

Top Tips

about common health conditions in those facing homelessness

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Arch GP



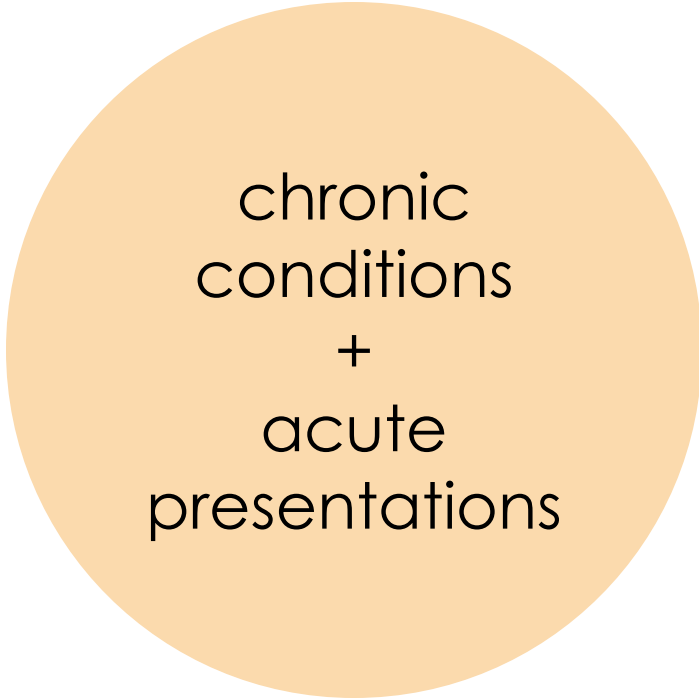
Frontline
Network
Partner



3 key messages



a chat...



chronic
conditions
+
acute
presentations



I love
questions...

What we know

- poor health outcomes
- studies showing mortality risks of 3-6x the general population
- most common causes of death: accidents, drug overdoses, suicides and liver diseases

The question

- few studies of morbidity among homeless people
- *Do homeless people have substantially worse health than the most deprived groups in the general population?*

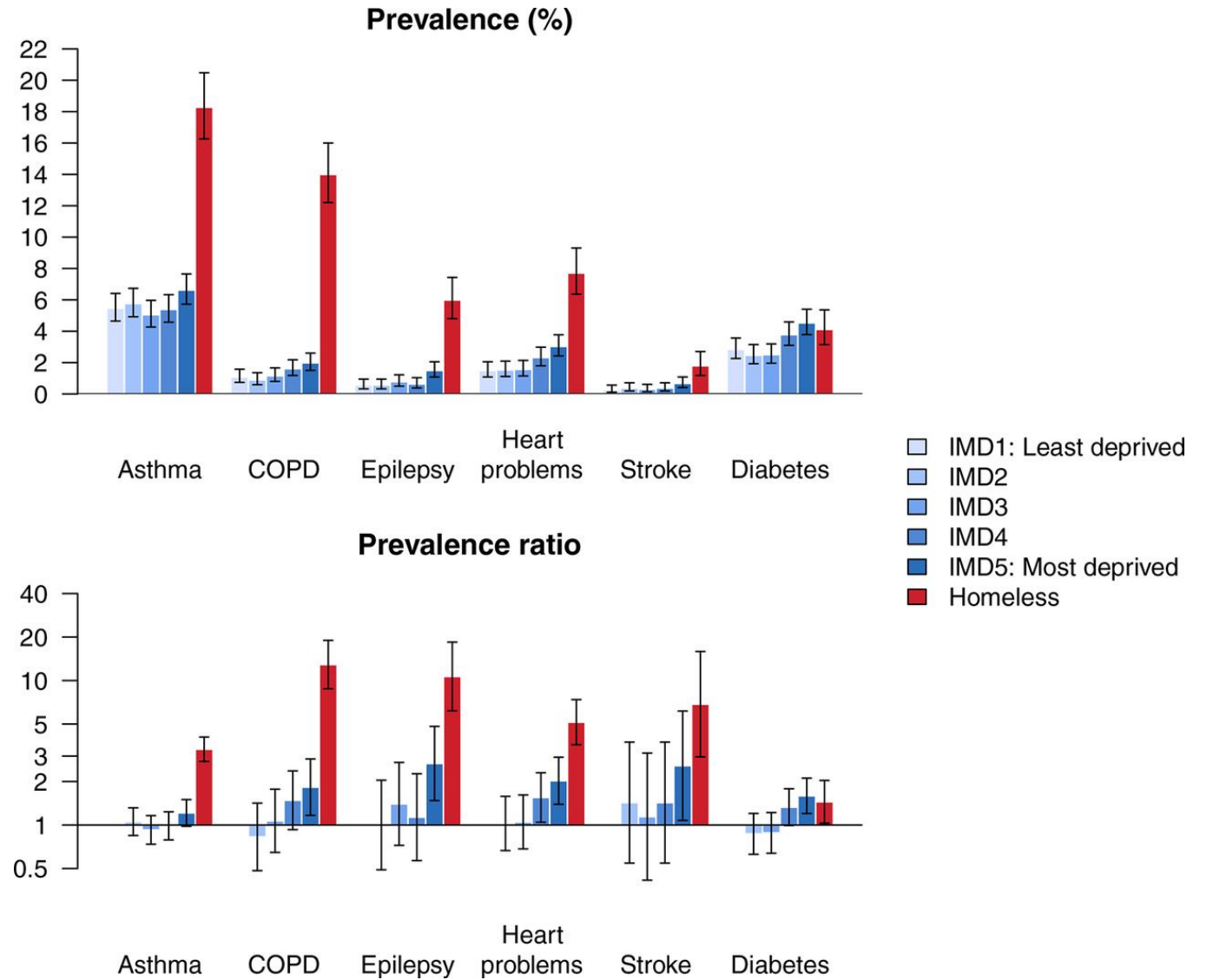
The method

- large survey of 1336 homeless people
- age-matched & sex-matched comparison group
- focus on a subset of diseases that cause substantial morbidity among homeless people

*Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. **BMJ open, 2019***

Prevalence of long-term conditions (top panel) and prevalence ratios (bottom panel), with 95% CIs.

COPD, chronic obstructive pulmonary disease; IMD, index of multiple deprivation.

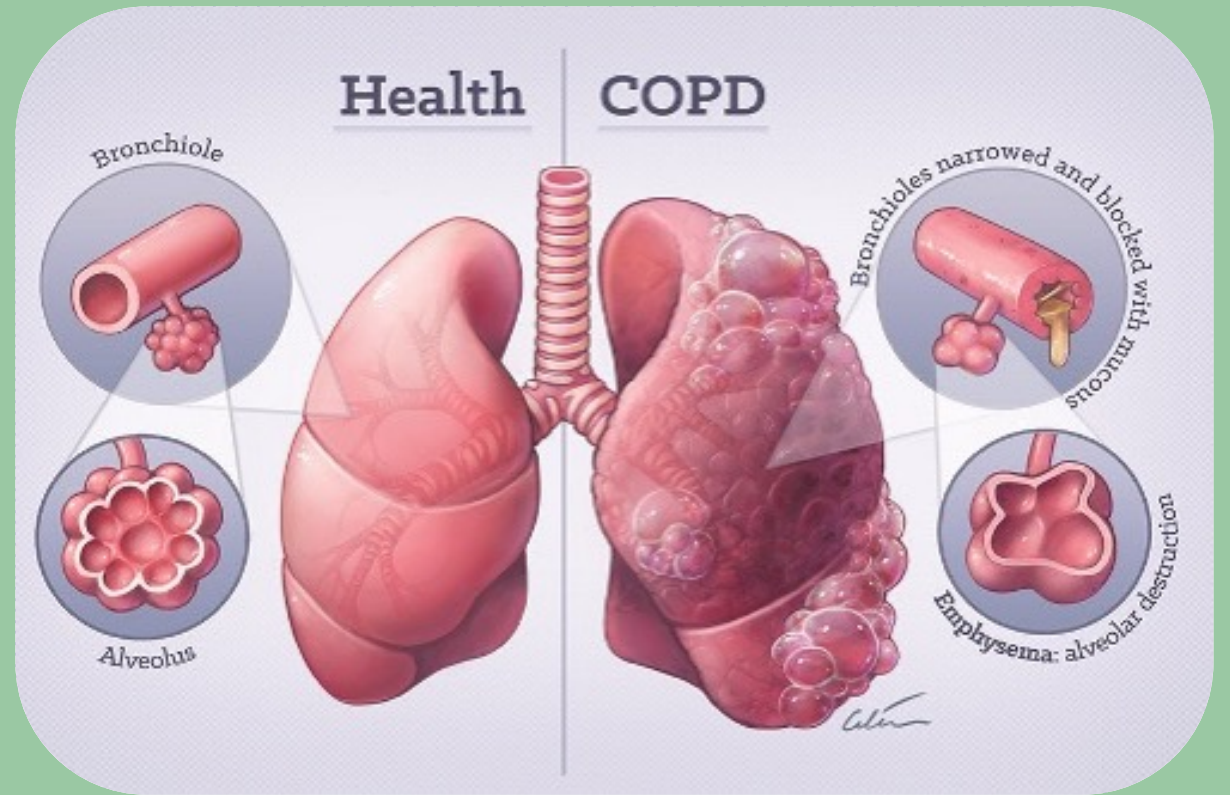


Dan Lewer et al. *BMJ Open* 2019;9:e025192

“When compared with the ‘slopes’ in health outcomes across deprivation quintiles, the inequalities in outcomes for homeless people appear more like a ‘cliff’”

COPD

Chronic Obstructive Pulmonary Disease



COPD



Smoking



Inhalers –
preventers &
relievers



Rescue meds

Smoking

78%

amongst homeless
adults (2019)

v 14.7% in the general
population

Heroin smokers – increased risk



ASTHMA & COPD MEDICATIONS

RELIEVERS

- Bricanyl Turbuhaler
- Ventolin Inhaler
- Aromir Butehaler
- Aromir Inhaler
- SP0 Salbutamol Inhaler
- Asmet Inhaler

CORTICOSTEROID PREVENTERS

- Flixotide Inhaler
- Flixotide Accuhaler
- Pulmicort Turbuhaler
- Asvero Inhaler
- QVAR Inhaler
- QVAR Autohaler

COMBINATION MEDICATIONS

- Symbicort Turbuhaler
- Symbicort Respimat
- Serevide MDI
- Serevide Accuhaler
- Flutiform Inhaler
- Breo Ellipta

