ESSENTIAL FOR POSTGRADUATES AND EMERGING CONSULTANTS

GUIDE TO MEDICAL COUNSELLING

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Preface

For many years I am formatting a book which will guide postgraduates and consultants of internal medicine for proper counselling.

***Counselling is an art and few of us are artist*.**

This book contains all important counselling material which is required to passing examinations of MD, FCPS and MRCP.

The mind decides what it interpreted. If someone counsels patient well, the patient will follow the given treatment and advice.

I hope this book would help all levels of students and consultants

I am highly thankful to Dr Imran Karim Shaikh for his valuable suggestions.

I wish this book will print soon and people get a benefit.

This book has been written in alphabetic order so that one can easily find out the desired counseling.

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1. COUNSELING AIMS & RULES:

What are the stages of Counselling?

While counseling varies in both form and purpose, most counseling theories embody some form of the following three stages:
Relationship Building
Problem Assessment
Goal Setting: Counselor and patient must both be aware that the counseling process requires patience.

Counseling as a profession involves;

- Dedicated time set aside to explore difficulties, stressful situations, or emotional upset faced by a patient
- Helping that patient see their situation and feelings from a different viewpoint, potentially facilitates change
- Building a relationship based on trust and confidentiality

The counseling process should not include:

- Providing advice
- Being judgmental
- Pushing the doctor's values
- Encouraging the patient to behave as the counselor would in their own life
- Emotional attachment between the counselor and patient.

According to the American Psychological Association (2008), counseling psychologists "**help people with physical, emotional and mental health issues improve their sense of wellbeing, alleviate feelings of distress and resolve crises**."

Counseling is typically short term, dealing with present issues and involving a helping approach that "highlights the emotional and intellectual experience of a patient," including how they feel and think about a problem or concern.

IMPORTANT REQUIREMENTS ARE;

1. Introduce them with warmth.
2. Invite the patient to take a seat.
3. Address the patient by the name they are most comfortable with.
4. Engage in relaxed social conversation to reduce anxiety.
5. Pay attention to nonverbal communication to identify the patient's emotional state.
6. Invite the patient using open questions to explain their reason for coming to counseling.
7. Allow the patient time to answer fully, without pressure.
8. Show that they are interested in the patient as a person.
9. Empathy is the ability to see the world through another person's eyes and perceive his or her emotions
10. Ask for feedback from the receiver about how well your intended message was received.
11. Do not shift from one subject to another until each subject has been followed through.
12. Guide the interview using a combination of open ended and closed ended questions. - Similarly, keep your goals clearly in mind, but do not let them dominate how you go about the interview.
13. Depending on your relationship with patient, move on from less personal to more personal topics. This may remove some of the patient's initial defensiveness.

COUNSELING WITH SPECIAL PATIENTS:

Elderly:

As a group, sometimes the aging process affects certain elements of the communication process in some older adults. In certain individuals, the aging process affects the learning process, but not the ability to learn. Some older adults learn at a slower rate than younger persons. They can learn but they process information at a different rate. The elderly might also have problems such as poor vision, speech or hearing. Therefore, it is very important to set reasonable short-term goals, and break down learning tasks into smaller components. It is also

important to encourage feedback as to whether they understand the intended message

Terminally Ill patients:

Before interacting with them, be aware of your feelings about death and about interacting with terminally ill patients. Simply being honest with them can improve their interaction with them. It will also open them up to voice out their concerns as well. Many terminally ill patients know that they can make others feel uncomfortable. You should not avoid talking to them unless you sense that they do not want to talk. Not interacting with them only contributes further to their isolation and may reaffirm that talking about death is uncomfortable.

Patients who are mentally ill:

Open-ended questions would be more effective as they can be used to determine the patient's cognitive abilities. Ethical considerations include whether they require consent from the patient for treatment. Mentally Ill Patients might not always understand their treatment purpose.

2. ETHICAL DEFINITIONS

ETHICAL PRINCIPLES:

Beneficence is the principle that health professionals should act in the best interest of the patient.

Autonomy is the principle that establishes patient rights to self-determination- to choose what will be done to them.

Honesty principle states that patients have the right to the truth about their medical condition, course of the disease, the treatments recommended and the alternative treatments available. **Informed Consent** has occurred and treatment can be implemented if all relevant information is provided, if the patients understand the information and if consent is given freely without coercion.

Confidentiality serves to assure patients that information about their medical conditions and treatments will not be given to individuals without their permission.

Fidelity is the right of patients to have health professional provide services that promote patients' interests rather than their own.

Ethically, the responsibilities of physicians should be directed toward the patients rather than directed at the financial well-being of the clinic.

3. COUNSEL TO COPD PATIENT

CONCERNS:

What are the precautions?
What are the consequences of diet on my improvement?
Inhaler, nebulizer and oxygen is matter
Do you advise some better foods which help in improvement?
What do you suggest for increasing symptoms?
When will I resume my job?
How often I will visit to you?

- It may be preventative care, maintenance therapy, or treating an exacerbation.
- Explain the disease in a simple manner that it is increasing in nature and treatment may continue for the rest of life.
- A good way to start the conversation is by asking patient open-ended questions e.g. questions that start with what, how, and why to determine what the patient already knows and identify their concerns. After addressing all concerns provide new information to the patient to build on what the patient already knows by filling in the gaps.
- Review the proper inhaler technique videos, brochure and/or poster with patients. The most effective way of ensuring proper inhaler technique is to physically

demonstrate it to patients and provide written instructions that explain proper technique.
- Ask the patient to show you how they use their device, correct their technique as appropriate, and repeat until proper inhaler technique is mastered. If the patient is unable to use one device properly it may be necessary to try another. There are many different inhalers and nebulizers available to allow for the personalization of device selection.
- Assess by days of patients as per GOLD guidelines.
- **Green days:** normal day, continue normal activity and medications
- **Yellow days:** bad day, ask how many puffs of rescue medicine a day does patient use, call provider for possible steroids and/or antibiotics if needed
- **Red days:** urgent medical attention needed.

Recommends all COPD patients receive pneumonia vaccines (PPSV23 and PCV13) and annual Influenza vaccination

Provide a list of local programs, state tobacco quit line, and online resources.

Consider medications, nicotine replacement or other therapies to improve cessation rates

Instruct patients to: Maintain a healthy weight and well balanced diet.

Drink at least 6-8 glasses of water throughout the day.

Eating 4-6 small meals a day allows your diaphragm to move more easily and for you to breathe better.

Eat complex carbohydrates, good sources of protein, and mono- and poly-unsaturated fats.

Eat a variety of fruits and vegetables. Limit simple carbohydrates and sodium

COPD is a disease of expiratory airflow limitation. Special breathing techniques can help patients empty their lungs to prepare for their next breath.

Some of the most common breathing techniques are pursed-lip breathing and diaphragmatic breathing.

Pulmonary rehabilitation is just as important as medication therapy to improve symptoms, health status, and exercise tolerance

