relate to personal situation and presenting problem.
Thinking about change (Contemplation)	Use motivational interviewing techniques.
Ready to change	Assist and agree with the client strategies for change, arrange further help if required.
Making Changes	Reinforce and encourage change.
Relapsed	Explore reasons for relapse, what could be done differently next time?

NUTRITION

Antenatal:

- Eat iron rich foods – high absorbable iron, 1-2 serves a day (red meat and to a lesser extent pork, chicken and fish) and non haem iron foods (wholegrain breads, cereals, baked beans and other legumes, green leafy vegetables, eggs).
- Maximise iron absorption by including foods that are a good source of vitamin C with non haem iron sources (eg tomatoes, fruit, orange juice).
- Avoid having tea and coffee with meals, as inhibits iron absorption, have between meals instead.
- Include 2 serves of fruit, 5 serves of vegetables and 3 serves of dairy foods daily (see general population guideline and practical goals /strategies).
- When planning pregnancy take 0.5mg folic acid supplement daily.
- In addition to folate supplementation, the following foods are a good source of folate:
 - *vegetables*: asparagus, broccoli, brussel sprouts, cabbage, cauliflower, spinach, peas.
 - *fruit*: oranges and orange juice.
 - *breads & cereals*: wholegrain breads and fortified breakfast cereals.
- There is no need eat more in pregnancy, quality rather than quantity count.
- Exclude foods that are prone to listeria contamination including pre-prepared salads, pate, quiches, delicatessen meats, uncooked or smoked fish, soft cheese such as brie, soft serve ice creams, unpasteurised milk.
- Avoid fish with high levels of mercury including swordfish, broadbill, marlin, shark, sea perch, gemfish, southern blue fin tuna and catfish. Limit other fish such as tuna steaks to one portion per week or 2 x 140g tins per week.

Lactation:

- Encourage and support breastfeeding, with many benefits for mother and baby.
- Nutrition recommendations as per pregnancy (above), except recommend 4 serves of dairy products per day to ensure adequate calcium intake.
- Ensure adequate fluid intake of at least 8-10 cups per day, encourage mothers to drink each time the baby feeds.
- Breastfeeding burns up lots of energy, most will come from fat stores laid down during pregnancy, but extra food intake may be required. Use appetite and weight to work out energy needs.
- Caffeine and alcohol intake to be limited or avoided due to secretion into breast milk.

Pregnant or lactating women who eat a restricted diet or have other diet related conditions eg diabetes may benefit from referral to a dietitian for specific dietary advice.

Antenatal & Postnatal

5A's for SNAP

SMOKING

Antenatal:

- Smoking during pregnancy contributes to increased risk of ectopic pregnancy, spontaneous abortion, pregnancy and labour complications, stillbirth, low birth weight and SIDS.
- Although abstinence during early pregnancy will produce greatest benefits for mother and foetus, smoking cessation at any point during pregnancy will be beneficial.
- Nicotine replacement therapy (NRT) should only be considered in pregnancy/lactation, if the woman is otherwise unable to quit and the likelihood and benefits of cessation outweigh risks of NRT and continued smoking. NRT delivered intermittently (eg inhaler, gum, lozenge, sublingual tablet) preferable to transdermal patch. NRT during pregnancy and lactation should always be discussed with a medical practitioner.

Postnatal:

- Smoking around babies and children is associated with asthma, lower respiratory tract infections, middle ear disease, impaired lung functions and SIDS.
- Do not allow smoking in enclosed spaces eg car and house, remove ashtrays and lighters from inside the home, ask all visitors to smoke outside, designate smoking areas outside.

ALCOHOL

- Pregnant/ lactating women should be encouraged to consider not drinking at all.
- If they chose to drink, they should have less than 7 standard drinks per week AND no more than 2 standard drinks (spread over at least two hours) on any one day, and should never become intoxicated.