COPD-ONLY MEDICATIONS

- Spiriva Handihaler
- Airvent Metered Aerosol
- Onbrez Breezhaler
- Brearis Dexamet
- Serebri Breezhaler
- Incroze Ellipta
- Urbina Breezhaler
- Ampo Ellipta

NON-STEROIDAL PREVENTERS

- Singular Tablet
- Montelukast Tablet*
- Inhal Inhaler
- Tiade Inhaler

LABA MEDICATIONS

- Oxis Turbuhaler
- Serevent Accuhaler

RESOURCES

National Asthma Council Australia
nationalasthma.org.au

Australian Asthma Handbook
asthmahandbook.org.au

National Asthma Council Australia
 leading the attack against asthma

© National Asthma Council Australia 2015

'Reliever' Rescue inhalers	'Preventer' Controllers
Short-acting bronchodilators	Long-acting bronchodilators, inhaled corticosteroids, or combination of both
Open and relax airways	Used for preventing exacerbations, or flare-ups
Used during an attack Taken as needed	Taken twice daily
Work within minutes	Take hours to start working

What is an acute exacerbation of COPD?

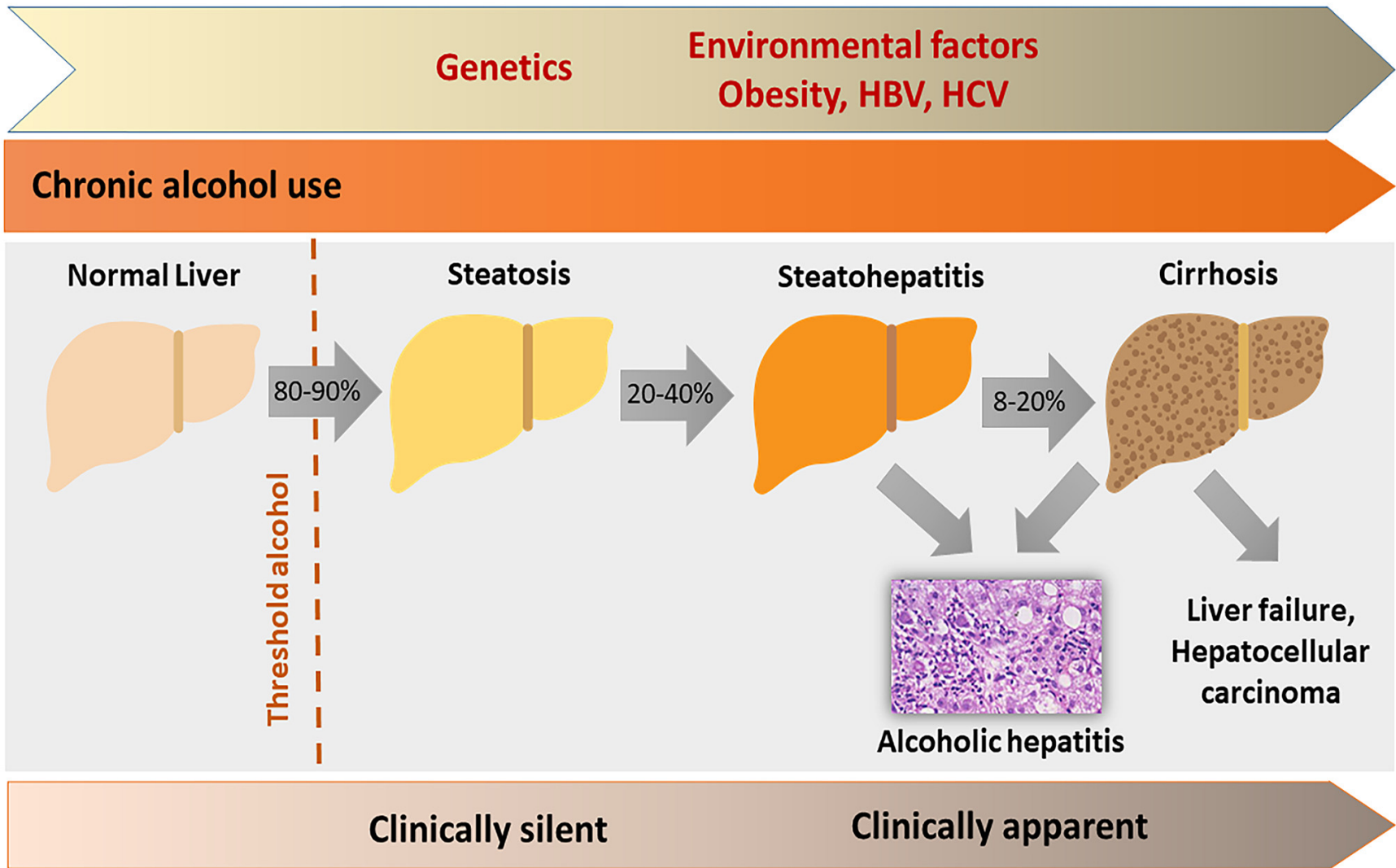
- Sustained acute-onset worsening of symptoms from their usual stable state
 - worsening breathlessness
 - cough
 - increased sputum production
 - change in sputum colour

Self-management plan:


- How to recognise when deteriorating
- How to increase use of reliever
- Start steroids when increase in breathlessness
- Start antibiotics if sputum changes
- If no response who to contact and when

