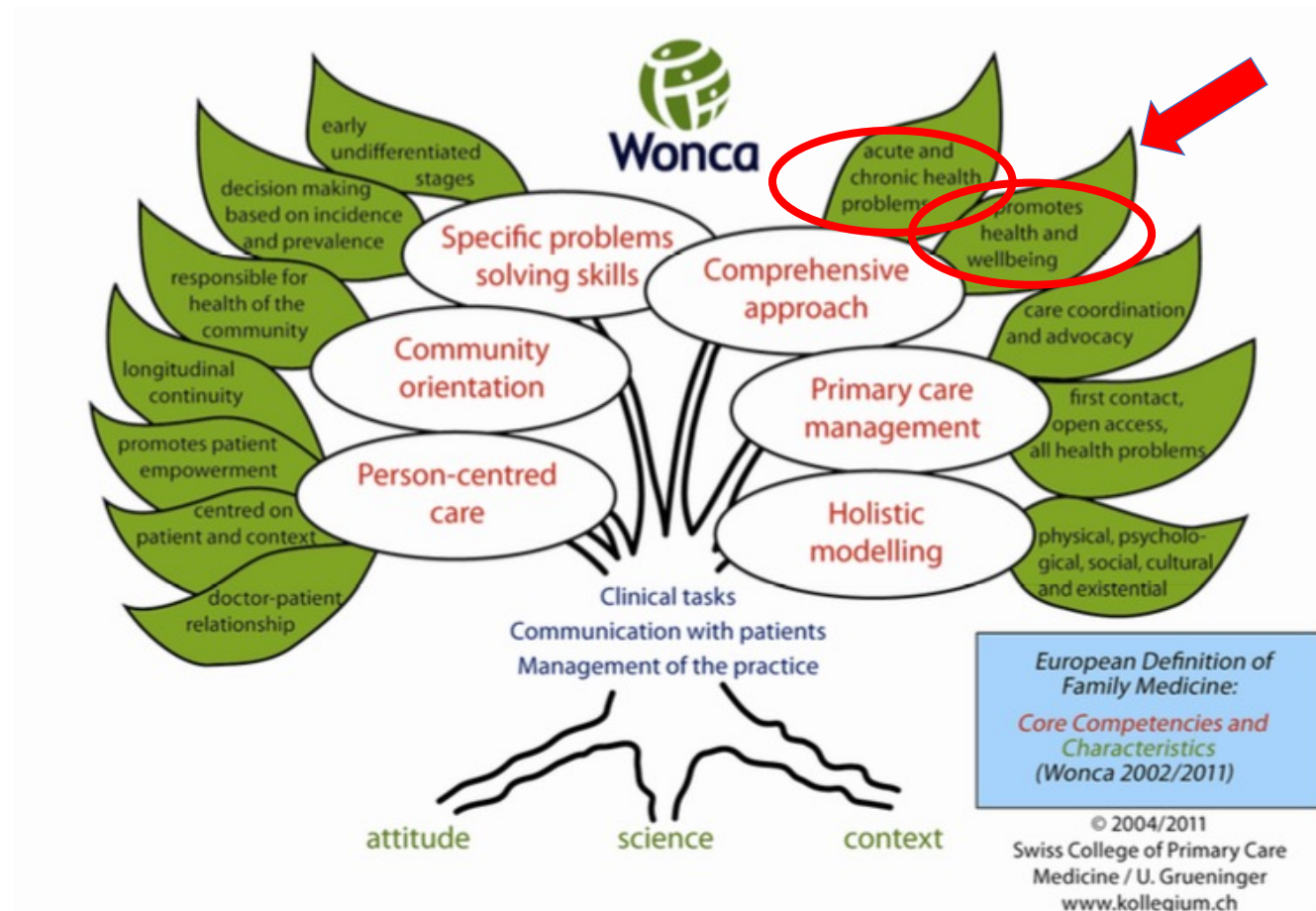


Risk assessment and health
promotion
of the healthy patient
in primary care

INTRODUCTION

Giuseppe Parisi





THE DETERMINANTS OF HEALTH

Giuseppe Parisi

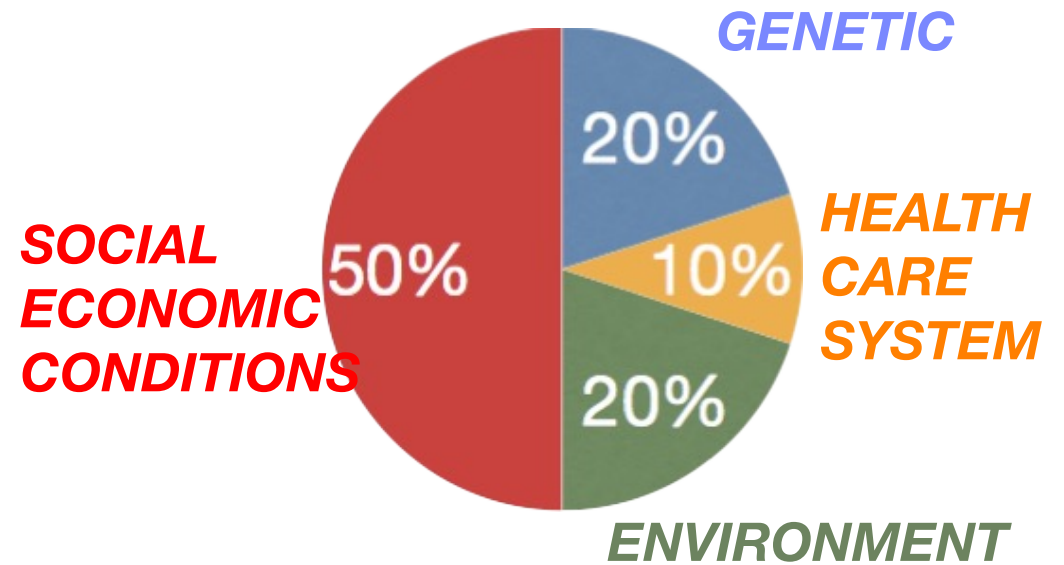
Case based learning and general clinical practice