PHYSICAL ACTIVITY

Antenatal:

- Physical activity during pregnancy can help prepare for physical demands of labour and promote faster recuperation after birth.
- Aim for 3-4 physical activity sessions per week, do not exercise beyond current fitness levels.
- During pregnancy maintain a moderate intensity and avoid becoming breathless, keep heart rate below 140 bpm and less than 125 bpm in water, avoid contact sports or activities that carry a risk of falling.
- Refer to medical practitioner for advice if client has high blood pressure, heart disease, pre-eclampsia, risk of premature labour or multiple foetuses.

Postnatal:

- Physical activity in the postnatal period can help with return to pre-pregnancy fitness and weight, increase ability to cope with physical demands of motherhood and help reduce stress and depression.
- Following birth, it is recommended that women can resume physical activity after 2-6 weeks (depending on individual factors).

Ask

- Ask clients about SNAP risk factors (as part of standard assessment or opportunistically as agreed by the service).

Assess

- Assess each risk factor using standard assessment tools where appropriate.
- Assess readiness to change for each risk factor.
- If ready to change more than one risk factor, ask client to prioritise which risk factor they feel most able to change. Change one risk factor at a time.

Advise

- Give client feedback on current risk factor(s), relate to presenting issue or health risk.
- Give clear, specific, well timed behaviour change advice.
- Advice should be given in a non-coercive and non judgmental manner that respects readiness to change and client autonomy.

Assist

- Discuss barriers to change and the need for social support.
- Agree strategies / goals to support behaviour change.
- Document any goals in clinical notes to allow future follow up.

Arrange

- Arrange referral to local community program / service (where available and appropriate, see referral directory).
- Arrange referral to other health professional or GP (if appropriate, see referral directory).
- Arrange follow up as agreed by the service (opportunistic or planned).

Motivational Interviewing

Unsure about Change

Motivational interviewing is a type of counselling that aims to explore a clients' uncertainty about change in a non judgmental manner.

- **Discuss Pro's and Cons of Change:**
Example "What do you like about smoking?" "What don't you like about smoking"
- **Summarise your understanding of client's pro's and con's of change:**
Example "So on one hand you like smoking because it is a stress release, helps you relax and stops you gaining weight, but on the other hand you dislike it because of how much it costs and you're starting to feel unfit and out of breath."
- **Ask "So where does this leave you?":** "How important is quitting smoking given everything else going on in your life at the moment?"
- **Explore confidence to change:** "How confident are you that you will be able to quit smoking on a scale of 0-10" "what would it take to increase your confidence?"

Goal Setting

Negotiate goals with client to encourage small, gradual but permanent stages in behaviour. If a goal cannot be kept up long term it is probably the wrong goal!

Ask "What do you think would be possible for you to do?" "Is this realistic for you?"

Goals should be SMART

Specific
Measurable
Agreed with the client/family
Realistic
Time specific

For example: " I will try walking 10 minutes each day to get the newspaper starting tomorrow, this is realistic as it fits with my routine and my partner has agreed to walk with me."

Physical Activity Recommendations

Aim for 30 minutes of moderate physical activity on most, preferably all days

- Activity can be accumulated in several bouts of 10 minutes or more, remember every bit of activity counts.
- Moderate intensity physical activities are those that raise the heart rate sufficiently to leave you warm, increasing your rate of breathing, but you should still be able to talk. These include brisk walking, swimming, cycling, climbing stairs, gardening and house work such as vacuuming etc.