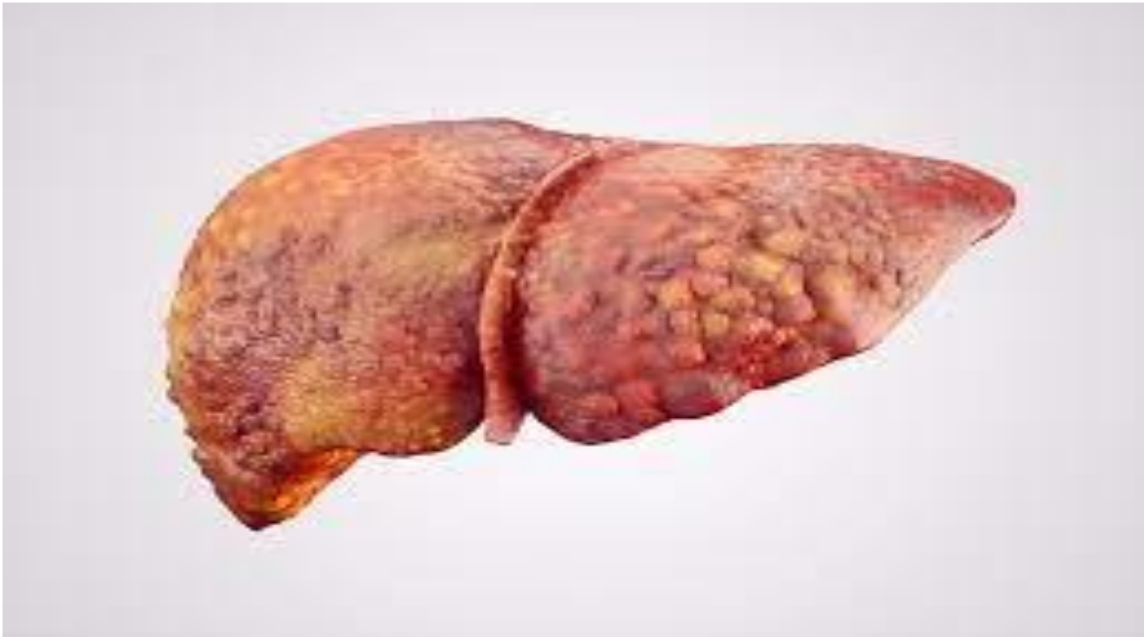
Pulse oximetry can be used to monitor oxygen levels at rest and with ambulation.

Patients may have oxygen delivered via concentrators at home.

There are portable tanks and bags available for transportation and easy ambulation.

Counsel patients to join COPD support communities and advocacy groups where they can find the tools and connections to stay active, healthy, and engaged in their treatment and care.

4. COUNSEL TO A PATIENT WITH CIRRHOSIS



CONCERNS:

What is my illness? Please explain.
What are the consequences of diet on my improvement?
Sex, diet, gatherings are matters.
Do you advise some better foods which help in improvement?
What do you suggest for increasing symptoms?
How often I will visit you?

What is Cirrhosis?

Cirrhosis is scarring in the liver due to liver disease. Many things can cause liver disease:

- Viruses - like Hepatitis-B or C
- Toxins like alcohol or a buildup of liver fat that is often associated with diabetes or being overweight.
- Something inherited through your genes or caused by the body's immune system hurting the liver cells.

A poorly working liver may lead to the build-up of toxins. These toxins can cause problems such as:

- Falls

- Poor sleep
- Mood changes (crankiness)
- Poor concentration
- Inability to calculate (do bills, manage money)
- Less alertness

Get urgent medical attention if you are:

- Disoriented
- Confused
- Falling asleep inappropriately

Nutrition therapy for cirrhosis consists of low sodium, high protein diet. The following information will explain why this type of diet is important along with tips to help you follow it to the best of your ability

How often should I eat?

- Eat every 02 - 04 hours when awake.
- Have a late evening snack before bed
- Eat a snack in the middle of the night if you awake.

How do I follow a low sodium diet?

• Limit your sodium intake to no more than 2,000 mg (milligrams) per day (1teaspoon)

Consider keeping a notebook and writing down everything you eat throughout the day

To Avoid:

- Fast food and restaurant food (Meat, eggs)
- Processed meats (sausage, pepperoni, hot dogs, luncheon/deli meats, corned beef, anchovies, sardines)
- Vegetarian “meats” vegetarian entrees
- Smoked meats or fish, jerky
- Microwaveable/frozen meals
- Egg beaters Fats and oils (use sparingly):
- Salted butter
- Margarine Pre-made spaghetti/tomato sauces/salsa
- Instant mashed potatoes, boxed
- Sauerkraut, olives, pickled vegetables

To Eat:

- Meat, eggs, lamb, poultry, fish

- Fresh eggs, Milk, yogurt, cheeses:
- Milk or yogurt
- Frozen yogurt, ice cream
- Natural Swiss cheese
- Low-sodium cheeses
- Low-sodium cottage cheeses Grains, starches:
- Low sodium bread, rolls, breadsticks, bagels
- Plain taco shells, tortillas
- Pasta, barley, rice cooked without salt
- Unsalted cooked cereal
- Dried beans, lentils, peas
- Unsalted popcorn, pretzels, crackers, chips Nuts and Seeds:
- Unsalted nuts and seeds
- Unsalted peanut butter or other nut butter

Vegetables

- Fresh/frozen vegetables without salt added

The goal is to eat 1 gram of protein for every kilogram of your body weight. Divide your weight in pounds by 2.2 to find your weight in kilograms. For example if you weigh 150lbs: 150lbs is about 68kg. Therefore, you need about 68 grams of protein per day.

Meal and snack timing Small, frequent, and protein-rich meals evenly distributed throughout the day will help preserve muscle mass. This means having 6 small meals every day or eating every 2-4 hours while awake.

Don’t use sleeping pills or mood elevating pills.

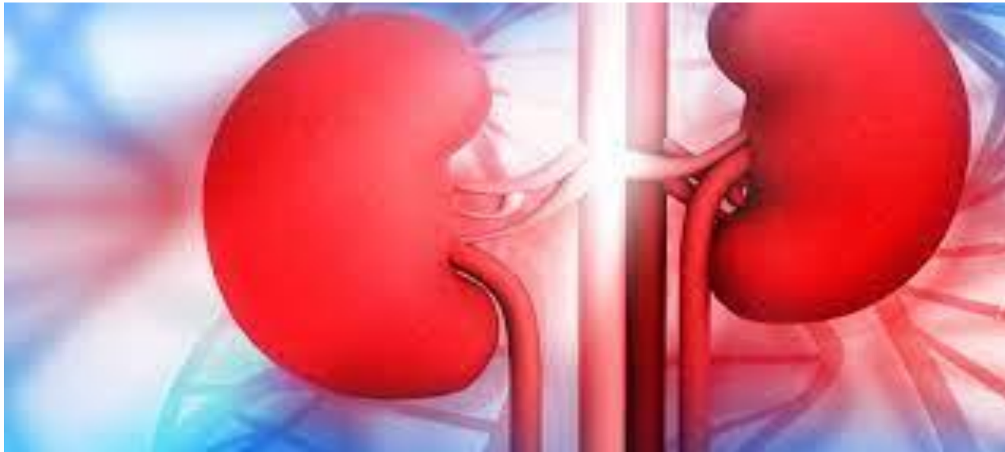
Avoid strenuous exercises.

Avoid pain killers

If you have been bleeding from the mouth or anus, then better to have endoscopy.

Don’t go to the local doctor for treatment of the water inside abdomen. This removal of ascites is a specialized procedure and the only will do doctor expert in this procedure.

5. COUNSEL TO A PATIENT OF CKD



CONCERNS:

What is my illness? Please explain
What are the consequences of diet on my improvement?
Sex, diet, gatherings are matters.
Do you advise some better foods which help in improvement?
What do you suggest for increasing symptoms?
How often I will visit you?

You know kidneys are important organs which work to reduce toxins, waste products of fat, drugs, and metabolic pathways and so on. When kidneys are affected by any insult, the toxins, waste products and multiple by products of metabolism are stored inside and produce a unhealthy and life threating picture of kidney failure.

Explain the relationship between where the patient is with their CKD staging and what their prognosis is, the risk of severity, progression.

If patient brought report of urine DR shows proteins then,

Tell patient simply that there are three types of proteinuria;

If patient has done Creatinine clearance and it is 45 to 60 mL/min GFR, no albuminuria, you're in the yellow zone.

If you have moderate albuminuria—what we used to call micro albuminuria—you're in the orange zone.

If you have very high albuminuria, you're in the red zone.

Inform patient;

One of the big factors, especially in early kidney disease, is lipids and cholesterol control. That will slow kidney disease progression. That triad does not cover 100% of the factors, but it does cover about 75% to 80% of them.