School of Medicine and Surgery

Milano Bicocca



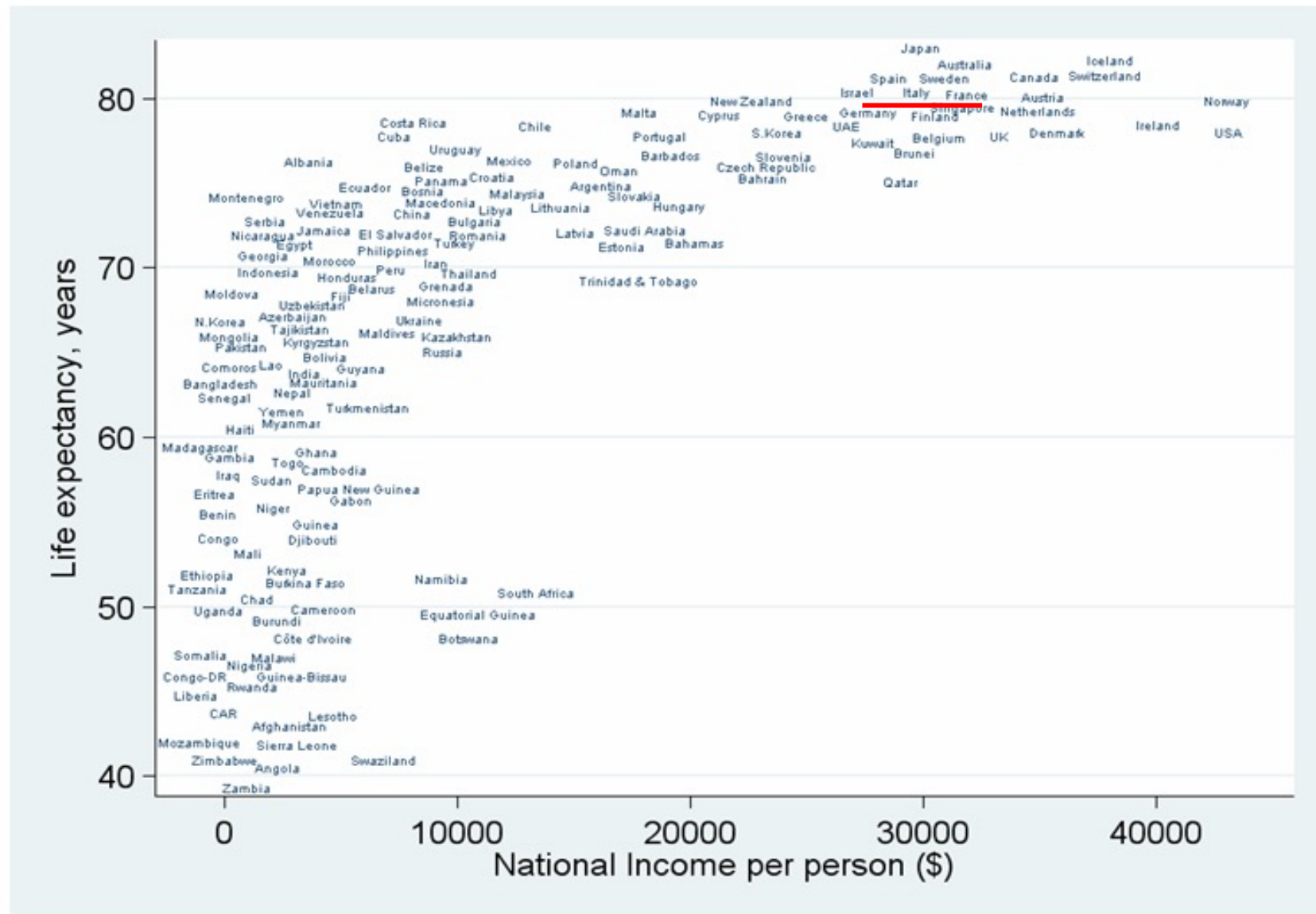
DETERMINANTS OF HEALTH



B.Badura, 1995

Determinant 1#: Income

Income per head and life-expectancy: rich & poor countries

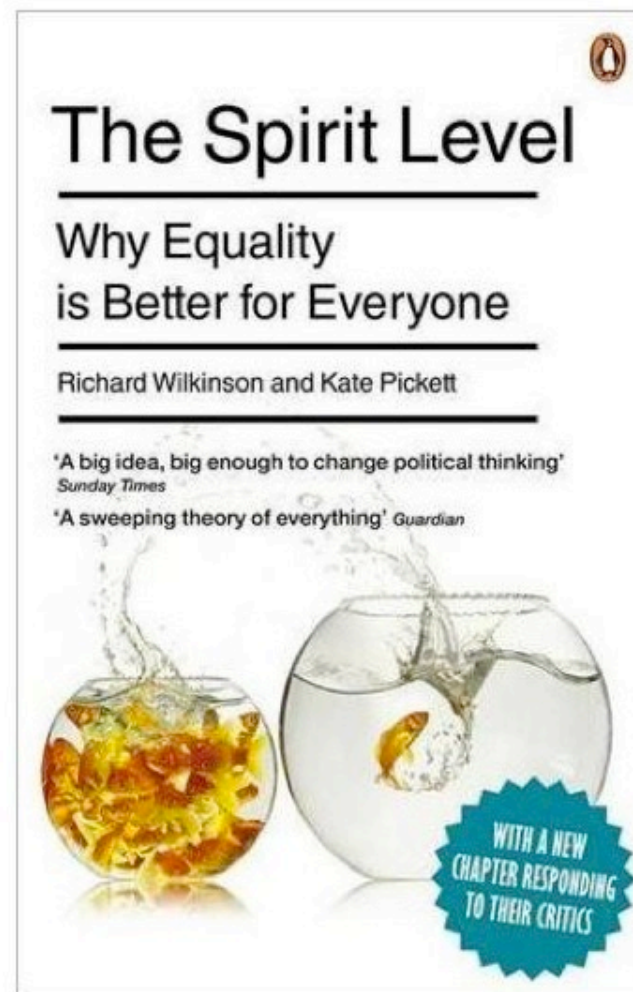


Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Determinant 2#: unequality

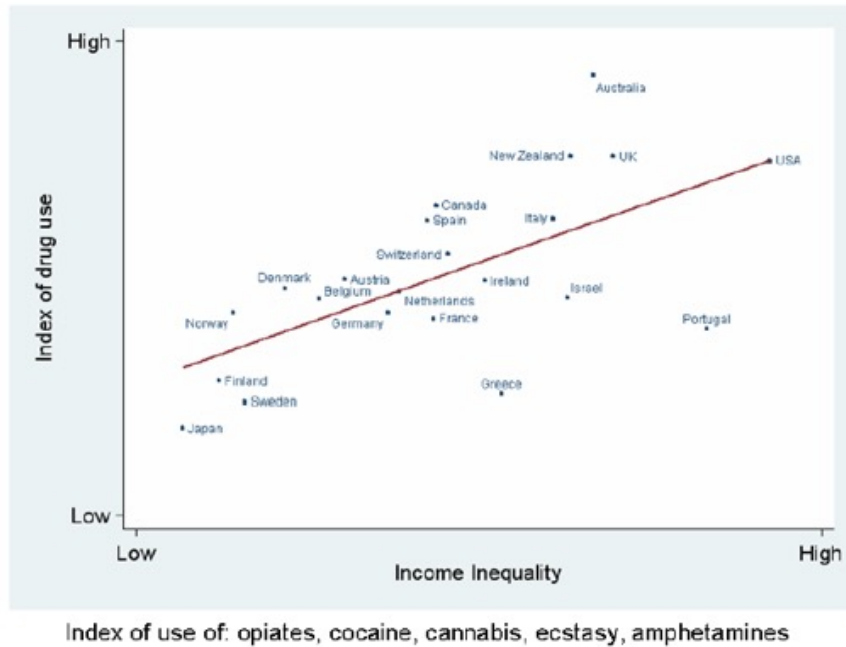
Introduction

- This PowerPoint file contains 35 of the more important graphs shown on The Equality Trust website at www.equalitytrust.org.uk
- The graphs are also published in the book by Richard Wilkinson and Kate Pickett, *The Spirit Level: Why Equality is Better for Everyone* (Penguin, 2010).