Chronic Alcoholic Liver Disease





Chronic Alcoholic Liver Disease

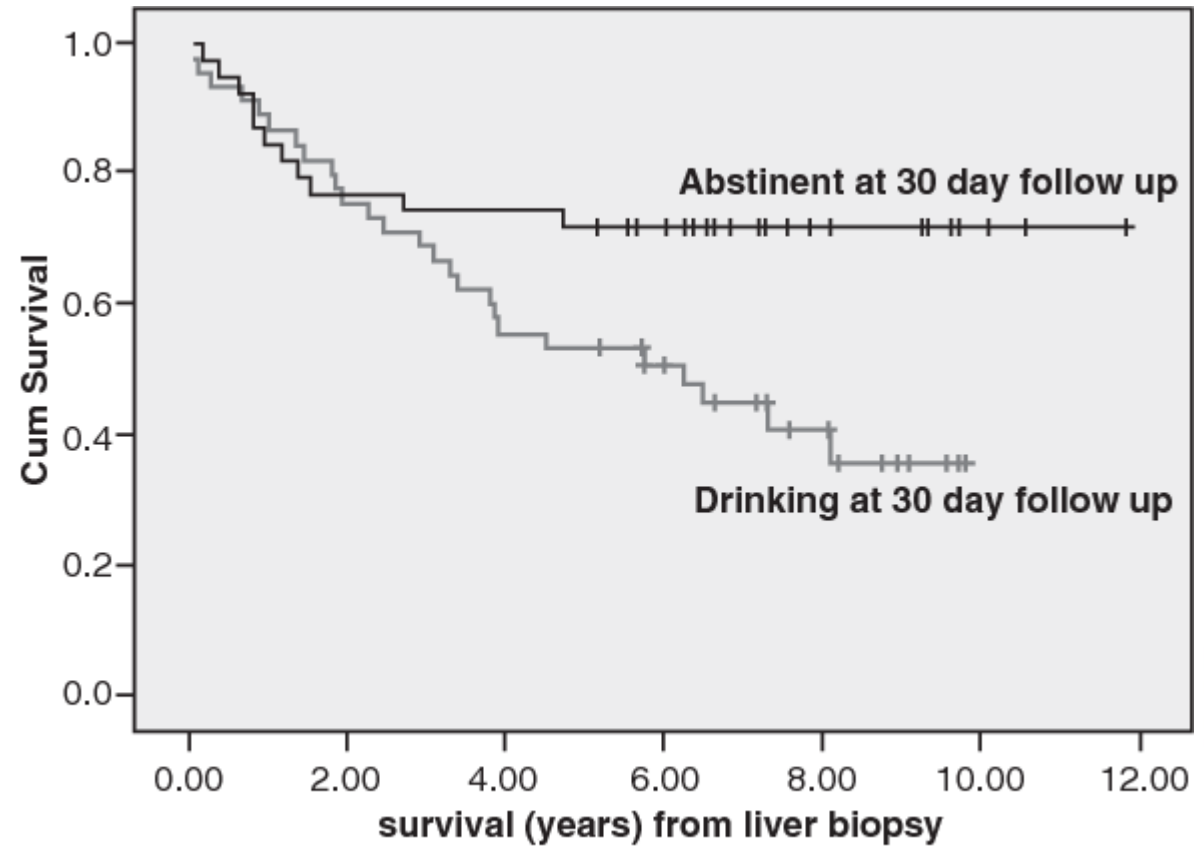


Abstinence
(*'Safer' drinking
& IVDU*)

Recognising
deterioration

Nutrition

Abstinence



Safer Drinking

Safer Drinking Steps

Here are some tips to keep you safer and healthier no matter how you choose to change your drinking. Please select at least one thing on the list you would like to try over the next week. We can talk about how these different steps may reduce “not-so-good things” about your drinking, and we will check in about how it went at our next meeting.

Ways to stay healthier when you drink	Drink water	<ul style="list-style-type: none"> • Why? Reduces hangover effects • How? Drink water while you are drinking or alternate between water and alcohol
	Count your drinks	<ul style="list-style-type: none"> • Why? Knowing how much you drink helps you think about how much alcohol you really want or need. It can help you take control of the effects of alcohol. • How? Keep your bottle caps and screwtops in your pocket and count them later. You can keep track of this over time to see what amount works best for you.
	Try to eat	<ul style="list-style-type: none"> • Why? Food eases the pace of alcohol entering the bloodstream so it does less harm. Food gives you important nutrients. • How? Try to eat before you start drinking and while you drink. Proteins (meat, cheese, eggs) and carbs (bread, rice) are especially good choices when you drink.
	Take vitamins	<ul style="list-style-type: none"> • Why? Drinking can take away important nutrients from your body. • How? If you can, try to take B-vitamins: biotin, thiamine, B-12. Your case manager might be able to help with this.
Ways to make your drinking safer	Avoid nonbeverage alcohol	<ul style="list-style-type: none"> • Why? Mouthwash, aftershave, cooking wine, vanilla extract, cleaning spray, sterno contain unproportionate amounts of alcohol and other poisonous ingredients. • How? If you drink, be sure to drink alcoholic beverages (beer, wine, liquor).
	Drink beer vs malt liquor	<ul style="list-style-type: none"> • Why? You might be getting more alcohol than you thought. A 24-oz. 211 Steel Reserve = nearly 4 12oz regular beers. A 24oz. Josee or Tilt = nearly 6 12oz beers • How? Check the labels and try beer with 4-6% alcohol instead, like Bud or Key-ato.
	Space your drinks	<ul style="list-style-type: none"> • Why? Keep the buzz going for longer and avoid the not-so-good things. • How? Pace yourself, sip your beer, alternate between beer and water.
	Avoid mixing drugs	<ul style="list-style-type: none"> • Why? Drinking and drugging at the same time can stress your heart and liver and can lead to overdose. • How? When you drink, try to avoid other drugs.
Ways to change how much you drink	Drink in a safe place	<ul style="list-style-type: none"> • Why? People can take advantage of you when you're drinking. Drinking on the streets or in unsafe places can lead to fights, assaults and arrest. • How? If you can, avoid drinking heavily with people you don't trust. Try to drink in places where you feel more in control of your surroundings.
	Less is more	<ul style="list-style-type: none"> • Why? Most things people like about alcohol occur when they are buzzed not drunk. • How? Think of some way you can limit your drinking, then pace your drinking to keep the buzz going on less drinks. You might ask your case manager or a friend to help you stick with your limit.
	Chose not to use	<ul style="list-style-type: none"> • Why? Not drinking—even for a few hours—gives your liver, kidneys and pancreas a rest and may help you avoid other problems. • How? Try a few hours of not drinking or introducing one nondrinking day a week. To stop altogether, medically supervised detox might help.
	Avoid withdrawal	<ul style="list-style-type: none"> • Why? Alcohol withdrawal—getting the shakes, seizures or DTs—can be serious. • How? If you want to stop drinking altogether and you get more than a little shaky if you don't drink, medical detox is safest. If you choose to drink, alcohol can relieve withdrawal symptoms. Check with your doctor about anti-seizure meds.