TWELVE WAYS TO MANAGE KIDNEY DISEASE

1. **Control your blood pressure.**
   That should not more than 120/80 mmHg
2. **Meet your blood glucose goal if you have diabetes.**
   FBS < 110 and RBS <180
3. Work with your health care team to monitor your kidney health.
4. Take medicines as prescribed.
   Very important because that will make more injuries to your kidneys
5. Work with a dietitian to develop a meal plan.
6. Make physical activity part of your routine. How much exercise ?Take advice from your consultant
7. Aim for a healthy weight.
8. If you are on maintenance hemodialysis then visit as per your turn
9. Vaccine yourself.
10. Get enough sleep . At least 7 hours daily
11. Stop smoking.
12. Find healthy ways to cope with stress and depression
    Consult to psychiatrist.

Does	**Don'ts**
Stay hydrated	Don't overhydrate
Include kidney-friendly fruits and vegetables in your diet	Stop smoking
Cook with natural herbs and spices	Cut down on sugar and salt

Exercise regularly

Reduce an elevated potassium level by limiting some high-potassium foods and potassium chloride (found in salt substitute and many low-sodium processed foods),

such as avocado, bananas, cantaloupe, honeydew, legumes, milk, nuts, potatoes, seeds, tomato products and yogurt.

EAT:

Plant-based protein, such as chickpeas, soya mince, meat substitutes (e.g. Quorn), tofu, lentils and black-eyed beans. Dairy products, such as milk, cheese and yogurts, are a good source of protein and calcium, which is important for bone health.

Patient on Hemodialysis

People on dialysis need to eat more protein. Eat a high protein food (meat, fish, poultry or eggs) at every meal, or about **8-10 ounces of high protein foods every day**.

Grains, cereals, and bread are a good source of calories. Most people need **6 -11 servings from this group each day**.

Limit The phosphorus content is the same for all types of milk – skim, low fat, and whole milk.

All fruits have *some* potassium, but certain fruits have more than others and should be limited or totally avoided.

- Oranges and orange juice
- Kiwis
- Nectarines
- Prunes and prune juice
- Raisins and dried fruit
- Bananas

Increasing intake of low potassium fruits and vegetables, decreasing the amount of fried foods, in addition to 150 minutes of physical activity per week can help to improve cholesterol levels.

The following important tips can be helpful with your diet:

- Fresh or plain frozen vegetables contain no added salt. Drain all the cooking liquid before serving.
- Canned fruits usually contain less potassium than fresh fruits. Drain all the liquid before serving.
- Rice and almond milk are low in phosphorus and can be used in place of milk.

6. COUNSEL TO PATIENT WITH DIABETES

CONCERNS:

The diagnosis of diabetes can be overwhelming for anyone.
What is diabetes?
Progression of disease
Guide for Diet
Associated risks and prevention
New medications if I will need
New lifestyle for improving health

Diabetes is a metabolic disorder characterized by increased blood sugar level to certain level which leads to damage kidneys, eyes, brain and heart mostly. It is very common because of obesity, lack of healthy life style, abundance of junks and misuse of drugs. This disease will be halted at certain stages and can reverse in early stages. Most of diabetic patients will face kidney and eye problems in first decade of diagnosis and foot problems, sexual dysfunctions later in life.

ADVICES TO PATIENT:

Carbohydrates include sugars, starch, and fiber, and ONE serving is about 15 g. People with diabetes should eat a diet that includes carbohydrate, particularly whole grains, fruits, vegetables, and low-fat milk. Several studies show that carbohydrate, no matter its source (e.g., cakes, corn, cereal, candy), produces about the same response in blood sugar; therefore, it is the total amount of carbohydrate in meals and snacks that is most important, not the type of carbohydrate.

Studies had shown that after 3-6 months of medical nutrition therapy, HbA1c is decreased by 1% in type 1 diabetes mellitus and 1-2% in type 2 diabetes mellitus and LDL-C reduced by 15-25 mg/dL

Sucrose may substitute for other carbohydrate sources in the meal plan (up to 10% of total daily energy intake)

5-7 servings or 20-30 g of fiber/day is recommended, e.g. **vegetables, fruits, legumes, whole grain products and fiber-rich cereals (≥5 g fiber/serving)**

Calorie restriction is necessary for losing weight, but very low-calorie diets (< 800 calories/day) are not effective for long-term weight loss.

Most people need 1200 to 2000 calories/day, depending on metabolic needs and activity level. It is helpful to get an idea of what a patient's typical daily caloric intake is and then work with that patient on ways to cut back on calories.

Also, nonnutritive sweeteners, which have few or no calories, are safe when consumed within the acceptable daily intake.

Low-carbohydrate diets promote weight loss by replacing carbohydrates with monounsaturated fat. This does reduce postprandial blood sugars and triglycerides.

The best weight-loss program involves routine exercise, which is defined as exercising on most days of the week for at least 30 minutes.

All diabetes patients should discuss exercise programs with their physicians before beginning.

At least 8 weeks of exercise intervention has been shown to reduce hba1c by 0.66% in patients with type 2 diabetes mellitus.

Limiting sodium can help decrease blood pressure. The goal should be to reduce sodium intake to 2400 mg (1table spoon) or salt to 6000 mg/day.

Dyslipidemia, as well as diabetes, increase a person's risk for cardiovascular complications such as heart attack and stroke. Saturated fats should make up <10% of daily intake

Adjustment of insulin dose should match carbohydrate intake with specific reference to sucrose-containing or high glycemic index food

Proper footwear should be advised in all patients with peripheral neuropathy, and those patients with foot injury should be restricted to non-weight-bearing activities

All patients should be advised to sleep approximately 7 hours per night to maintain energy levels and well-being

Evidence supports that 6-9 hours of sleep per night is associated with a decrease in cardio metabolic risk factors

Patients with diabetes mellitus are encouraged to join community groups that promote healthy lifestyle for emotional support and motivation

Avoid smoking, helps in halting progression of type 2 diabetes mellitus.

For patients having difficulty with smoking cessation, nicotine replacement therapy should be considered.

Briefly explain targets for diabetes control

FBS <110
RBS <160
BP <120/80 mmHg
HbA1C <7%
TGC <100mg/dl
CHOLESTEROL <150mg/dl.

Visit Ophthalmologist:

If already eye procedure except cataract then 6 months and if never gone any eye procedure then yearly.

Avoid to increase or decrease dose of drugs except insulin.

Immediate rush to doctor if one of following;

- Intend to fast
- Intend to join health club
- Change insulin
- Edema feet
- Repeated low sugar
- Want to quit treatment
- Traditional methods
- Insulin pump insertion
- Numbness of feet
- Ulcer on feet.

DIABETIC PATIENTS ON INSULIN

If you take Regular insulin or longer-acting insulin, you should generally take it 15 to 30 minutes before a meal. If you take insulin lispro (brand name: Humalog), which works very quickly, you should generally take it less than 15 minutes before you eat.

How to use insulin?

1. Wash your hands.
2. Take the plastic cover off the insulin bottle and wipe the top of the bottle with a cotton swab dipped in alcohol.
3. Pull back the plunger of the syringe, drawing air into the syringe equal to the dose of insulin that you are taking.
4. Make sure there are no air bubbles in the syringe before you take the needle out of the insulin bottle.
5. Clean your skin with cotton dipped in alcohol
6. Inject the insulin with the needle at an angle of about 90 degrees.
7. Insulin injected near the abdomen works fastest. Insulin injected into the thigh works slowest. Insulin injected into the arm works at medium speed.
8. Talk to your doctor about what to do if you have hypoglycemia.
9. Don’t use if insulin is turned cloudy.
10. Insulin syringes are single-use only so discard syringe after use.
11. Reusable insulin pens are designed by the insulin companies to fit their particular brand of insulin cartridge/pen fill.

Insulin absorption is increased by:

12. Injecting into an exercised area such as the thighs or arms, high temperatures due to a hot shower, bath, hot water bottle, spa or sauna, massaging the area around the injection site.

Insulin absorption can be delayed by:

13. Over-use of the same injection site, which causes the area under the skin to become lumpy or scarred (known as lipohypertrophy).
14. Store unopened insulin on its side in a fridge.
15. Make sure that insulin does not freeze.
16. Avoid keeping insulin in direct sunlight.
17. Keeping a record of your blood glucose levels helps you and your doctor to know when your insulin dosage needs adjustment.