- We hope you will use them in talks, lectures or discussion groups to help increase people's understanding of the effects of inequality.
- These slides are provided on condition that you acknowledge their source.
- We strongly recommend that you use them in conjunction with the book, which explains the relationships shown in the graphs.



Determinant : unequality

Drug Use is More Common in More Unequal Countries



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

www.equalitytrust.org.uk Equality Trust

More Adults are Obese in More Unequal Rich Countries

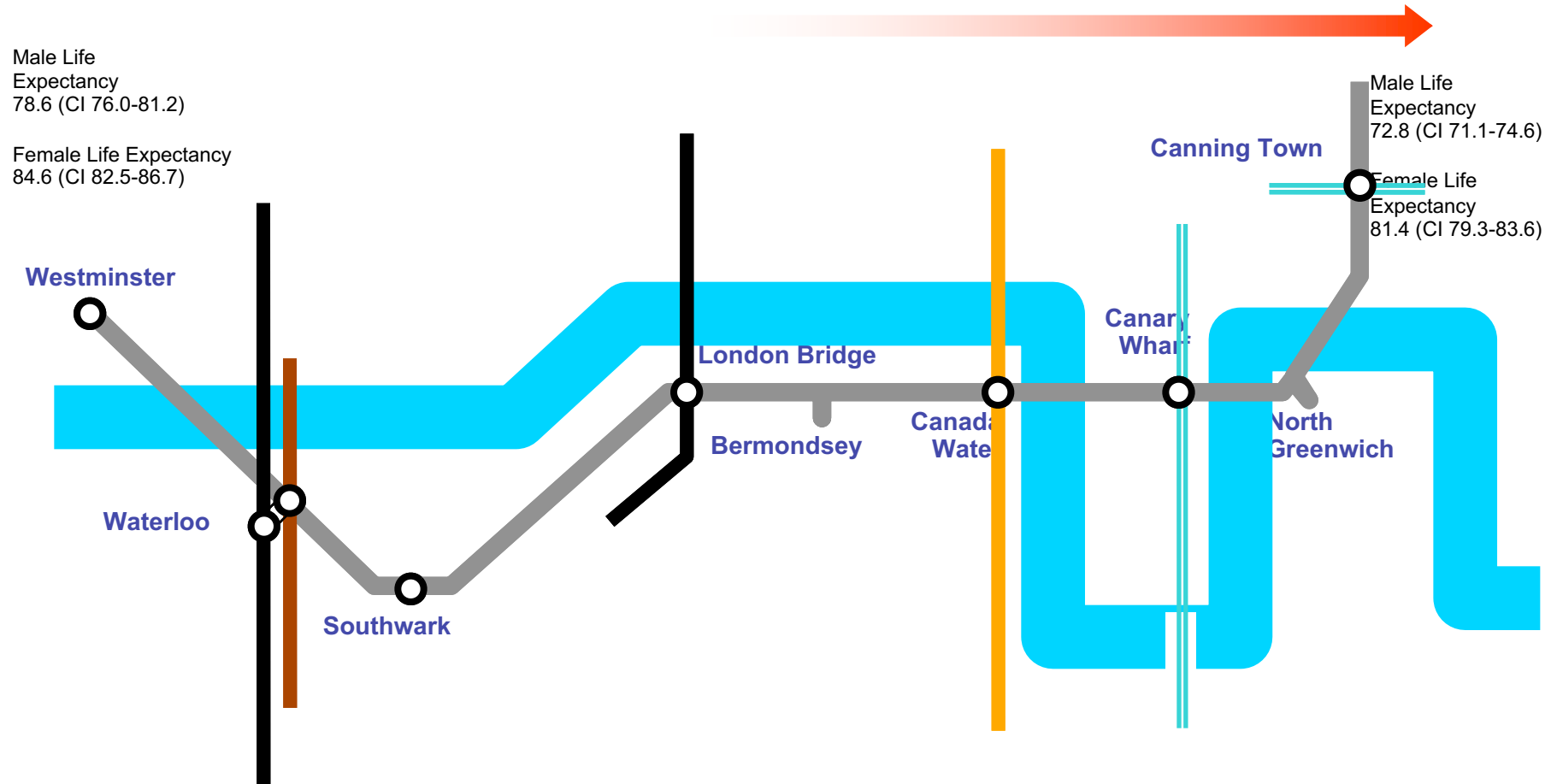


Source: Wilkinson & Pickett, *The Spirit Level* (2009)

www.equalitytrust.org.uk Equality Trust

Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost –Data revised to 2002-06