Health Benefits of Being More Active

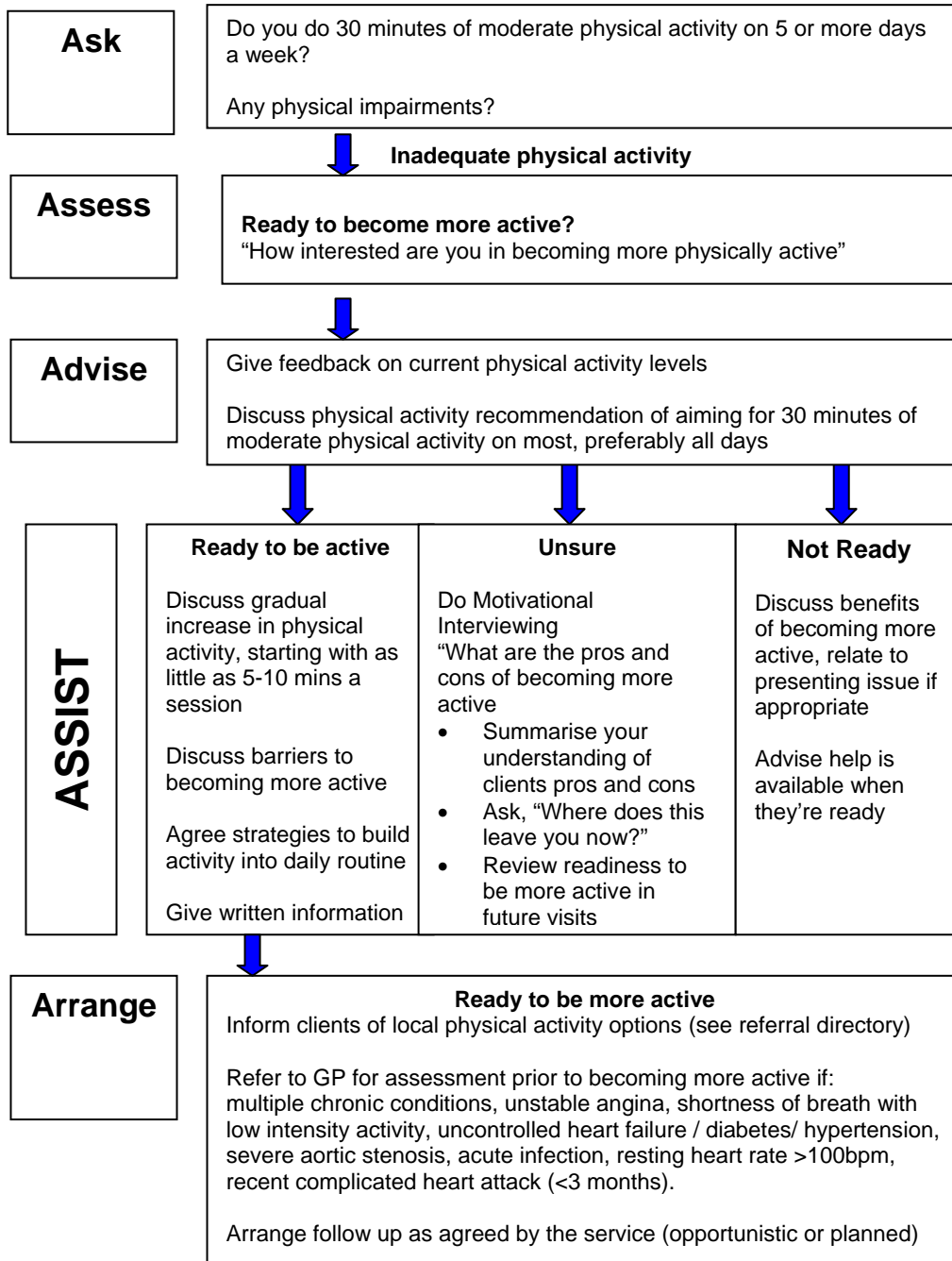
Nearly everyone can benefit from being more active. Irrespective of age or body size, there are many health benefits of being more active, including:

- Risk of death from all causes reduced by 50%.
- Risk of developing cardiovascular disease reduced by 50%.
- Stroke risk and cancer risk (colon, breast) reduced.
- Type 2 diabetes prevention (risk reduced by 30-50%), improved diabetes control in those with existing diabetes.
- Weight management and reduction (when combined with dietary changes).
- Increased bone density and reduced risk of osteoporosis with weight bearing activity such as walking.
- Osteoporosis management (pain control, maintenance of muscle strength, joint structure and function).
- Falls risk in older people reduced by balance, flexibility and resistance exercises such as Tai Chi.
- Improved circulation and wound healing.
- Improved psychological well being, useful as a strategy in managing depression, anxiety and subjective feelings of stress.
- Improved sleeping patterns, particularly when activity is in the afternoon.