7. COUNSEL TO PATIENT WITH DIABETIC FOOT ULCER

CONCERNS

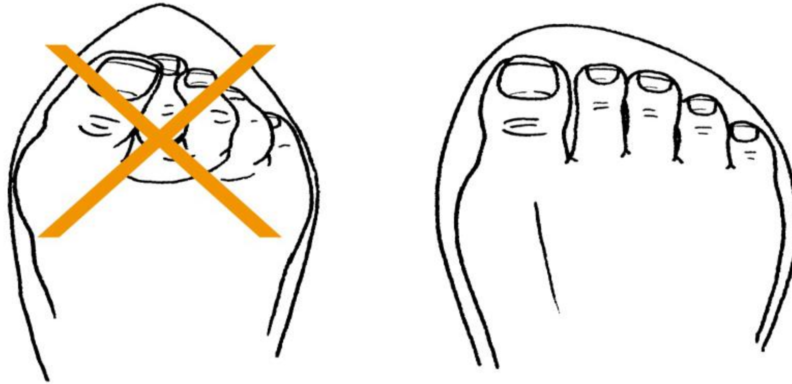
Let me know this foot ulcer.

What should I do to treat and prevent this ulcer in future?

Let me explain some shoe and its good parameters

- Inspect your feet before sleep
- Put mirror to see sole of your feet
- Look for any hard area,crack and color change
- See inside your toes daily
- Look your shoe before wearing for size, softness, tightness and pointed sole or piercing nail.
- Shake out your shoes and feel the inside before wearing.
- Don't wear shoes with high heels and pointed toes
- Wash feet daily (with water temperature always below 37°C), and dry them carefully, especially.
- Avoid walking barefoot, in socks without footwear, or in thin-soled slippers, whether at home or outside
- Do not use any kind of heater or a hot-water bottle to warm feet.
- Do not use chemical agents or plasters to remove corns and calluses.
- Cut toenails straight across and file the edges.

- Moisturize your feet and ankles with lotion or petroleum jelly.
- Don't go barefoot, indoors or outdoors.
- Don't ignore numbness.
- Do get an annual foot exam
- Wear clean, dry socks. Change them daily.
- Don't smoke.
- Don't exercise when you have open sores on your feet
- The shoe should be at least 1/2 inch longer than your longest toe and as wide as your foot.
- Have at least two pairs of shoes so you can switch pairs.
- Report foot injuries and infections right away.
- Don't cross your legs or stand in one position for a long time.
- Take proper care of your diabetes.



8. COUNSEL TO PATIENT WITH GESTATIONAL DIABETES MELLITUS

CONCERNS

Explain my disease in simple words?

Why is it harmful to me and my baby?

When will I screen for this condition?

What diet I will eat?

What treatment you would advise?

When will I visit again?

Will I become permanent sugar patient after delivery?

Gestational diabetes mellitus (GDM) is defined as carbohydrate intolerance of variable severity with onset or first recognition during pregnancy and does not include women who had diabetes prior to conception.

GDM occurs in an estimated 7% to 9% of pregnant women, representing 200,000 cases annually. Gestational diabetes initially becomes apparent after 24 to 28 weeks of

pregnancy, but can continue in some women after delivery. GDM is associated with both maternal and perinatal complications. If left untreated, gestational diabetes can pose serious. An estimated 50% of women who have GDM will develop type 2 diabetes within 5 to 10 years.

All women with GDM be screened 6–12 weeks post-partum using either a 2 hour oral glucose tolerance test (OGTT) or a fasting blood glucose (FBG)

GDM also is associated with increased risks of the following:

Prenatal mortality,
Birth trauma
Hyperbilirubinemia,
Neonatal hypoglycemia.
Increased perinatal mortality rates

Women at very high risk for GDM should be screened for diabetes as soon as possible after the confirmation of pregnancy.
Low-risk status, which does not require GDM screening, is defined as women with all of the following characteristics:

- Younger than 25 years of age;
- Normal weight before pregnancy;
- Member of an ethnic group with a low prevalence of diabetes
- No known diabetes in first-degree relatives
- No history of abnormal glucose intolerance; and no history of poor obstetrical outcome.

American Diabetes association recommends a diet that adequately meets the needs of the specific patient while restricting carbohydrates to 35% to 40% of daily caloric intake.

In general, GDM patient should eat;

- Plenty of whole fruits and vegetables
- Try to avoid eating simple carbohydrates, such as potatoes, french-fries, white rice, candy, soda, and other sweets. This is because they cause your blood sugar to rise quickly after you eat such foods.

Choose foods loaded with vitamins, minerals, fiber, and healthy carbohydrates. They include:

- Whole-grain breads and crackers
- Whole grain cereals
- Whole grains, such as barley or oats
- Beans
- Brown or wild rice
- Whole-wheat pasta
- Starchy vegetables, such as corn and peas
- 2 to 3 oz (55 to 84 grams) cooked meat, poultry, or fish
- 1/2 cup (170 grams) cooked beans
- 1 egg
- 2 tablespoons (30 grams) peanut butter
- Even sugar-free sweets may not be the best choice
- Choose healthy oils, such as canola oil, olive oil, peanut oil, and safflower oil. Include nuts, avocados, and olives.
- Moderate amounts of lean proteins and healthy fats
- Moderate amounts of whole grains, such as bread, cereal, pasta, and rice, plus starchy vegetables, such as corn and peas
- Fewer foods that have a lot of sugar, such as soft drinks, fruit juices, and pastries

You should eat three small- to moderate-sized meals and one or more snacks each day.
Do not skip meals and snacks.
Keep the amount and types of food (carbohydrates, fats, and proteins) about the same from day to day. This can help you keep your blood sugar stable.

Studies have shown that women who are physically active before and during pregnancy are also less likely to develop GDM.
It is estimated that 15% of women with GDM require the use of insulin.

POST PARTUM CARE

After your baby is born, you should have a blood test to find out whether your blood sugar level is back to normal.

Women with gestational diabetes will also need a follow-up appointment with their OB/GYN six to 12 weeks after delivery to test for diabetes.

TARGETS:

FBS <90

RBS <140

BP <120/80 mmHg

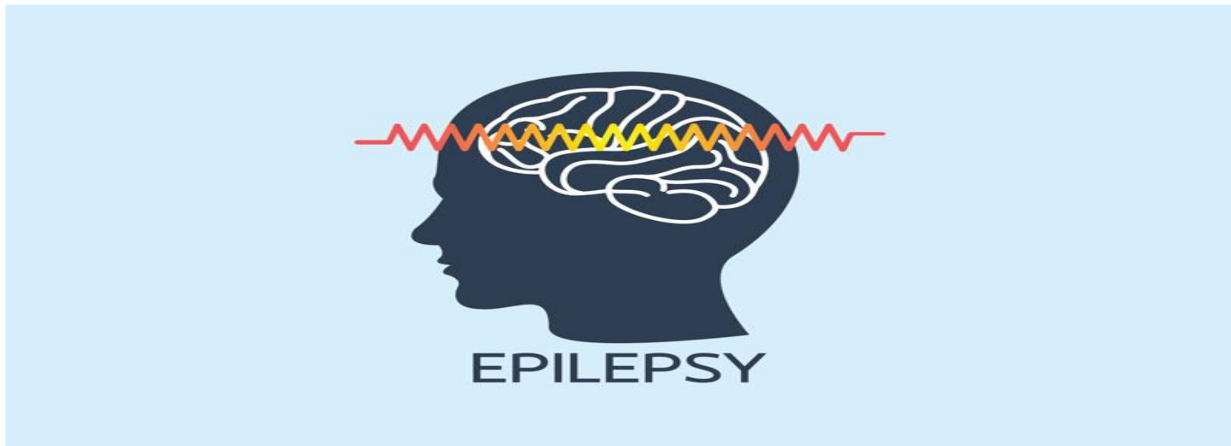
HbA1C <6.5%

TGC <100mg/dl

Cholesterol <150mg/dl.