Recognising deterioration



Nutrition

Malnutrition

Nutritional
supplements

Late night snack

Cardiovascular Disease





Coronary heart disease

Disease of the blood vessels supplying the heart muscle.



Cerebrovascular disease

Disease of the blood vessels supplying the brain.



Peripheral arterial disease

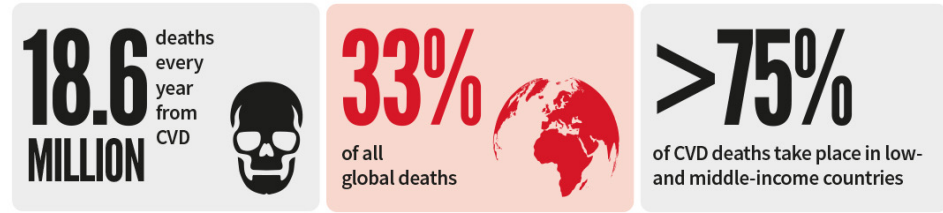
Disease of blood vessels supplying the arms and legs (diabetic foot).



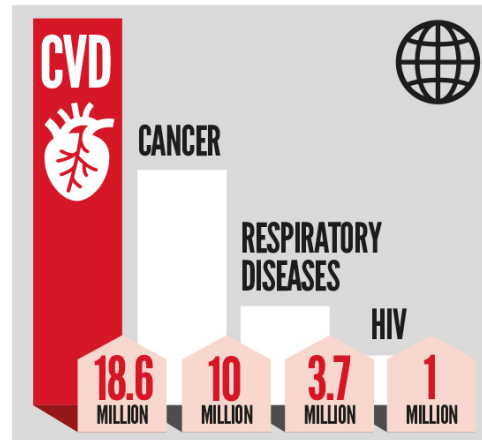
CARDIOVASCULAR DISEASE

THE WORLD'S NUMBER 1 KILLER

Cardiovascular diseases are a group of disorders of the heart and blood vessels, commonly referred to as **heart disease** and **stroke**.



GLOBAL CAUSES OF DEATH



RISK FACTORS FOR CVD

- High Blood Pressure
- Unhealthy Diet
- High Cholesterol
- Diabetes
- Overweight & Obesity
- Tobacco
- Air Pollution
- Kidney Disease
- Physical Inactivity
- Harmful use of alcohol