Practical Strategies and Goals for Becoming More Active

- Consider activity that can be included in everyday routine eg gardening, walking, housework, getting off the bus one or two stops earlier, parking the car further away, taking the stairs.
- Find an activity that you enjoy and a time of day that suits you so you don't have to alter your routine too much.
- Build up activity levels gradually starting with as little as 5-10 minutes a day.
- Consider home / chair exercises, every bit counts.
- Recruit a friend or join a group activity. Some people find it easier to stay active in a social environment.
- Be prepared to deal with setbacks that interrupt your activities.

Physical Activity



Reviewing Progress

Arrange follow up as agreed by the service (opportunistic or planned).

As part of follow up visits:

- Congratulate an affirm decision to change lifestyle.
- Review progress and problems, brainstorm solutions with the client.
- Encourage use of support services.
- Discuss coping strategies and relapse prevention.

Relapse Prevention:

It can be useful to discuss a plan to prevent a relapse of behaviour. This could include:

- Identifying high risk situations or triggers to old behaviour (eg smoking when stressed or anxious, over-eating when bored or depressed).
- Plan coping strategies in advance.
- Encourage clients to have a plan to deal with lapses to prevent them from becoming a full relapse.
- A lapse is a temporary slip up, for example missing several physical activity sessions or having an occasional cigarette. A relapse is a permanent return to previous behaviour, for example becoming completely sedentary again or resuming regular smoking. Having a plan to deal with lapses can help prevent a complete relapse.

