

## SMOKING, NUTRITION, ALCOHOL AND PHYSICAL ACTIVITY (SNAP) RISK FACTOR MANAGEMENT

ACTIVITY	COMPETENCY	SMOKING	NUTRITION	ALCOHOL	PHYSICAL ACTIVITY										
<b>ASK</b>	Identify patients with risk factors	All ≥10 years	All	All ≥14 years	All										
	Identify co-morbid psycho-social or situational risks	Pregnant women; parents of small children; Indigenous Australians; people with a smoking related or respiratory disease, mental illness, other chemical dependence or from a low socio-economic spectrum		Young people, Indigenous Australians, pregnant women and patients experiencing adverse life events such as accidents or trauma; psychiatric or psychological problems; family, relationship, financial or employment problems; criminal involvement; sexual dysfunction; sleep problems; high blood pressure; and liver disease.											
	Identify high risk patients	Patients with chronic disease eg. cardio-vascular disease, type 2 diabetes, ischaemic heart disease, lung disease; known risk factors (hypertension, hyperlipidemia) or family history of chronic disease													
<b>ASSESS</b>	Assess and record level of risk factor	<p><b>Smoking status</b> of cigarettes, a pipe or cigars</p> <p><b>Assess nicotine dependence by the Short Fagerstrom Test:</b></p> <p><b>Time of first cigarette each day</b></p> <ul style="list-style-type: none"> <li>• &lt;5 min after waking (score 3)</li> <li>• 6-30 min after waking (score 2)</li> <li>• 31-60 min after waking (score 1)</li> </ul> <p><b>Number of cigarettes per day</b></p> <ul style="list-style-type: none"> <li>• ≤10 (score 0)</li> <li>• 11-20 (score 1)</li> <li>• 21-30 (score 2)</li> <li>• ≥31 (score 3)</li> </ul> <p><b>Scores:</b></p> <table style="width: 100%; border: none;"> <tr><td>0-2</td><td>Very low</td></tr> <tr><td>3</td><td>Low</td></tr> <tr><td>4</td><td>Moderate</td></tr> <tr><td>5</td><td>High</td></tr> <tr><td>6</td><td>Very high</td></tr> </table> <p>Consider Nicotine Replacement Therapy or pharmacotherapy for those with moderate or high scores</p>	0-2	Very low	3	Low	4	Moderate	5	High	6	Very high	<p><b>Fruit &amp; vegetable portions</b> consumed per day</p> <p><b>Weight</b></p> <p><b>Height</b></p> <p><b>BMI Calculation</b> = <math>\frac{Wt (kg)}{Ht^2 (metres)}</math></p> <p><b>Adult BMI:</b> &lt;18.5 = underweight;</p> <ul style="list-style-type: none"> <li>• 18.5-24.9= normal</li> <li>• ≥ 25 = overweight</li> <li>• 25-29.9=pre obese–increased risk</li> <li>• 30.0-34.9=Obese I-moderate risk</li> <li>• 35.0-39.9=Obese II-severe risk</li> <li>• ≥40=Obese III – very severe risk</li> </ul> <p><b>Adult abdominal circumference:</b></p> <p><b>Females:</b></p> <ul style="list-style-type: none"> <li>• Increased risk: &gt;80cm;</li> <li>• High risk: &gt; 88 cm</li> </ul> <p><b>Males:</b></p> <ul style="list-style-type: none"> <li>• Increased risk: &gt; 94 cm;</li> <li>• High risk: &gt; 102 cm</li> </ul> <p><b>BP all &gt; 18 years</b></p> <p><b>CVD absolute risk:</b></p> <ul style="list-style-type: none"> <li>• 20 to 75 years;</li> <li>• smokers;</li> <li>• overweight;</li> <li>• Past or Family History of CVD;</li> <li>• LDL / HDL / total cholesterol levels</li> <li>• Triglyceride level</li> </ul>	<p>Quantity and frequency of standard drinks (sd) of alcohol use per day plus alcohol free days per week</p> <p><b>Daily standard drinks of alcohol:</b></p> <p><b>Females</b> (non pregnant):</p> <ul style="list-style-type: none"> <li>• Low Risk: 2 sd / day or ≤14 sd /week;</li> <li>• Moderate Risk: 3-4 sd / day or 15-28 sd /week;</li> <li>• High Risk: ≥5 sd / day or ≥29 sd /week</li> </ul> <p><b>Males:</b></p> <ul style="list-style-type: none"> <li>• Low Risk: 4 sd / day or ≤28 sd /week</li> <li>• Moderate Risk: 5-6 sd / day or 29-42 sd /week</li> <li>• High Risk: ≥7 sd / day or ≥43 sd /week</li> </ul>	<p>Intensity, frequency and duration of weekly physical activity</p> <p>Refer to Medical Director <b>Physical Activity Module</b> for assessment:</p> <ul style="list-style-type: none"> <li>• Moderate physical activity that increases heart rate or breathing harder than usual</li> <li>• Vigorous physical activity that results in sweating, puffing and panting</li> </ul>
	0-2	Very low													
	3	Low													
4	Moderate														
5	High														
6	Very high														
	Motivational Interviewing	Establish rapport through expressive empathy and reflective questioning; identify stage of change and any barriers to change; avoid argumentation or confrontation; accentuate health benefits; support self-efficacy and willingness to change													
	Assess readiness to change	Stage of change: pre-contemplation (not ready), contemplation (unsure), preparation (prepared to act), action (action strategy) or maintenance (continued action and relapse prevention)													
<b>ADVISE</b>	Promote health benefit model	Stimulate consideration of behavioural change; personalise positive benefit of behavioural change; address individual pros and cons of changing behaviours to achieve decisional balance; reinforce the personal gain from reducing chronic disease risk; emphasise improved health outcomes													
	Provide patient education	Patient education materials on health impact of risk factor, patient information websites and handouts from Medical Director and Division													