London Underground

Jubilee Line



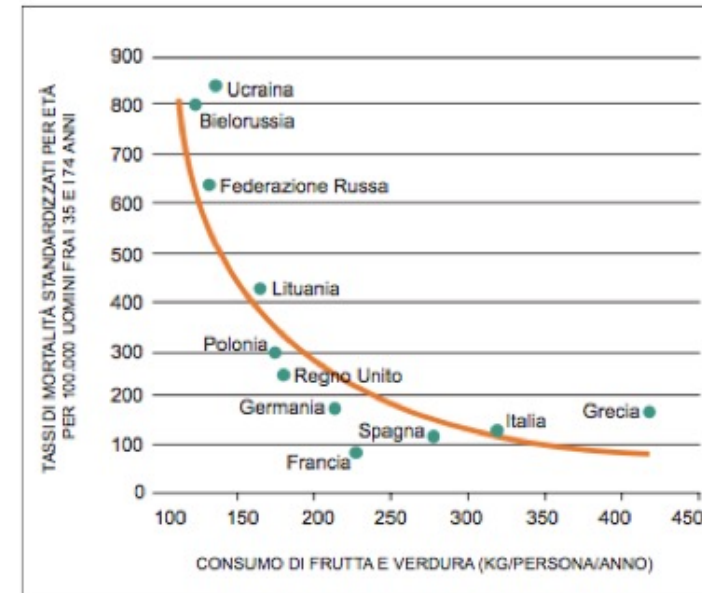
London Health Observatory



¹ Source: Analysis by London Health Observatory using Office for National Statistics data revised for 2002-06. Diagram produced by Department of Health

Determinant 3#: food

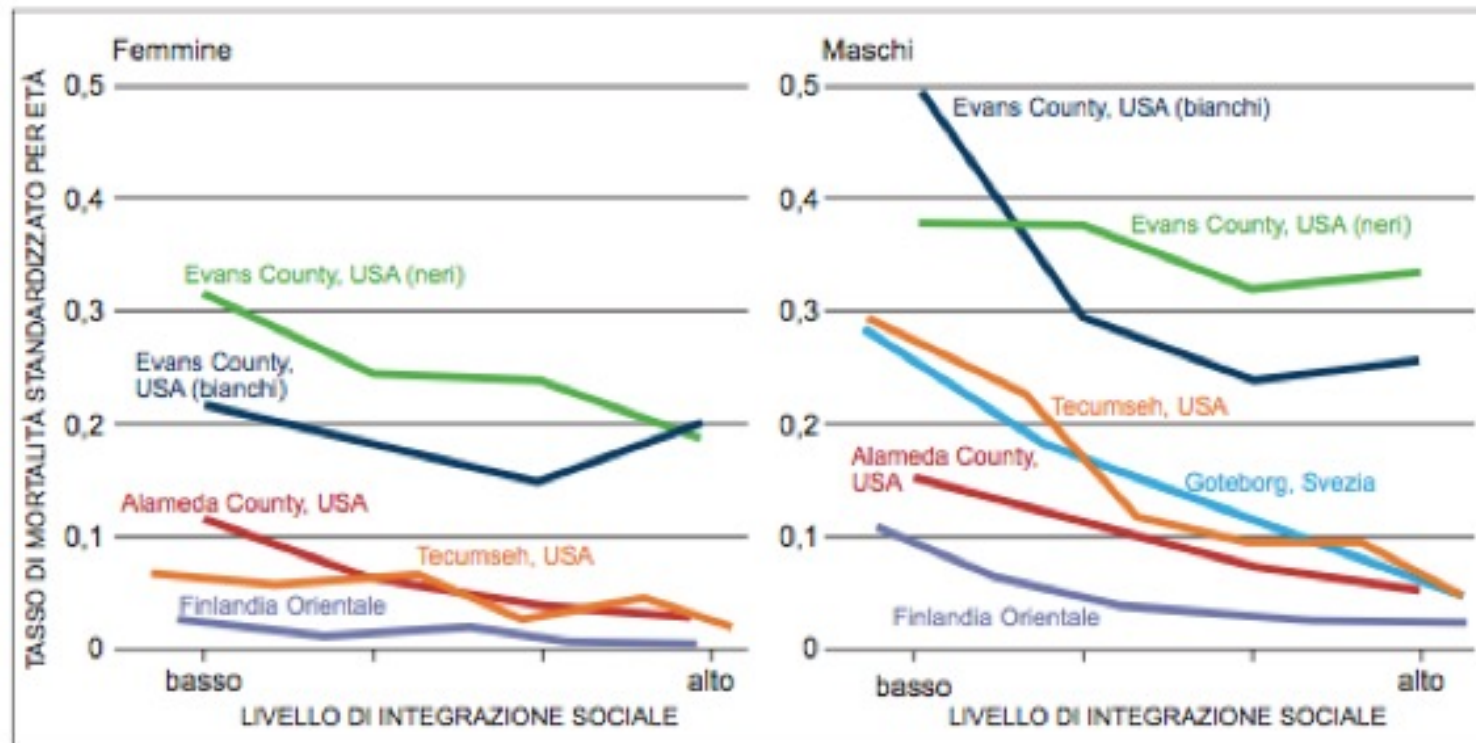
Fig. 8. Mortalità per malattie coronariche in relazione al consumo di frutta e verdura in alcuni Paesi europei.



Fonti: FAOSTAT (Food balance sheets) [database online]. Rome, Food and Agriculture Organization of the United Nations, 25 September 2003. – WHO mortality database [database online]. Geneva, World Health Organization, 25 September 2003. – Health for all database [database online]. Copenhagen, WHO Regional Office for Europe, 25 September 2003.

Determinant 4#: social integration

Fig. 6. Livello di integrazione sociale e mortalità in cinque ricerche prospettive.