Dealing with Lapses and Relapse

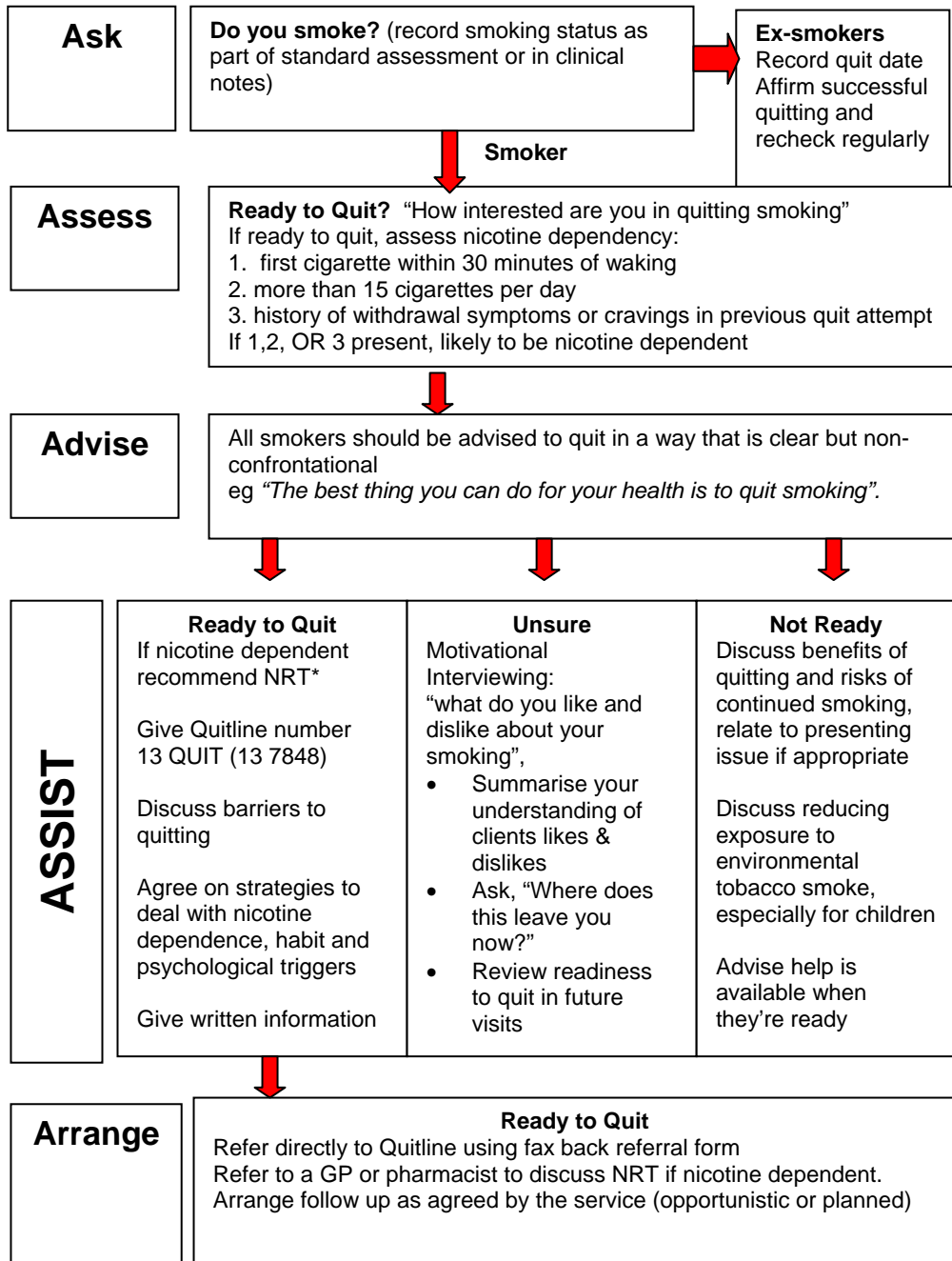
Changing lifestyle behaviour is a process not a single task, many people take several attempts to change before they are successful. Relapsing is a normal part of the change process and may be caused by a number of factors:

- Cost/benefit balance has shifted due to other changes in a person's life and the change is no longer perceived to be worthwhile.
- Support mechanisms have been withdrawn or become less effective, making it seem too difficult to maintain the change.

In the case of a lapse or relapse:

- Offer support and reframe as a learning experience, as opposed to a failure. For example "There is no such thing as a failed quit attempt, just experience for next time."
- Explore reason for relapse and lessons for future attempts. For example "What do you think contributed to you starting to smoke again?" "What do you think you could do differently next time?"
- Offer on-going support.
- Ask again at future consultations about behaviour change.

Smoking



*NRT: Nicotine Replacement Therapy

Alcohol Recommendations

Men:

- No more than 4 standard drinks per day, or 28 standard drinks per week for risk of harm in the long term.
- No more than 6 standard drinks on any one day for risk of harm in the short term. One to two alcohol free days per week.

Women:

- No more than 2 standard drinks per day, or 14 standard drinks per week for risk of harm in the long term.
- No more than 4 standard drinks on any one day for risk of harm in the short term. One to two alcohol free days per week.

Older people:

Are advised to drink less than the general population recommendations (above) as the body's ability to process alcohol decreases with age. Older people may need to reduce or stop drinking completely to avoid harmful interactions with medications.

Physical and Social Problems Linked to at Risk Drinking

- Fatty liver, hepatitis, cirrhosis and liver cancer.
- Cancer of mouth, larynx, oesophagus, breast and colon.
- Raised blood pressure, cardiomyopathy and stroke.
- Obesity and nutritional deficiencies.
- Neuropathy and brain damage.
- Sexual dysfunction, infertility and foetal damage.
- Reaction with other drugs and medications.
- Domestic violence and child neglect/abuse.
- Domestic, work and road traffic accidents, drink driving.
- Assault, anti social behaviour and criminal behaviours.