Blood Sugar check every day at least 3 times

9. COUNSEL TO EPILEPSY PATIENT



CONCERNS

What are precautions?

What are consequences of treatment on my improvement?

What will be my social life?

Do I need to take pills forever?

What do you suggest for my marriage and conception?

When will I drive car?

I often I will visit to you?

- Enjoy your normal activities. Most people with epilepsy lead normal lives.
- Don't do hazardous activities, such as mountain & climbing. A seizure under these conditions could lead to a fatal accident.
- Don't swim alone or participate in other similar activities without others nearby.
- Driving limitations based on your condition but usually avoid driving at least 2 years after seizure have been controlled.
- Take your medicine exactly as directed. Skipping doses can aggravate seizure.
- Don’t drink alcohol
- Use any medicine without talking consent from your doctor.
- Seizure medicines may interact with other medicines. Make sure all of your healthcare providers have a list of all your medicines.
- Birth control pills may not work as effectively when taking seizure medicines. Ask your doctor if a change in birth control is needed.

- Wear a medical alert pendant or bracelet that alerts others to your condition, especially if you are allergic to seizure medicine.
- Join a local support epilepsy group. Ask your doctor for names and phone numbers.

Immediate consult when;

- Seizures that are getting longer and worse
- Seizures that are different from those you've had in the past
- Seizures strong enough to cause injury
- Skin rash
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

PRENANCY & EPILEPSY:

For most pregnant people who have epilepsy, the number of seizures remains about the same, or seizures become less frequent. For others, particularly those who are sleep deprived or don't take medication as directed.

Pregnancy can increase the number of seizures.

Before you try to become pregnant, make an appointment with consultant who will handle your pregnancy.

If you have frequent seizures before you become pregnant, you might be advised to wait to get pregnant until your epilepsy is better controlled.

The magnitude of the increase in risk in pregnancy appears to be relatively small for most complications (between 1 and 1.7 times expected rates), with the exception of maternal mortality, which may be as much as 10-fold increased. This translates to a low absolute increase in risk of less than 0.1 percent.

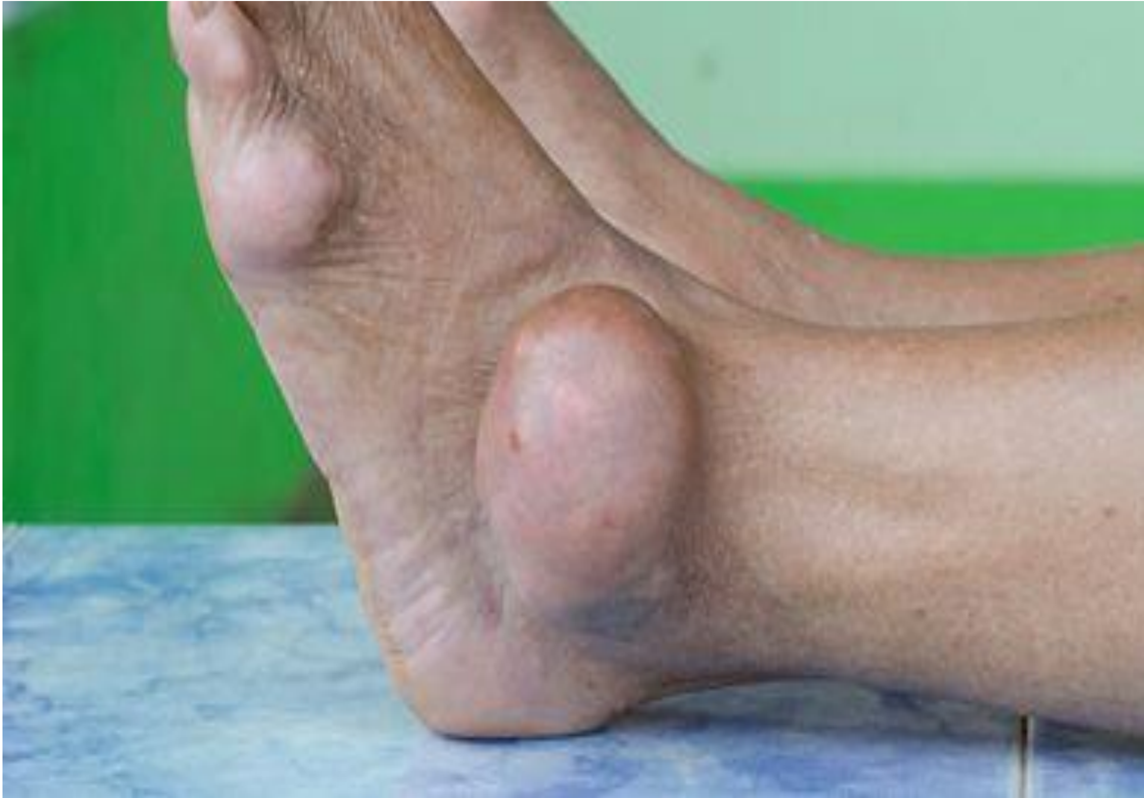
Women with epilepsy will not experience a change in seizure frequency during pregnancy in majority (54%–80%).

Seizure frequency and severity may increase in 15%–32% of Women with epilepsy as estrogen and progesterone can alter neuronal excitability and affect the seizure threshold.

Women who are seizure-free in the 9 months prior to pregnancy have an 84%–92% chance of remaining seizure-free during pregnancy on their current regimen.

Lower teratogenic risk appears to present for lamotrigine and levetiracetam, which are commonly employed as medication therapy during pregnancy.

10. COUNSEL TO PATIENT WITH GOUT



CONCERNS

Brief about my diseases

What should I eat?

What are safer levels of uric acid?

What main problems will I face in future?

Gout is caused by hyperuricemia, an uncontrolled metabolic disorder that leads to the deposition of monosodium urate crystals in tissues and high uric acid levels in the blood.

Uric acid is the metabolic product resulting from the metabolism of purines that are naturally found in many foods, such as organ meats like liver from any animal source and several types of fish, including anchovies, sardines, herring, and trout.

Patients should know that pain associated with gout can come and go unpredictably.

In about half of patients, onset starts with a severely inflamed big toe. Early flares may also occur in the mid foot, ankle, heel, or knee. Later flares may move to the wrist, fingers, and elbow.

Patients may report pressure sensitivity so severe that touching the joint as lightly as possible still spurs great pain. Others may report fever, chills, and malaise.

Untreated gout flares can last days to several weeks, then wane, and then recur again.

Encourage patients with gout to enjoy berries and lemons.

Lemons are filled with vitamin C, which is known to help strengthen tissues in the body and neutralize uric acid.

Excessive alcohol intake is one of the most common risk factors for patients with gout because it interferes with uric acid clearance.

Being overweight or obese rounds out the top 3 risk factors for gout.

Patients who fail to effectively manage their comorbidities may experience more severe gout symptoms.

Diseases associated with gout include chronic kidney disease, hyperlipidemia, hypertension, metabolic syndrome, and type 2 diabetes.

Doing joint friendly activities such as walking can help improve gout-related pain.