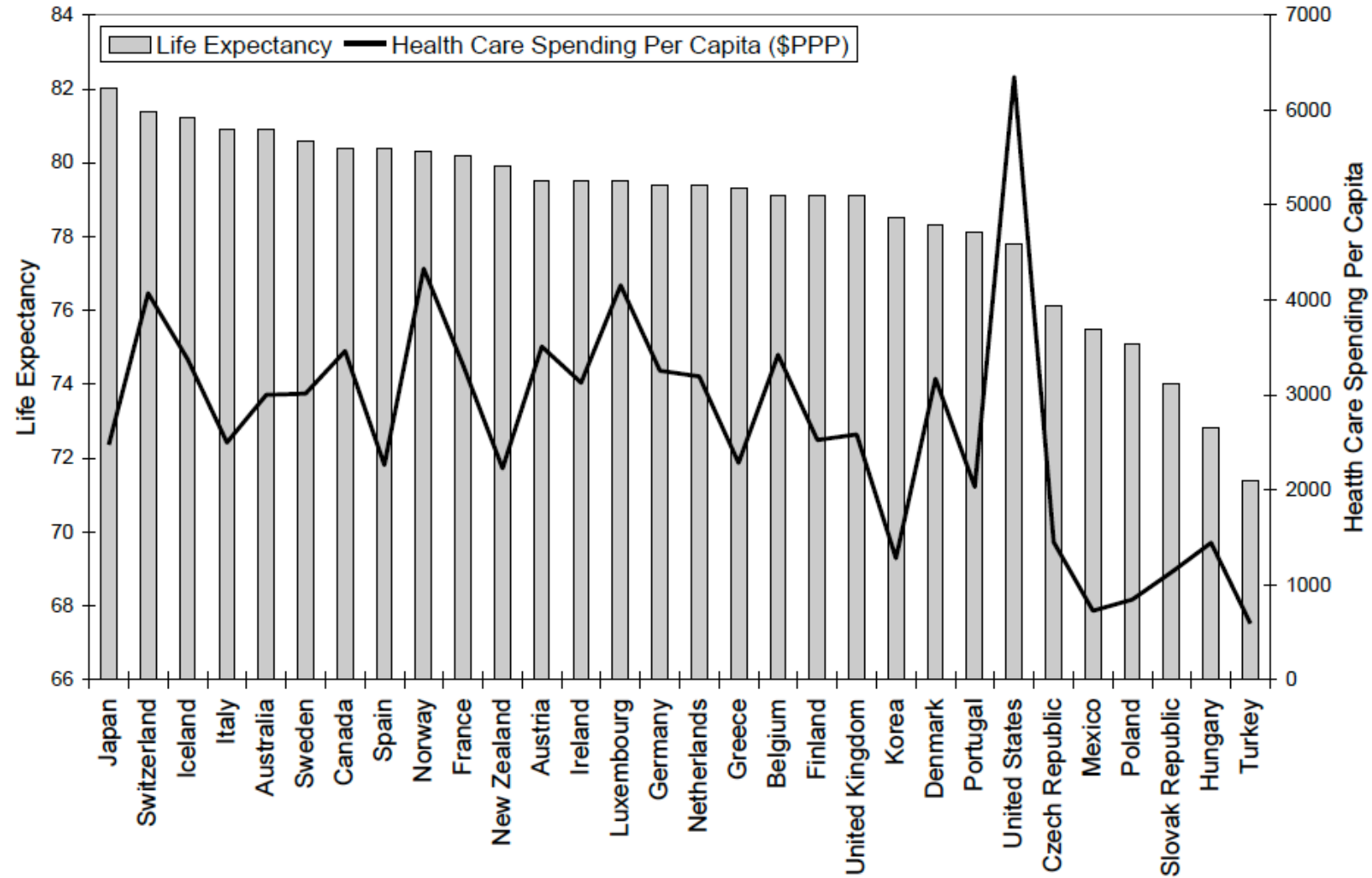
Fonte: HOUSE JS, LANDIS KR, UMBERSON D. "Social relationships and health". *Science*, 1988, 241:540-545.

Determinant 5#: Stress



Determinant 6#: health system

INVESTING MORE IN HEALTH CARE – NO GUARANTEE OF BETTER HEALTH, OECD 2005



Source: *OECD Health Data, 2008*, and Parliamentary Information and Research Service, Library of Parliament.

What you need to be healthy

- Income
- Equity
- Food
- Social integration

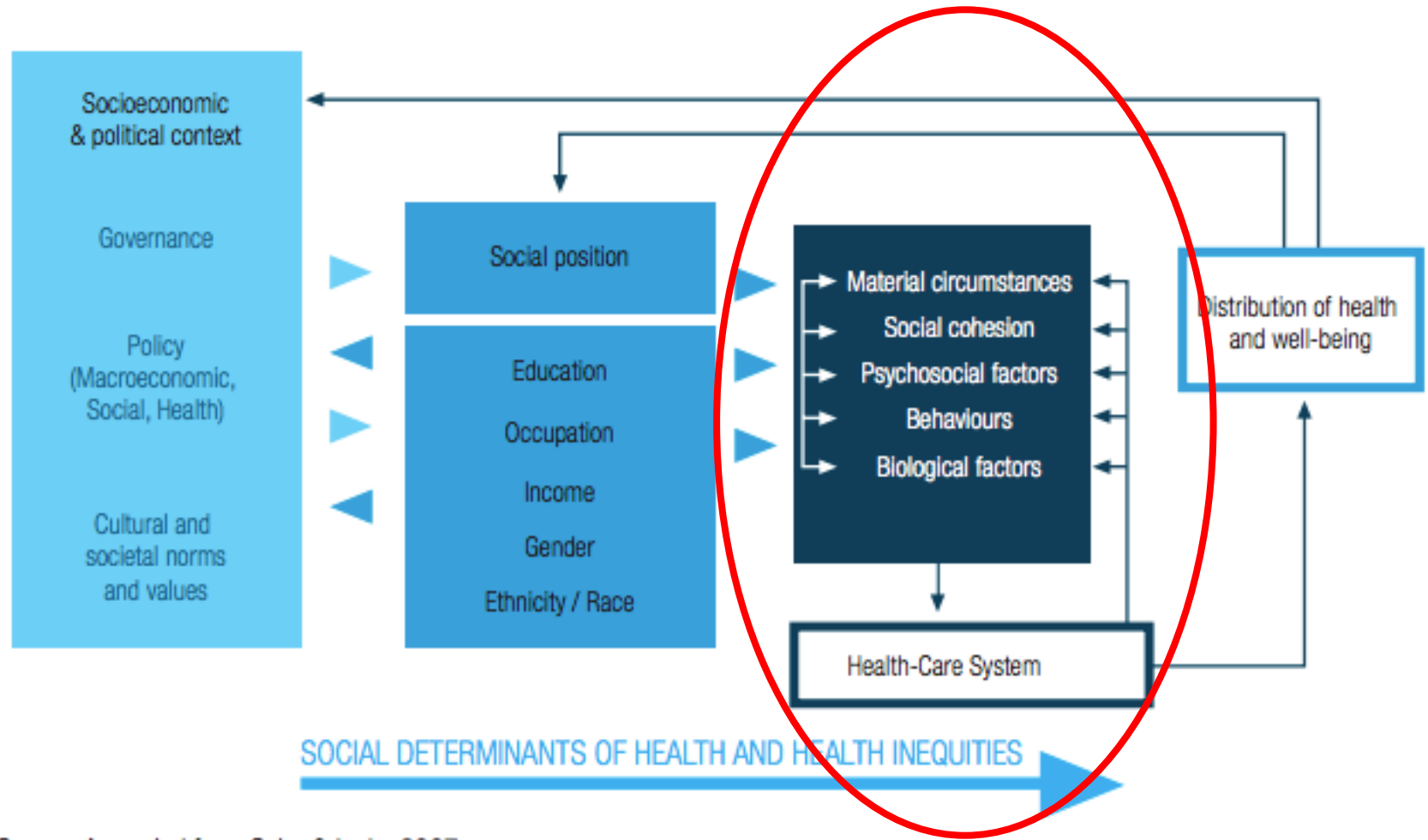
- Home
- Stationary environment
- Peace
- Instruction