Practical Strategies and Goals for Low Risk Drinking

- Be aware of how much you are drinking, especially when drinking at home.
- Avoid drinking on an empty stomach – food helps to slow down the rate of alcohol absorption into your body.
- Be aware of the effects of alcohol on any medication you may be taking.
- Sip drinks don't gulp, put your glass down between mouthfuls.
- Alternate alcoholic and non alcoholic drinks.
- Avoid snacking on salty foods that make you thirsty.
- Avoid drinking in rounds or keeping up with others.
- Plan to shorten your drinking time – begin later and go home earlier.
- Say no to top-ups. This makes it easier to count your drinks.
- Have ready made answers for when you are pressured to drink more:

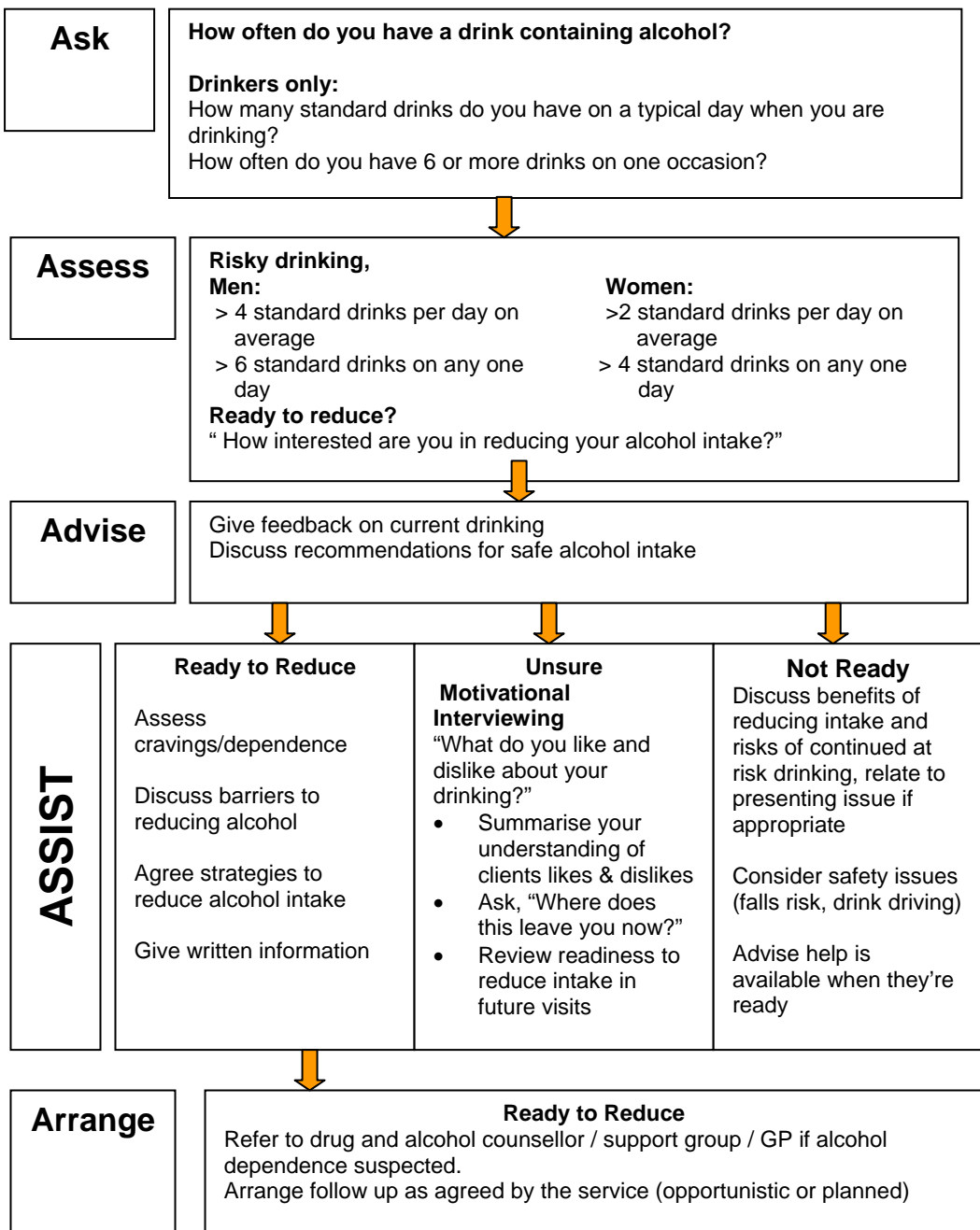
No thanks – I'm driving

No thanks – I have to get up early in the morning

No thanks – I've had enough

No thanks – I'm taking medication

Alcohol



Recommendations for Smoking

All smokers should be advised to quit in a way that is clear but non-confrontational eg "The best thing you can do for your health is to quit smoking".

Health Risks of Smoking and Exposure to Environmental Tobacco Smoke

- Smoking causes more death and disease in Australia than any other preventable risk factor.
- Lifelong smokers have a 50-60% chance of dying from tobacco related disease, half of these deaths will occur in middle age (25-54 years).
- Smoking around babies and children is associated with asthma, lower respiratory tract infections, middle ear disease, impaired lung functions and SIDS.

Benefits of Quitting

- Quitting smoking at any age will result in major and immediate health benefits.
- Even when illness is present quitting smoking is very beneficial.

Benefits according to time since quitting:

20 minutes	Heart rate reduces.
12 hours	Blood levels of carbon monoxide reduce dramatically.
2 weeks-3 months	Heart attack risk begins to reduce, lung function improves.
1-9 months	Coughing and shortness of breath decreases.
1 year	Risk of coronary heart disease halved compared with smoker.