Sources: World Health Organization; IHME, Global Burden of Disease

info@worldheart.org
www.worldheart.org

f worldheartfederation
worldheartfed
worldheartfederation



What we know

- The rates of heart disease are higher in homeless population

The question

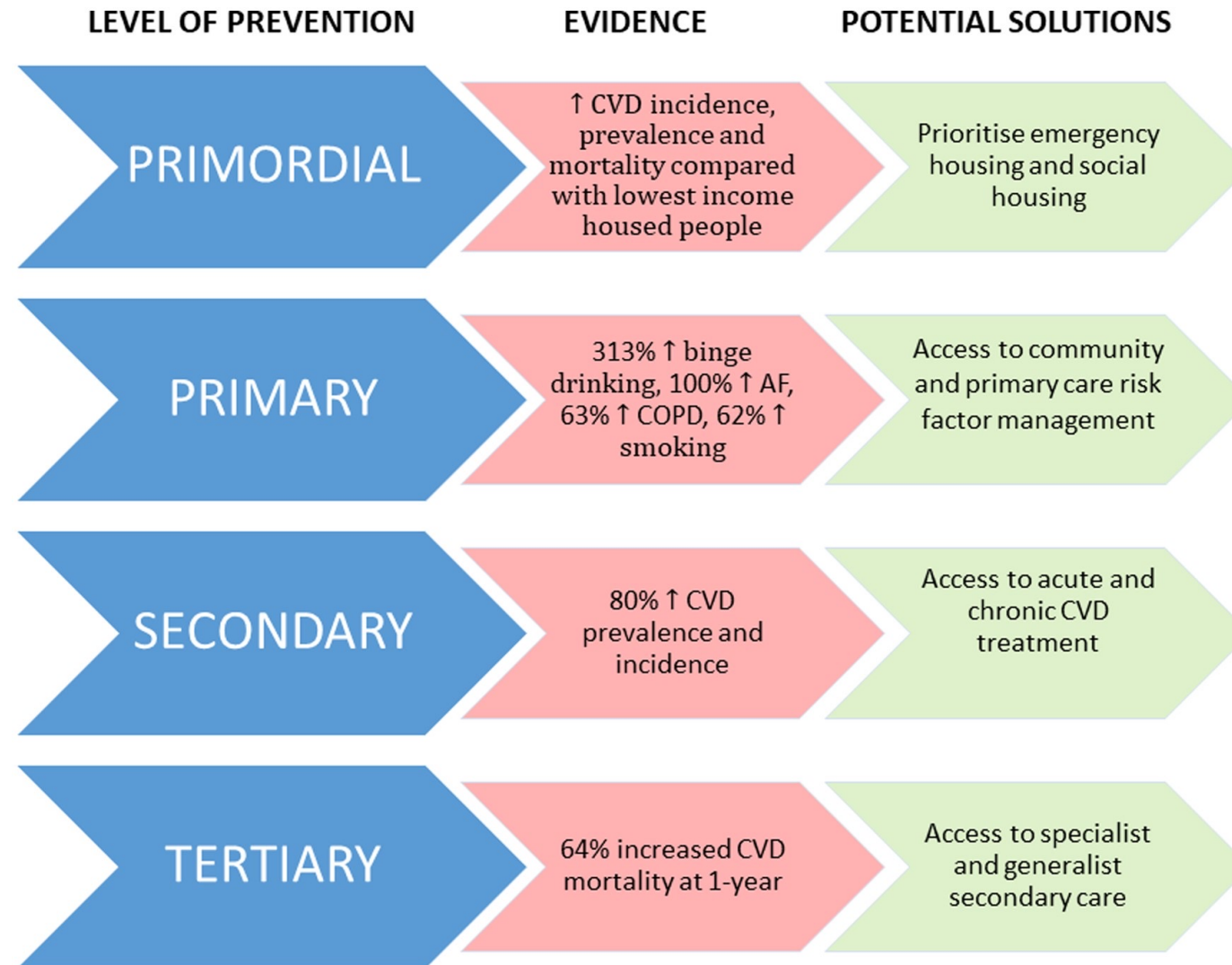
- What is the actual prevalence, incidence and outcomes

The method

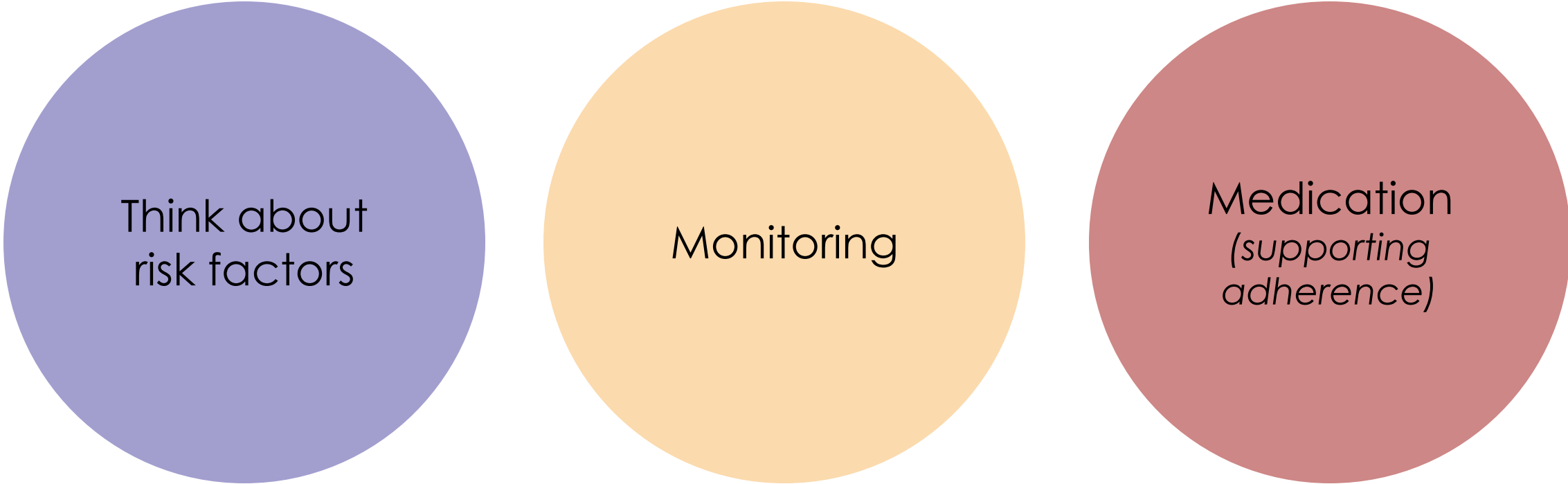
- Based on electronic health records
- 1998 - 2019
- 8492 homeless pts – matched 1:5