- Health system

Less stress!

Closing the gap in a generation

Health equity through action on the social determinants of health



Source: Amended from Solar & Irwin, 2007

Figure 1: The main determinants of health

Questions:

Where do you live?

In a safe, good house?

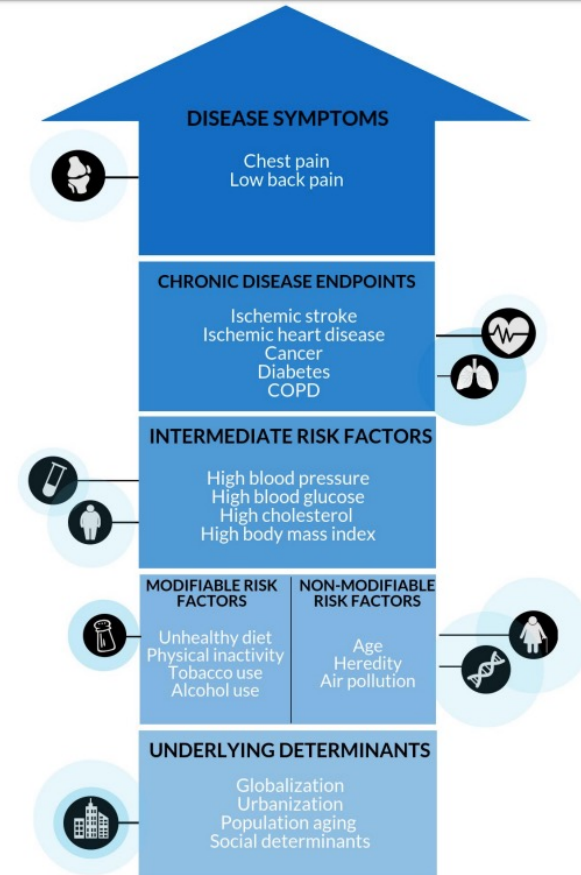
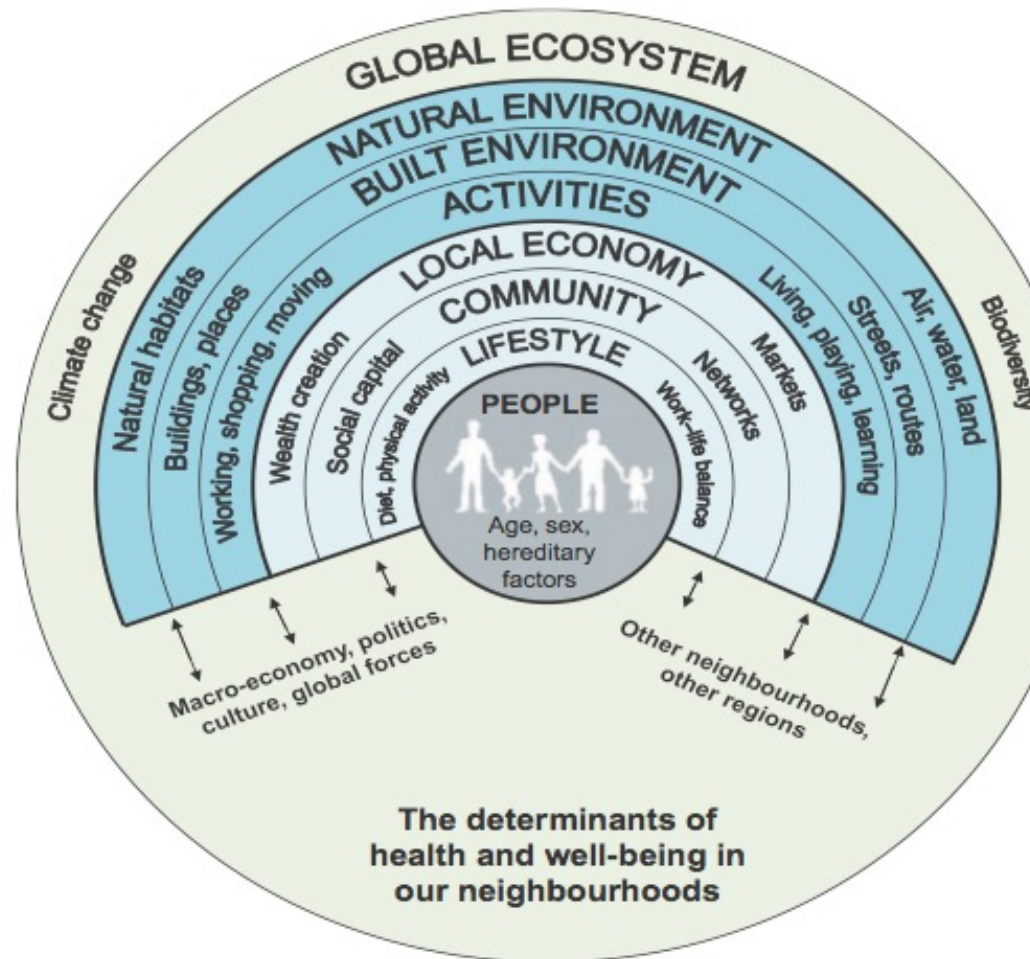
What are your interests?

Are you integrate in the social network?

Work –life balance...

Friends...

Diet? Physical activity?