5 years	Stroke risk is reduced to that of a non-smoker 5-15 years after quitting. Risk of cancers of the mouth, throat, oesophagus decreases.
10 years	Risk of lung cancer death half of that of continuing smoker, risk of bladder, kidney and pancreas cancer decreases
15 years	Risk of coronary heart disease same as for non-smoker, all cause mortality in former smokers declines to same level as people who have never smoked.

Practical Strategies and Goals for Quitting Smoking

- In addition to calling the Quitline, consider attending a local smoking cessation program if available.
- Find someone to support you (e.g. partner or family, couples who quit together improve their chance of succeeding).
- Deal with cravings – consider NRT, ensure appropriate dose and duration. NRT for dependent smokers is proven to double the chance of quitting.
- Deal with psychological dependence – your usual support system has been lost, find new ways to handle stress eg talk to a friend.
- Deal with hunger – start regular physical activity, eat sensibly but no serious dieting until less stressful period, reduce alcohol consumption.
- Change your routine so you have got something else to do at times and places you use to smoke.
- Avoid smoky environments and reduce caffeine consumption for first few weeks.
- Do not allow smoking in enclosed spaces eg car and house, remove ashtrays and lighters from inside the home, ask all visitors to smoke outside.

Nutrition

Ask

Recent unintentional weight gain (excluding pregnancy)
Recent unintentional weight loss, appetite (malnutrition screening tool)
Adequacy of fluid intake
Fruit and vegetable intake

Assess

Nutritionally at risk:
Unintentional weight gain > 4 kg (1/2 stone) in past 12 months
Unintentional weight loss and poor appetite (see malnutrition screening tool)
Fluid intake less than 8 cups and/or recent reduction in fluid intake
Fruit intake less than 2 serves per day
Vegetable intake less than 5 serves per day

Ready to change eating habits to improve health?

