



IMPORTANCE OF PHYSICAL AND PSYCHOLOGICAL HEALTH FOR HAPPY LIFE

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ABSTRACT:

'Health is a wealth' these words are often bombarded through various mediums. The health splits in two components i.e. Physical and Psychological. Physical strength as well as mental or psychological strength plays a vital role in day to day life in modern era. These two components are interlinked for healthy life.

Key words: -Habits, diets, medications

INTRODUCTION:

Educational activities are carried out through multi-channel, on multi-sites to improve awareness of the major risk factors and promote healthy lifestyles by producing educational materials such as booklet, pamphlets, posters, video tapes, etc.

Good Habits

1. Cessation of the smoking.
2. Life style modification.
3. Dietary Habits.
4. Regular exercise.
5. Control of obesity.
6. Stress control
7. Yoga
8. Meditation
9. Relaxation
10. Early detection and control of diabetes.

Education/ self-management:

1. Self-management goals – Encourage selection of own goals; discuss how to accomplish, weekly visit to check BP, review meds. Offer incentive if improvement noted.
2. Diet/ nutrition – food preferences, appropriate diet, examples of healthy choices where food is obtained, portion control,

preparation methods, how to interpret Nutrition information on labels. Refer to nutritionist, preferably on clinical team.

Advocate for more nutritious food in shelters and soup kitchens. Provide heart-healthy snacks. Help apply for Food Stamps.

3. Patient instruction – simple terms, in patient's first language; interpreter if needed.

Ask to repeat instructions to assess understanding.

4. Written materials – language-appropriate, simple terms, large print, graphic

Illustrations: Don't presume can't read/ understand just because homeless.

5. Portable information – wallet-sized card specifying latest BP, keratinise, glucose, BUN, Potassium levels; weight, cholesterol, lipoproteins.

6. Exercise – benefits of aerobic exercise (may decrease swelling in legs/feet), where and how to do it.

Alternatives to intensive weight-bearing for obese patients: chair exercises, leg lifts, hand weights (books, soup cans, water bottles).

7. Fluids – If fluid restriction needed, specify amount to drink each day (more fluids

during hot weather), provide reusable water bottle.

8. Health insurance – If uninsured and eligibility likely, urge application/ reapplication for Medicaid, SSI/ SSDI-important for specialty referrals (diabetic educator, cardiologist).

9. Harm reduction – Explain risks associated with HTN/ hyperlipidemia (heart attack, stroke, disability). Suggest strategies to minimize damage caused by alcohol, nicotine, other drugs.

10. Weight measuring – Teach how to check weight properly; allow self-checks in clinic without waiting. Explain implications of weight gain with worsening symptoms.

11. Education of food workers – about dietary needs of CVD patients. Encourage more nutritious food options and preparation methods.

Treatment

Medications:

1. Diuretics – can exacerbate dehydration; dangerous/ fatal levels of hyperpyrexia triggered by ant cholinergic meds (phenothiazines) with diuretics in hot, humid environments.

2. Antihypertensives – once daily dosing optimal. If trouble with adherence likely, use beta-blockers.

3. Statins – Continue until LFTs 2-3 times normal limits barring complications. Monitor LFTs as appropriate, with awareness of increased risk for complications in patients with hepatitis, alcohol abuse.

4. Simple regimen – appropriate to diagnosis and living situation, considering availability, expense, side effects, duration of treatment. Daily dosing with evening meal, if possible. Consider combination meds (Beta blockers/ diuretics, ARBs/ diuretics, CCBs/ ARBs) available from patient assistance programs.

5. Dispensing – Consider dispensing small amounts of medications to encourage return for follow-up, reduce risk of loss/ theft/ misuse.

6. Dosing frequency – pre-filled, portable medication boxes if once-daily dosing impossible. If meds are stored in shelter, explain to staff why some residents need to take them more than once a day.

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