Source: Barton and Grant (2006) adaptation of Dahlgren and Whitehead (1991) from UN Economic Commission for Europe (2007) *Resource Manual to Support Application of the Protocol on Strategic Environment Assessment.*

Consultation Mrs Cheesy

| Greetings | Presenting problem | X | Record | Psychosocial interview | Welcome | Presenting problem | Red flags | Medical history | Cardiovascular risk interview | Allergy | Physical examination | Communication of Evaluation | Design | Decision | Appointment | X: Summary | Greetings | |
|-----------|--------------------|----|--------|------------------------|---------|--------------------|-----------|-----------------|-------------------------------|---------|----------------------|-----------------------------|--------|----------|-------------|------------|-----------|---|
| | | | | | | | | | | | | | | | | | | |
| A | S | X | O | S | X | S | O | | | | | V | P | D | C | | X | C |
| 11 | 23 | 12 | 44 | 41 | 13 | 68 | 26 | 58 | 1.25 | 6 | ? | 48 | 10 | 8 | 40 | 32 | 5 | |

DURATION

| | |
|---|---|
| Presenting problem: <i>open ended questions 1' 31"</i> | 1 |
| <i>interview 26"</i> | |
| Psychosocial interview 41" | |
| Medical history 2' 48" | |
| Cardiovascular risk interview: 1' 25" | |
| Evaluation, design and decision 1' 06" | |
| Appointment 40" | |
| "Instrumental behaviour": 57" | |
| Overall time excluding physical examination : 8' 50" | |

| Greetings | Presenting problem | X | Record | Psychosocial interview | Welcome | Presenting problem | Red flags | Medical history | Cardiovascular risk interview | Allergy | Physical examination | Communication of Evaluation | Design | Decision | Appointment | X: Summary | Greetings |
|-----------|--------------------|----|--------|------------------------|---------|--------------------|-----------|-----------------|-------------------------------|---------|----------------------|-----------------------------|--------|----------|-------------|------------|-----------|
| | | | | | | | | | | | | | | | | | |
| A | S | X | O | S | X | S | | | O | | | V | P | D | C | X | C |
| 1 | 23 | 12 | 44 | 41 | 13 | 68 | 26 | 58 | 1.25 | 6 | ? | 48 | 10 | 8 | 40 | 32 | 5 |

DURATION

Presenting problem:

Open ended questions 1' 31"

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1

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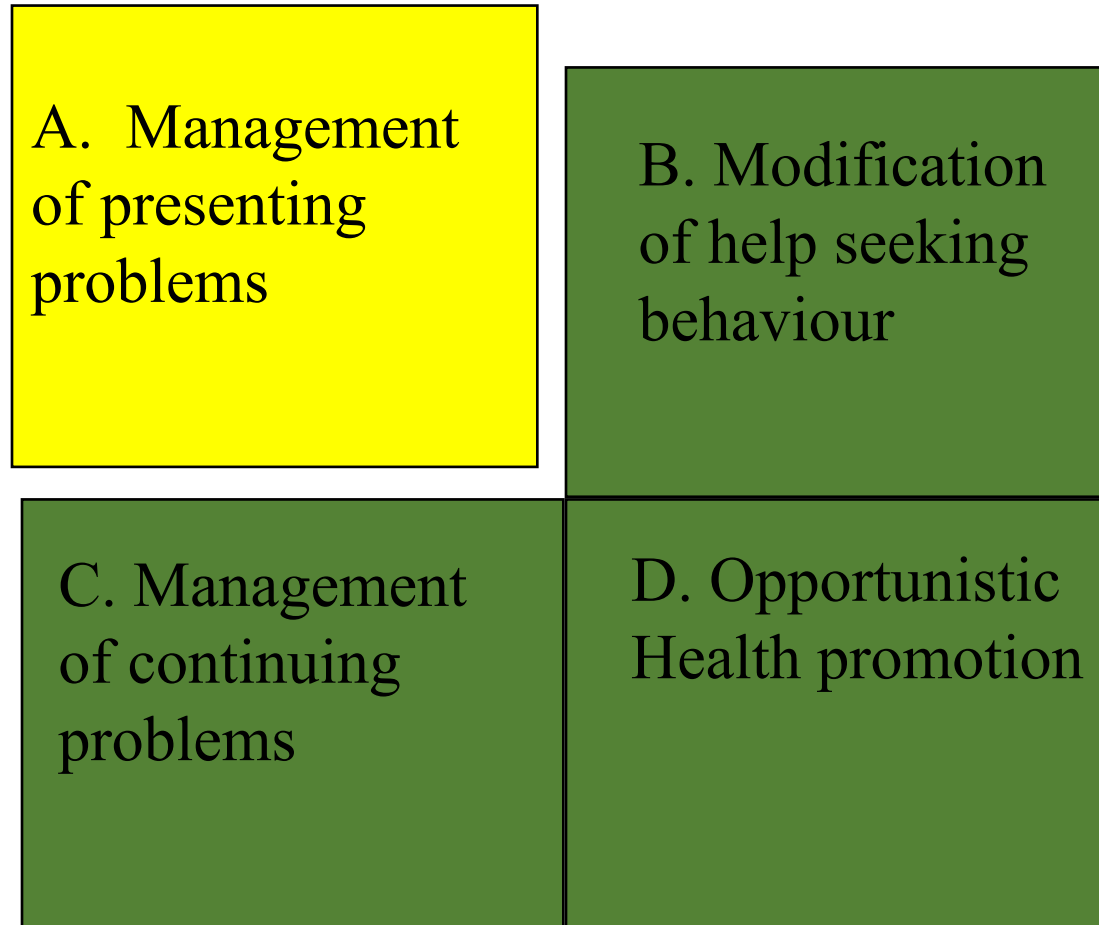
Evaluation, design and decision 1' 06"

Appointment 40"

Instrumental behaviour": 57"

Overall time excluding physical examination : 8' 50"

The four point framework (Stott e Davis, 1979)

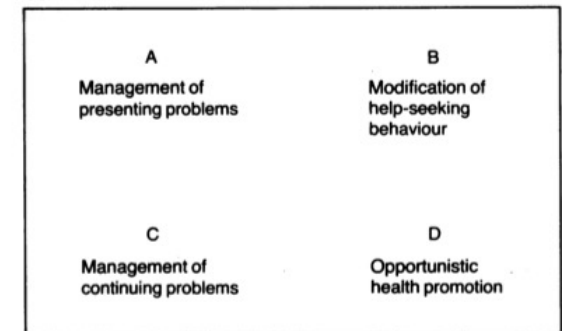


of the content of primary care rather than an aid to individual patient care which can be applied simply and quickly. A rift still exists between our understanding of the theory and practice of primary care and this has serious implications for teachers, patients, and students.