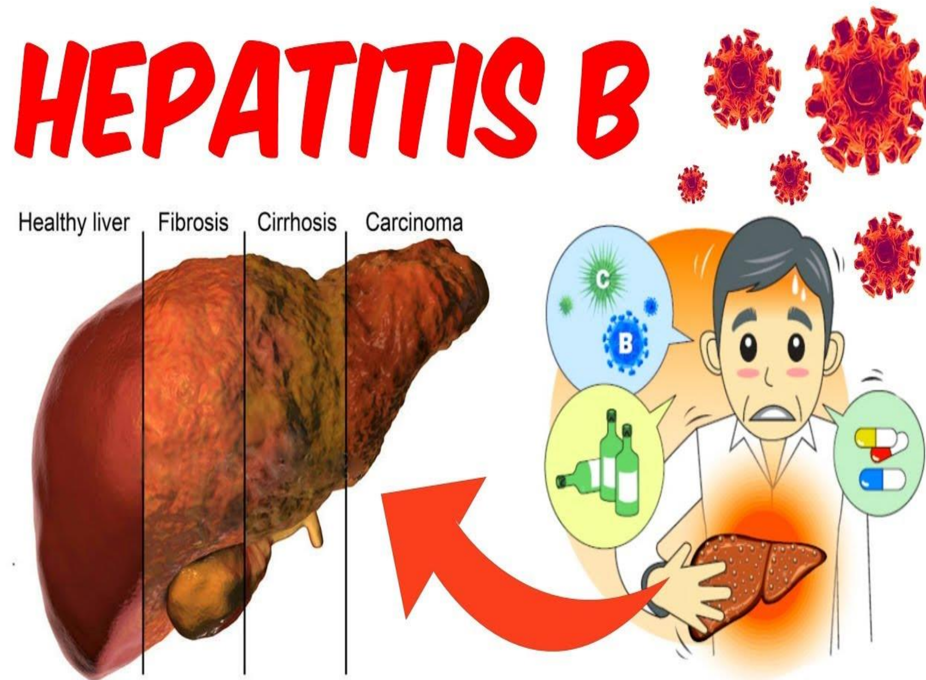
10 advices for GOUT patient are:

- Avoid Sugary drinks and sweets. ...
- Avoid High fructose corn syrup. ...
- Avoid Alcohol.
- Avoid Organ meats.
- Avoid Game meats.(land animal)
- Avoid certain seafood, including herring, scallops, mussels, codfish, tuna, trout and haddock.
- Red meats, including beef& lamb.
- Avoid Turkey.

The recommended goal for most people with gout is uric acid less than 6 mg/100 mL.

Lose weight as advised by your consultant.

11. COUNSEL TO HEPATITIS B PATIENT



CONCERNS

What are precautions?

What are consequences of diet on my improvement?

Does Sex, diet, gathering matter?

Do you advise some better foods which help in improvement?

What do you suggest for increasing symptoms?

When will I resume my job?

How often I will visit to you?

Give details about transmission of hepatitis B

- You can lower your risk by careful sterilization procedures.
- If you are infected with hepatitis B and have a regular sexual partner(s), they should be tested for the infection and vaccinated if necessary.
- Hepatitis B can be spread through close personal contact.

- Screening of family members and proper vaccination of hepatitis B
- Discuss the infection with any sexual partners and use a latex condom with every sexual encounter
- Do not share razors, toothbrushes, or anything that might have blood on it.
- Cover open sores and cuts with a bandage.
- Do not donate blood, body organs, other tissues, or sperm.
- No specific diet has been shown to improve the outcome in people with hepatitis B.
- No herbal treatment has been proven to improve outcomes in patients with hepatitis B.
- Consult your doctor as per advice.
- Don't take internet to start or sop any advised treatment.
- Frequency of labs and visits as per advice by consultant.
- If you would plan for pregnancy then inform your consultant and this pregnancy will not harm you.
- Having a Cesarean delivery (also called a C-section) does not prevent the virus from spreading. Experts believe that breastfeeding is safe for mothers with hepatitis B.
- If you are going to marry in 3 or 4months then vaccinate your fiancé or 3 doses, one month apart.
- Keep your vaccination card carefully and inject boaster as per advised.

12. COUNSEL TO PATIENT WITH HEPATITIS B NEEDLE PRICK

CONCERNs

I accidentally pricked hepatitis b positive patient needle. What harms will likely have in future?

Discuss about vaccination.

Risk:

- HBV risk varies depending on **e-antigen status** of patient
- – If e-antigen positive, risk is up to 30%
- – If e-antigen negative, risk is 1-6%

Elements of Post exposure prophylaxis (PEP)

- Clean wounds with soap and water
- Flush mucous membranes with water
- No evidence of benefit for:

- Application of antiseptics or disinfectants
- Squeezing (“milking”) puncture sites
- However, the use of antiseptics is not contraindicated.
- Avoid use of bleach and other agents.
- Test for anti-HBs if patient has been vaccinated, but vaccine status is unknown
- Baseline testing not necessary if vaccine response is known.
- If exposed person has been vaccinated and is a known responder to the vaccine, no PEP is necessary

Eligibility for PEP for HBV

Exposed person status	Recommended action
Unvaccinated	Administer HBV immunoglobulin within 48 hours of exposure Initiate full HBV vaccination schedule, as soon as possible
Vaccinated; anti-HBs level ≥ 10 mIU/ mL	Reassure the individual No specific post-exposure prophylaxis
Vaccinated; anti-HBs level ≤ 10 mIU/ mL	Administer HBV immunoglobulin Administer one dose of HBV vaccine and plan to re-vaccinate
Vaccinated; anti-HBs levels not known	Test for anti-HBs levels and take appropriate recommended action
HBsAg positive (HBV carrier)	Counsel the individual No specific PEP

13. COUNSEL TO A PATIENT WITH HEPATITIS B &PREGNANCY

CONCERNS

What are the risks of hepatitis B transmission to my child?

Should I take treatment ?

Which treatment option is safe in pregnancy?

When to treat Hepatitis B in pregnancy?

Breast feeding is safe?

Risk of Perinatal HBV transmission

If mother is HBSAg +ve HBeAg +ve Risk of transmission is 85-100%

If mother is HBSAg +ve HBeAg -ve Risk of transmission is 5-30%

In all Pregnant women with HBV DNA >200,000 IU/ml or HBSAg >4 log10 IU/ml antiviral prophylaxis with TDF should start at week 24-28 of gestation and continue for up to 12 weeks after delivery

Breast Feeding is not contraindicated in HBSAg positive untreated women or those on TDF based treatment or prophylaxis

In Pregnant women already on NA therapy TDF should be continued while ETV or other NA (Nucleoside analogs) should be switched to TDF

Cesarean delivery is not routinely recommended for carrier mothers for the sole purpose of reducing HBV transmission.

Vertical transmission can be blocked by the immediate post-delivery administration to the newborn of hepatitis B immunoglobulin and hepatitis B vaccine intramuscularly within 12 hours of delivery.

14. COUNSEL TO PATIENT WITH HEPATITIS C NEEDLE STICK INJURY

CONCERNS

I accidentally pricked hepatitis b positive patient needle. What harms will likely have in future?

Is there any Post exposure Prophylaxis?

When and what tests should be performed?

GENERAL WOUND MANGEMENT

Clean wounds with soap and water

Flush mucous membranes with water

No evidence of benefit for:

Application of antiseptics or disinfectants

Squeezing ("milking") puncture sites

However, the use of antiseptics is not contraindicated.

Avoid use of bleach and other agents

The risk for transmission of HCV from percutaneous exposures (0.2%)

Baseline testing of the source patient should be performed as soon as possible (preferably within 48 hours) after the exposure

if the source patient is HCV RNA positive or source-patient testing is not performed or not available, HCP baseline testing should be followed by a NAT for HCV RNA at 3–6 weeks after exposure.

For all health care providers for whom follow-up testing is recommended, a final test for anti-HCV at 4–6 months with testing for HCV RNA if positive should be conducted

No further follow-up is indicated for HCP who remain anti-HCV negative at 4–6 months

Post exposure prophylaxis (PEP) of hepatitis C is not recommended for health persons who have occupational exposure to blood and other body fluids.

No data on use of antivirals, which may be effective only with established infection

Refrain from donating blood, plasma, organs, tissue.

Modification of sexual practices or refraining from becoming pregnant

15. COUNSEL TO A HYPERTENSIVE PATIENT

CONCERNS

If I am asymptomatic then why should I take medicine?
How frequently I would check BP?
What are consequences o blood pressure on my health?
Limit me only one anti HTN
Is anti HTN safer for kidneys?
What diet I do use with this treatment?
What exercise and how often I will do?
How often I will visit to you?

High blood pressure is a silent disease but carries more health hazards.

Know your number your BP, should not elevate more than 130/80mmHg.

Because patient adherence is lower for symptomless conditions, it is crucial to emphasize controlling blood pressure and to list the risks of medication non adherence.