Prevalence, incidence, and outcomes across cardiovascular diseases in homeless individuals using national linked electronic health records **Atsunori Nanjo, Hannah Evans, Kenan Direk, Andrew C Hayward, Alistair Story, Amitava Banerjee, *European Heart Journal*, Volume 41, Issue 41, 1 November 2020**

Graphical Abstract



Cardiovascular Disease



Think about
risk factors

Monitoring

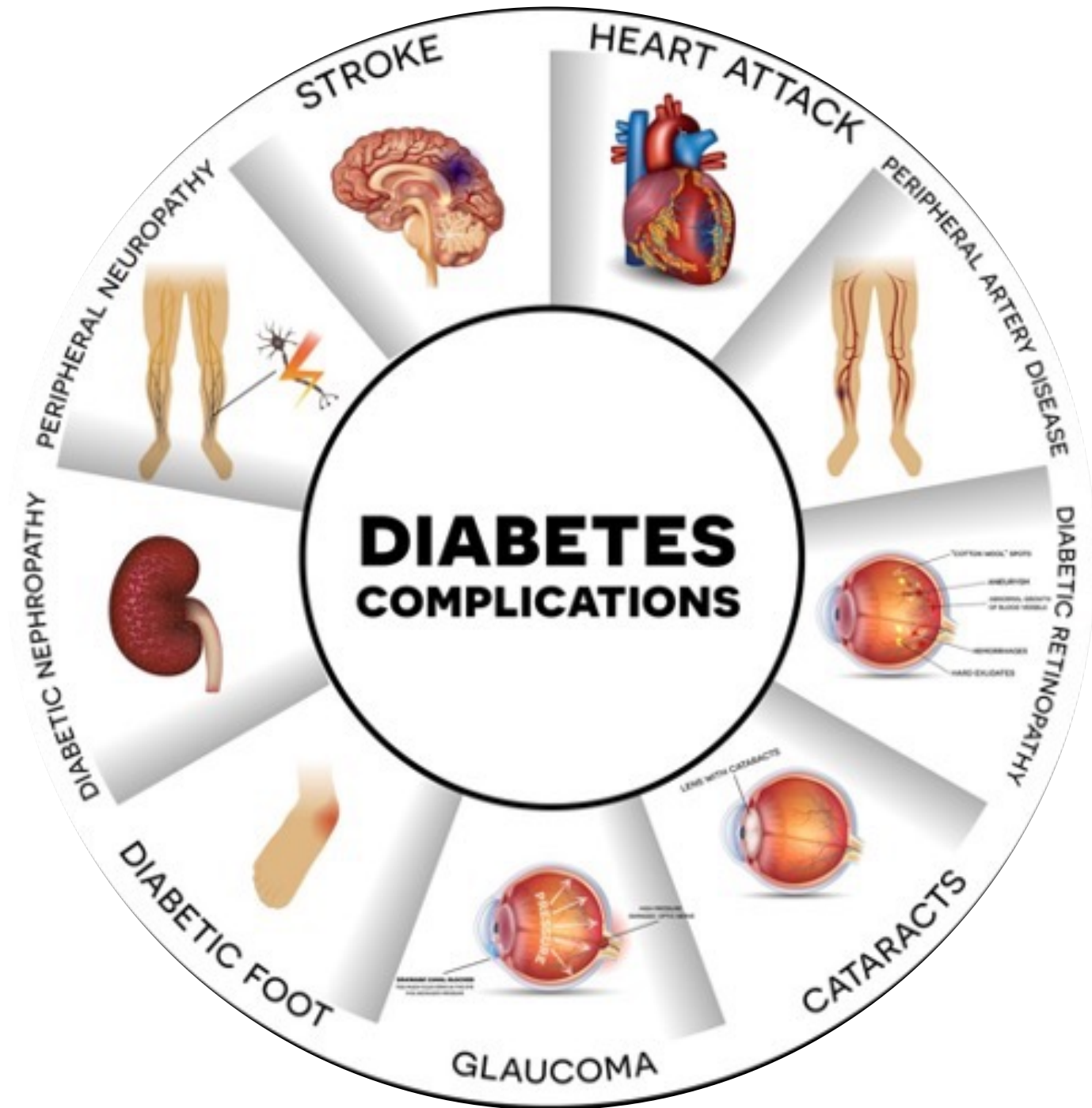
Medication
*(supporting
adherence)*

Diabetes

UK study: 40% had poorly controlled diabetes

'internationally, individuals with diabetes experiencing homelessness are at very high risk of adverse health outcomes'






Diabetes



Regular
monitoring



Diet



Don't forget
the feet!!

Diet



Diabetes diet guide for people that have access to a microwave and grill



Diabetes diet guide for people that have access to an oven and a hob



Diabetes diet guide for people that are dependent on alcohol



Diabetes diet guide for people that are using food banks



Diabetes diet guide for people that are eating food donated by a food outlet



Diabetes diet guide for people that are street homeless



Diabetes diet guide for people that are eating at a hostel or mission

Dietary guides for people with diabetes who are homeless or in temporary living - **East End Health Network (EEHN)**



Frontline Network Partner



Managing Type 2 Diabetes for People who are Street Homeless

Better food options if you have Type 2 Diabetes

Carbohydrates:

- Any canned beans including bean salad, canned chickpeas in water (one can at a time)
- Baked beans (cans or pots, one at a time)
- Packet dried fruit (1/2 palm portions spaced throughout the day)
- Baked crisps
- Wholemeal/wholegrain crackers and crispbreads (3 at time)
- Popcorn packet snacks (1 bag at a time)
- Oat based cereal bars or high fibre bars (1 at a time)
- Rice cakes or oat cakes (3 at a time)

To be avoided if possible if you have Type 2 Diabetes

Carbohydrates:

- High sugar sweets such as candies, jelly sweets, chewy sweets and chocolates
- Cakes, biscuits
- Thick cut white bread or more than 2 slices of bread sandwiches
- Large baguettes/ciabatta or chapattis/naans, eat ½ at a time

Drinks:

- Adding sugar to hot drinks such as tea or coffee
- Full sugar energy drinks
- Large portions of fruit juice
- Full sugar fizzy drinks

Don't forget the feet!