ACTIVITY	COMPETENCY	SMOKING	NUTRITION	ALCOHOL	PHYSICAL ACTIVITY
ASSIST	Brief behavioural counselling	Assist patient to set realistic goals and a strategy to achieve these goals; determine an action date and negotiate a quit date with smokers; identify triggers personal high risk situations; develop behavioural control strategies and rewards; develop plans to handle urges and cravings; advise relapse prevention strategy: 4 Ds: delay, deep breathe, drink water and distract oneself until urge dissipates; encourage further GP consultation if difficulties encountered			
	Recommend	Set quit date Determine a quit strategy Assist with pharmacotherapy for withdrawal management Recommend Quit Kit and Quitline	<b>Aim for BMI &lt; 25</b> 1-4kg per month in the short term & 10% of initial body weight in the long term <b>Recommend meal plan:</b> <ul style="list-style-type: none"> <li>Adults and children over the age of 2 should limit saturated fat and moderate total fat intake</li> <li>Maintain a healthy body weight by balancing physical activity with food intake</li> <li>Enjoy a wide variety of nutritious foods</li> <li>Eat plenty of cereals including breads, rice, pasta and noodles (preferably wholegrain)</li> <li>Eat plenty of vegetables, legumes and fruits (at least 7 portions of fruit or vegetables each day)</li> <li>Eat only a moderate amount of sugars and foods containing added sugars</li> <li>Limit intake of alcohol if choosing to drink</li> <li>Drink plenty of water</li> <li>Eat foods containing calcium and choose reduced-fat varieties of milks, yoghurts, and cheeses where possible</li> <li>Encourage and support breast feeding</li> <li>Increase dietary intake of iron and include lean meat, fish, poultry and / or alternatives</li> <li>Choose low salt foods and use salt sparingly</li> </ul>	<b>NHMRC alcohol recommendations:</b> <ul style="list-style-type: none"> <li>Males: 4 standard drinks of alcohol per day or 29 per week;</li> <li>Females (non-pregnant): 2 standard drinks per day or 14 per week;</li> <li>2 alcohol free days per week</li> </ul>	Refer to Medical Director: <b>Physical Activity Module</b> for assessment and Physical activity prescription: at least 30minutes/day of moderate activity on most days per week  Clinical assessment and supervision is recommended for co-morbid conditions such as unstable angina, recent complicated myocardial infarction (within 3-months) untreated heart failure, cardiomyopathy, resting heart rate > 100, symptoms such as chest discomfort or shortness of breath on low physical exertion, severe aortic stenosis, uncontrolled diabetes and hypertension
	Pharmacotherapy	If smoking > 10 cigarettes without contra-indicated conditions such as life-threatening arrhythmias, pregnancy and lactation; or cautionary conditions such as acute myocardial infarction, severe or worsening angina pectoris, recent stroke and arrhythmia, consider: <ul style="list-style-type: none"> <li>Nicotine Replacement Therapy</li> <li>Bupropion</li> </ul>		<ul style="list-style-type: none"> <li>Acamprosate if alcohol dependency (contraindications: acamprosate should not be used in patients with renal failure)</li> <li>Naltrexone for abstinence maintenance (contraindications: naltrexone should not be used where patients are using opioids or have acute hepatitis or hepatic failure)</li> </ul>	
ARRANGE	Division referral directory	Listing of local referral services; community support; program/service admittance criteria; waiting list information; free and fee-based services			
	Referral	Quitline Smoke Enders	Dietitian (private and public) Consider referral to an eating disorders unit for extreme eating behaviour problems	Drug and Alcohol Counsellor and services Support groups (AA / NA) Detoxification unit if severe dependency or seizure risk	Exercise Physiologist Physical activity program Local walking and exercise groups Cardiac rehabilitation groups
	Follow-up at risk patients	Review after 1-week and then again after 1-month	Review at 2-3-monthly intervals Review yearly for 5-years after weight reduction achieved	Review at 1-3 monthly intervals	Review at 3-6-monthly intervals