Inform patients about what to do if they miss a dose.

Repeat the name of the medication frequently so that patients become familiar with it.

Reducing weight by 10 kg (22 lb) reduces blood pressure by 5 to 20 mm Hg;

Exercising 30 minutes daily is associated with a reduction of 4 to 9 mm Hg

Reducing sodium intake can affect pressure by 2 to 4 mm Hg

Many patients monitor their own blood pressure. They should be told to keep a log and to record their pressure at the same time each day.

Tobacco (smoke or smoke less) causes a rise in blood pressure while one is smoking, and the effect is sustained for 5-10 minutes after the cigarette is extinguished.

Frequently, we fail to explain that the disease is chronic and that continuous therapy is necessary.

Don't announce, "Your blood pressure is normal." The patient, thus, is given the impression that his hypertension is cured and that medication or other forms of therapy are no longer required. The phrase, "Your blood pressure is controlled on medication," is much less likely to create such a false impression.

Dietary advises to stop hypertension (DASH) gives priority to an increased intake of carbohydrate rich fruits, vegetables, low fat dairy products, moderate intake of fish, wholegrain and decrease and intake of fat cholesterol red meat, sweets.

Beware patients with some side effects of drugs;

Polyuria in diuretics

Postural drop in ACEI and Alpha blockers

Edema in CCB

Tachycardia in ACEI and some CCB

Constipation on verapamil and diltiazem

Cost is always discuss to your patient

1st visit needs some investigations, inform patients.

If secondary HTN then inform patient for more labs

16. COUNSEL TO PATIENT OF HYPERTENSION WITH PREGNANCY

CONCERNS

What is relation of pregnancy and blood pressure?

What are harms to me or to my baby?

What are labs for my problems?

Will I complete my pregnancy with such blood pressure?

Should I go for C section?

When will I come to you again, make schedule?

Assess risk factors

Advise pregnant women with more than 1 moderate risk factor for preeclampsia to take 75–150 mg of aspirin daily from 12 weeks until the birth of the baby.

Factors indicating moderate risk are:

- Null parity
- Age 40 years or older
- Pregnancy interval of more than 10 years
- Body mass index (BMI) of 35 kg/m2 or more at first visit
- Family history of pre-eclampsia

Do not recommend the following supplements solely with the aim of preventing hypertensive disorders during pregnancy:

- Magnesium
- Folic acid
- Antioxidants (vitamins C and E)
- Fish oils or algal oils
- Garlic

Do not recommend salt restriction during pregnancy solely to prevent gestational hypertension or pre-eclampsia. Give the same advice on rest, exercise and work to women with chronic hypertension or at risk of hypertensive disorders during pregnancy as healthy pregnant women.

Use an automated reagent-strip reading device for dipstick screening for proteinuria in pregnant women in secondary care settings

If dipstick screening is positive (1+ or more), use albumin: Creatinine ratio or protein: Creatinine ratio to quantify proteinuria in pregnant women.

Do not use first morning urine void to quantify proteinuria in pregnant women.

Management of chronic hypertension in pregnancy:

Stop angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers (ARBs). That there is an increased risk of congenital abnormalities if these drugs are taken during pregnancy. Switch to neidepine or amlodipine or labetalol or methyldopa.

Advise women who take thiazide or thiazide-like diuretics, there may be an increased risk of congenital abnormalities and neonatal complications if these drugs are taken during pregnancy.

Treatment of chronic hypertension:

Offer pregnant women with chronic hypertension advice on:

- Weight management
- Exercise
- Healthy eating
- Lowering the amount of salt in their diet

Continue with existing antihypertensive treatment if safe in pregnancy, or switch to an alternative treatment, unless:

- Sustained systolic blood pressure is less than 110 mmHg
- Sustained diastolic blood pressure is less than 70 mmHg or
- The woman has symptomatic hypotension

Offer antihypertensive treatment to pregnant women who have chronic hypertension and who are not already on treatment if they have:

- Sustained systolic blood pressure of 140 mmHg or higher or
- Sustained diastolic blood pressure of 90 mmHg or higher

When using medicines to treat hypertension in pregnancy, aim for a target blood pressure of 135/85 mmHg

Consider labetalol to treat chronic hypertension in pregnant women.

Consider nifedipine for women in whom labetalol is not suitable, or methyldopa if both labetalol and nifedipine are not suitable

Offer pregnant women with chronic hypertension aspirin 75–150 mg once daily from 12 weeks.

Weekly appointments if hypertension is poorly controlled.

Appointments every 2 to 4 weeks if hypertension is well-controlled.

Do not offer planned early birth before 37 weeks to women with chronic hypertension whose blood pressure is lower than 160/110 mmHg, with or without antihypertensive treatment, unless there are other medical indications.

Postnatal investigation, monitoring and treatment:

In women with chronic hypertension who have given birth, measure blood pressure:

- Daily for the first 2 days after birth
- At least once between day 3 and day 5 after birth
- As clinically indicated if antihypertensive treatment is changed after birth.

If a woman has taken methyldopa to treat chronic hypertension during pregnancy, stop within 2 days after the birth and change to an alternative antihypertensive treatment.

Gestational hypertension:

Consider labetalol to treat gestational hypertension.

Consider nifedipine for women in whom labetalol is not suitable, and methyldopa if labetalol or nifedipine are not suitable. Base the choice on side-effect profiles, risk (including fetal effects) and the woman's preferences.

Do not offer bed rest in hospital as a treatment for gestational hypertension.

In women with gestational hypertension who have given birth, measure blood pressure:

- Daily for the first 2 days after birth
- At least once between day 3 and day 5 after birth
- As clinically indicated if antihypertensive treatment is changed after birth.

17. COUNSEL TO PATIENT WITH AIDS / HIV

CONCERNS

What are precautions?

What are consequences of treatment on my immune system?

How often I do coitus?

Do you advise some better foods which help in improvement?

What do you suggest for isolation?

When will I resume my job?

I often I will visit to you

Areas for counseling

- Using counseling.
- Problem solving.
- Participation in discussions about treatment.
- Using social and family networks.
- Use of alternative therapies, for example relaxation techniques, massage.

- Exploring individual potential for control over manageable issues.
- Disclosure of HIV status and using support options.

The three stages of HIV infection are:

(1) Acute HIV Infection
(2) Chronic HIV Infection
(3) Acquired Immunodeficiency Syndrome (AIDS).

AIDS is Acquired Immune Deficiency Syndrome. It is caused by the human immunodeficiency virus (HIV). HIV is found in semen, pre-ejaculatory fluid, vaginal fluids, blood and breast milk of HIV infected people.
HIV destroys a type of white blood cell the immune system uses to fight disease. AIDS occurs when the body's immune system has been severely damaged and is the final stage of HIV infection. People with AIDS are vulnerable to life threatening infections and cancers.

The average length of time between exposure to the virus and onset of symptoms is 8-10 years or more.

Counsel patient that you are not alone in this disease but about a third of the world's HIV+ people are between the ages of 15 and 24 .

Every minute six young people under 25years become infected.

- Avoid unprotected sex
- Avoid sharing needles during intravenous drug use, anabolic steroid use, tattooing or body piercing.

There is no risk of transmitting HIV by sharing the same space, classroom, athletic or recreational facilities, sauna, swimming pool, bathroom, food, eating utensils, clothing, or books.

Ordinary objects and surfaces used by people with HIV infection present no danger and need not be feared.

HIV is not transmitted by coughing or sneezing.