Limb threatening

Mobility threatening

Life threatening

Skin Infections – ulcers & abscess

Act quickly

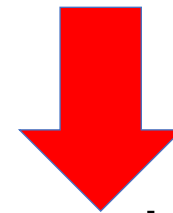
increased risk of infection

+

increased susceptibility to infection

+

late presentation



poorer outcome

Skin infections



Act quickly



Ask about
injection sites



Cellulitis &
Sepsis



Delays in seeking healthcare



↑ infection severity



↑ Complications (sepsis / endocarditis / DVT)



↑ Poorer outcomes



SEPSIS

S Shiver, fever or very cold

E Extreme pain or general discomfort

P Pale or discolored skin

S Sleepy, difficult to rouse, confused

I "I feel like I might die"

S Short of breath

CALL 911 IF ANY COMBINATION OF THESE SYMPTOMS OCCUR

Venous thrombotic Events – DVT / PE



VTE

Risk Factors

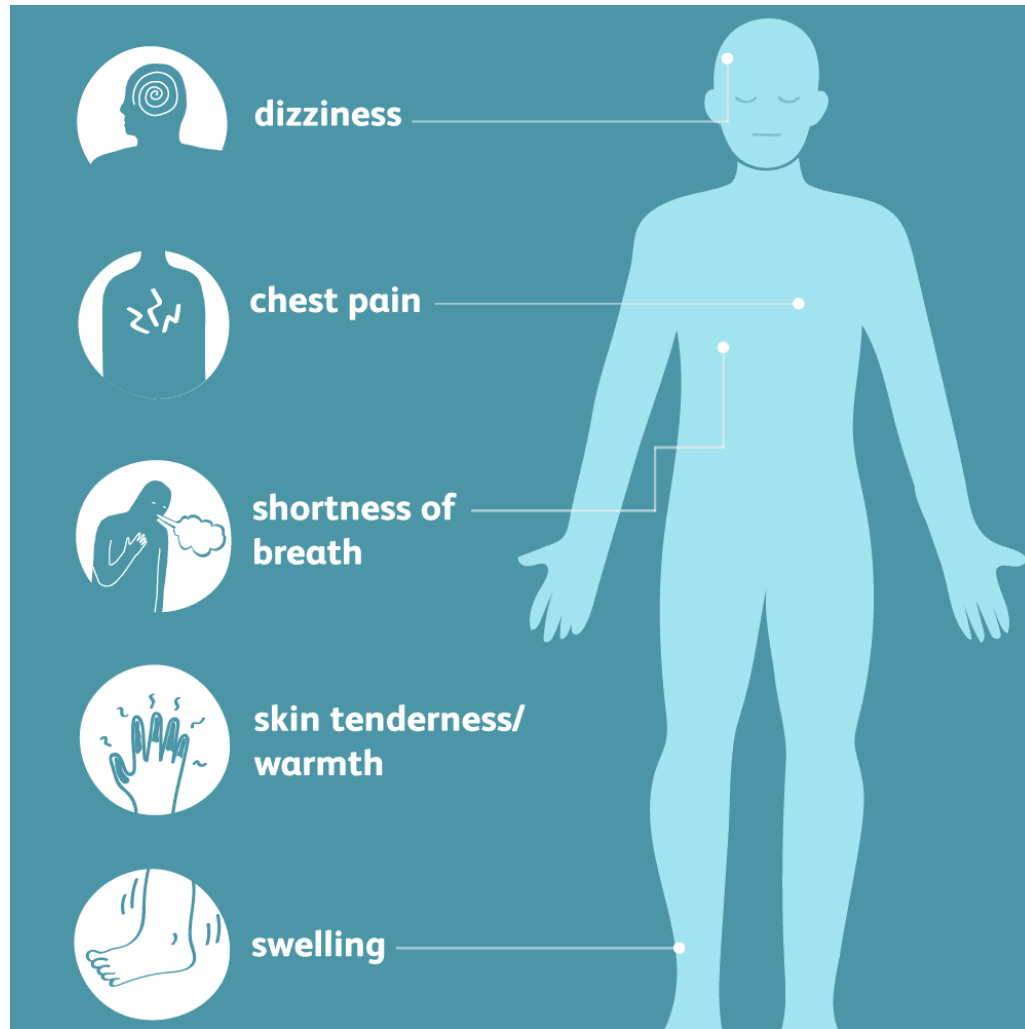
Signs

Management

Risk Factors

- IVDU
- age
- heroin
- female
- sex working

Signs



Adherence

- Dosing
- Eating
- Length of treatment



Thank you
Any Questions?



Frontline
Network
Partner