Advise

Give feedback on current diet.
Discuss nutrition recommendations most relevant to presenting issue(s)

ASSIST	<p>Ready to improve nutrition</p> <p>Consider factors influencing eating habits (ability to shop and cook, family food preferences, poor appetite, comfort eating)</p> <p>Discuss barriers to changing eating habits</p> <p>Agree strategies to improve eating habits</p> <p>Give written information</p>	<p>Unsure</p> <p>Do Motivational Interviewing "What are the pros and cons of changing your eating habits?"</p> <ul style="list-style-type: none"> Summarise your understanding of clients pro's and con's Ask, "Where does this leave you now?" Review readiness to change in future visits 	<p>Not Ready</p> <p>Discuss benefits of improving eating habits, relate to presenting issue if appropriate</p> <p>Advise help is available when they're ready</p>
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Arrange

Ready to improve eating habits

Refer to GP if unexplained weight loss requiring further investigation
Refer to dietitian:

- If at risk of malnutrition, reason for weight loss known
- Recent weight gain
- Existing dietary related condition, not seen dietitian previously
- Extreme eating behaviour

See referral directory for referral options and procedures including Meals on Wheels, other services to assist with shopping & cooking.

Arrange follow up as agreed by the service (opportunistic or planned).

Nutrition Recommendations

General Population

- Eat according to your energy needs and be physically active.
- Aim for 2 serves of fruit and 5 serves of vegetables each day.
- Include 2-3 serves of dairy products daily, a serve is 1 cup milk, 1 tub yoghurt, match box size piece of cheese (choose low fat unless at risk of malnutrition).
- Include lean meat, fish, poultry and/or alternatives daily.
- Drink plenty of water, aim for 8 cups of fluid per day.
- Choose foods low in salt.

Benefits of Healthy Eating

Healthy eating can lower the risk of heart disease, high blood pressure, diabetes, stroke and some cancers. Eating a healthy well balanced diet will help promote wound healing and recovery from illness as well as improving vitality and energy levels.

If overweight, reducing weight by 5-10% results in significant health benefits. Losing as little as 3-4 kg can reduce risk of diabetes by almost 60% in high risk individuals.

Practical Strategies and Goals

Healthy Eating & Weight Management

- Eat smaller servings (use a smaller plate) but eat regular meals.
- Eat less high fat/energy food (pies, processed meats, fried foods, high fat snacks, full fat dairy foods).
- Aim for 5 serves vegetables, 2 serves fruit each day.
- Drink water instead of soft drink, cordial or fruit juice.
- Limit time snacking or eating meals while watching TV (encourages over consumption).
- Listen to your appetite, eat only when you are hungry and not when bored or stressed.
- Limit your alcohol intake and become more physically active (see alcohol and physical active sections).

Increasing Fruit & Vegetable Intake (aim for 5 serves vegetables, 2 serves fruit);

- A serve is 1 medium size piece of fruit eg apple, 2-3 small pieces of fruit eg plum, 1 cup canned fruit or ½ cup of fruit juice. A serve of vegetables is ½ cup cooked vegetables, 1 medium size potato, 1 cup salad vegetables.
- Include a variety of vegetables every day (eg salads, vegetable soups, cooked vegetables).
- Eat vegetables and fruit at breakfast (eg baked beans, tomatoes, mushrooms on whole grain toast, add fruit to breakfast cereals).
- Buy vegetables in season they are often cheaper.
- Frozen and canned fruit & vegetables are a good alternative to fresh, choose tinned fruit in natural juice.

At Risk of Malnutrition, Poor Appetite

- If unexplained weight loss, refer to GP for further investigation.
- Eat small frequent meals and snacks to fit in more food throughout the day.
- Have full-cream milk drinks between meals.
- Add more oil and margarine to food in cooking.
- Add skim milk powder to soups, stews and drinks.
- Add grated cheese to cooked foods.
- Snack on cheese and crackers, nuts and dried fruit during the day.
- Avoid filling up on tea or coffee instead of eating meals and snacks.