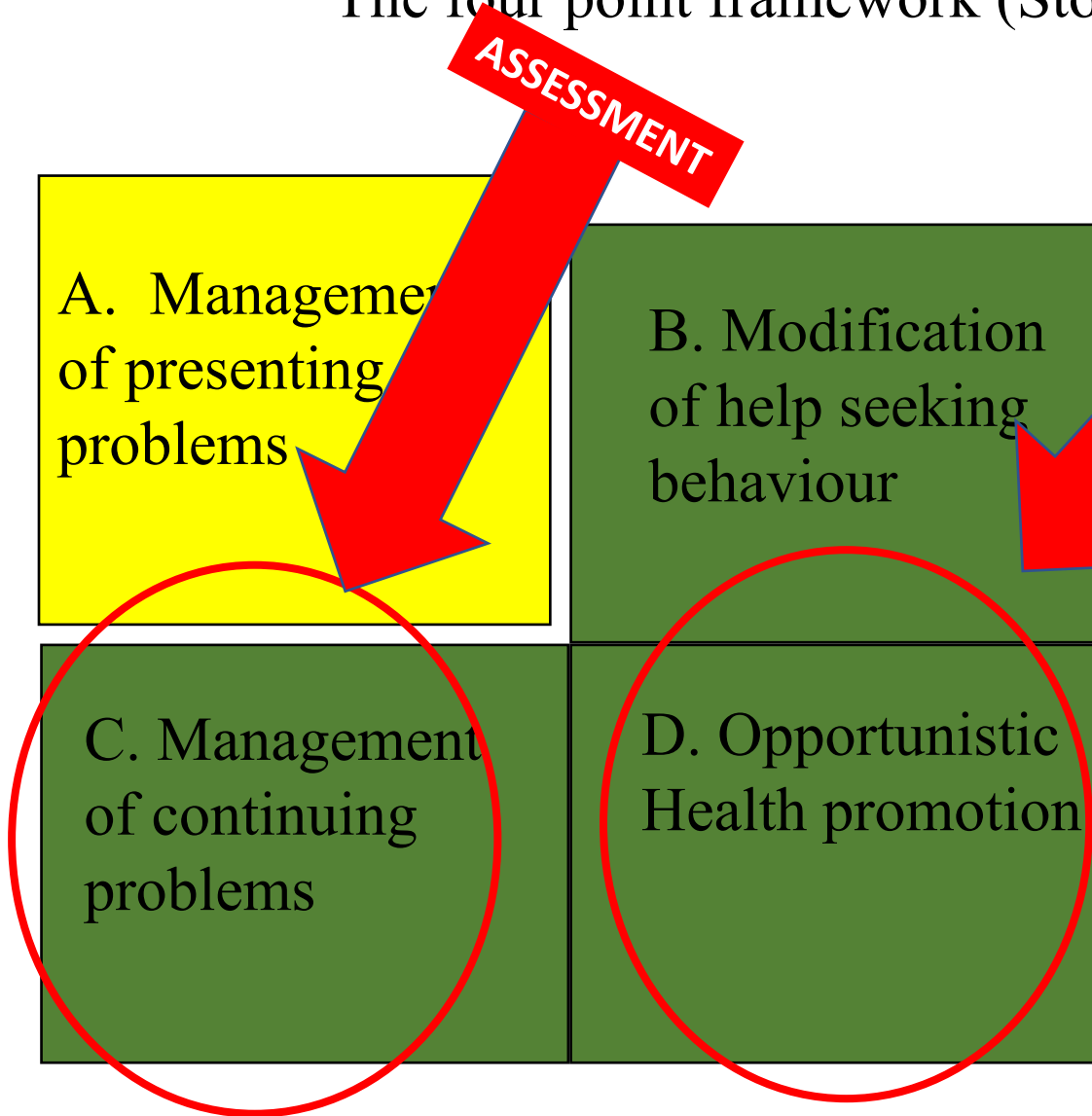
What appears to us to be missing is an acceptable concept of the practical potential in every single consultation in primary care which can be easily memorized, understood, and used. The basis of such a concept should be intimately related to the decisions which can face every primary care physician, whatever his or her educational background and within whatever system of care he or she operates.

© *Journal of the Royal College of General Practitioners*, 1979, 29, 201-205.

Figure 1. *The potential in each primary care consultation – an aide-memoire.*



The four point framework (Stott e Davis, 1979)

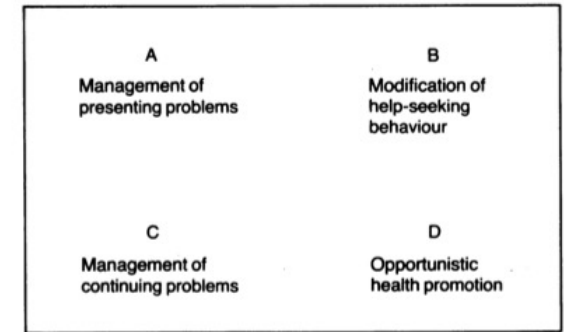


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Figure 1. The potential in each primary care consultation – an aide-memoire.



| <i>ELEMENT</i> | <i>MANAGEMENT TASK</i> | <i>CLINICAL TASK</i> | <i>COMMUNICATION TASK</i> | <i>PATIENT AS...</i> |
|----------------------|--|--|---|----------------------|
| Opening | Build the setting | Identify the early warnings | Make the patient at ease | Person |
| Subjectivity | Management of presenting problem | Identify the presenting problem | Collect information by allowing patient expression | Individual |
| Examination | Management of the present problems not presented by the patient. | Reach working diagnosis | Actively collect information | Matter of research |
| Evaluation | Redefine the situation | Overall clinical judgement | Information | Partner |
| Design | Map out a plan | | Communicate patient's options | Consultant |
| Shared choice | Doctor/patient choose an option | | Share choice | Partner |
| End | Schedule the next consultation date Inform the patient about the safety net | | Greetings | Person |

ASSESSMENT OF RISK FACTORS

Risk and risk assessment



Risk

- The probability of something happening
- How many individuals will be affected by an event (disease, death, impairment...)- out of 100

Risk assessment

- Process of determining the likelihood of an adverse effect occurring