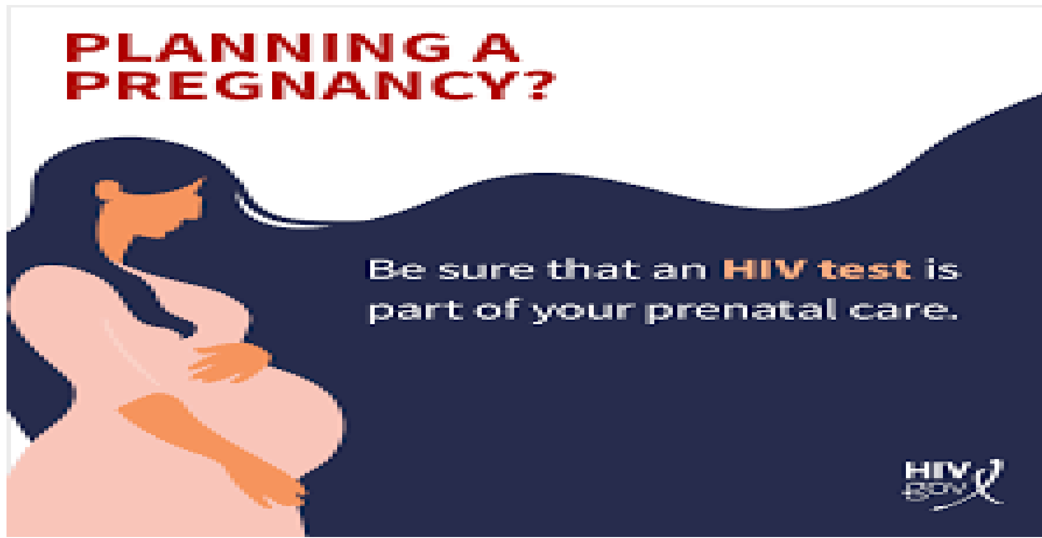
Neither animals nor insects can transmit HIV..

- Don't donate blood, plasma, semen, or organs.
- If patient is a woman, talk with your doctor before getting pregnant.
- Use an electric razor for shaving.
- Don't use portable humidifiers or vaporizers.

Immediate consult if you have any of the following:

- Blurred vision or other eye problems
- Trouble concentrating or worsening tiredness
- Wheezing, trouble breathing, or shortness of breath
- Rapid, irregular heartbeat
- Dizziness or lightheadedness
- Rash or hives
- Cut or rash that swells, turns red, feels hot or painful, or begins to ooze
- The use of HIV medicines and other strategies have helped lower the rate of perinatal transmission of HIV to 1%
- Pregnant women with HIV should take HIV medicines throughout pregnancy and childbirth to prevent perinatal transmission of HIV.
- A scheduled cesarean delivery (sometimes called a C-section) can reduce the risk of perinatal transmission of HIV in women who have a high viral load (more than 1,000 copies/mL) or an unknown viral load near the time of delivery.
- After birth, babies born to women with HIV should receive HIV medicines to reduce the risk of perinatal transmission of HIV.

18. COUNSEL TO PATEINT WITH HIV & PREGANACY



CONCERNS

What are the risks of HIV transmission to my child?

Breast feeding is safe?

Asymptomatic HIV infection is associated with a normal pregnancy rate and no increased risk of adverse pregnancy outcomes. There is no evidence that pregnancy causes AIDS progression.

Risk of mother to child transmission of HIV ranges from 20 to 40% without any intervention..

HIV medication regimens — During pregnancy, anyone with HIV should take combination antiretroviral regimens using multiple HIV drugs. People who become pregnant while on a regimen that successfully controls the virus can usually continue that same regimen.

Timing of HIV medications — Studies suggest that starting HIV medications earlier in pregnancy increases the likelihood that you will have a low amount of virus in the blood by the time of delivery. In general, it is best to start HIV medications as soon as possible during pregnancy if you are not already taking them. However, some people may prefer to start after the first trimester of pregnancy if pregnancy-related nausea makes it difficult to take pills.

Women not taking medication should be offered combination antiretroviral therapy (commonly a dual nucleoside reverse transcriptase inhibitor combination and a ritonavir-

boosted protease inhibitor or an integrase strand transfer inhibitor) after counseling regarding the potential impact of therapy on both mother and fetus

Standard of care also includes administration of intravenous zidovudine (2 mg/kg intravenously

over 1 hour followed by 1 mg/kg/h intravenously) begun 3 hours before cesarean delivery and continued through the surgery until cord clamping in women whose viral load near delivery is greater than or equal to 1000 copies/mL or unknown.

The use of prophylactic elective cesarean section at 38 weeks (before the onset of labor or rupture of the membranes) to prevent vertical transmission of HIV infection from mother to fetus has been shown to further reduce the transmission rate. In patients with a viral load of less than 1000 copies/mL, there may be no additional benefit of cesarean delivery, and those women can be offered a vaginal delivery.

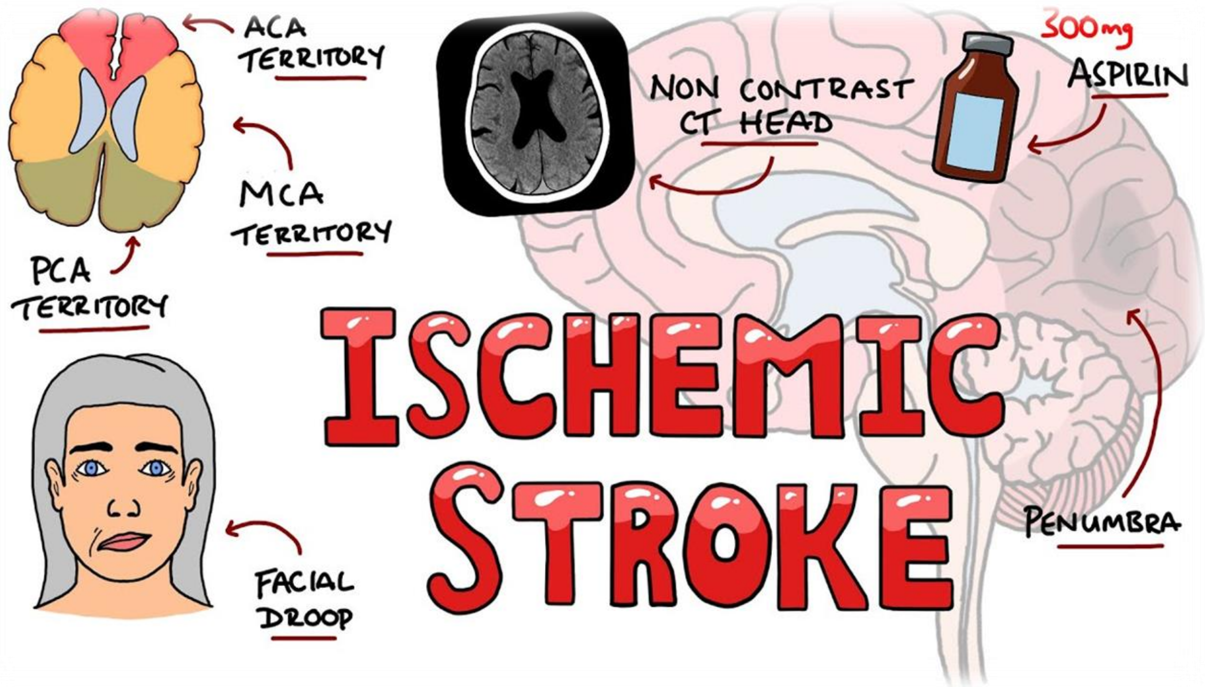
Breastfeeding — It is possible to pass HIV to your baby through breastfeeding.
While HIV medications can lower the risk of transmission through breast milk, there is still some risk

Babies born to mothers with HIV are usually treated with HIV medications for the first four to six weeks of life. These can help to prevent the baby from becoming infected with HIV as a result of exposure to the mother's blood during delivery.

Testing babies for HIV

Normally, HIV "antibody testing" is used to determine whether an adult or child is infected with HIV. However, HIV antibody tests are not accurate in young babies. This is because HIV antibodies may be transferred from the mother to the baby, which can result in the baby having a positive HIV antibody test. For this reason, a special test that directly measures the virus itself is used to look for HIV infection in babies. If this test (called an "HIV PCR" test) is negative, it means the baby is not infected with HIV.

19. COUNSEL TO STROKE PATIENT



CONCERNS

When will I improve?

What are consequences of blood pressure on my improvement?

Limit me only one pill

Do you advise some better foods which help in improvement?

What diet I do use with this treatment?

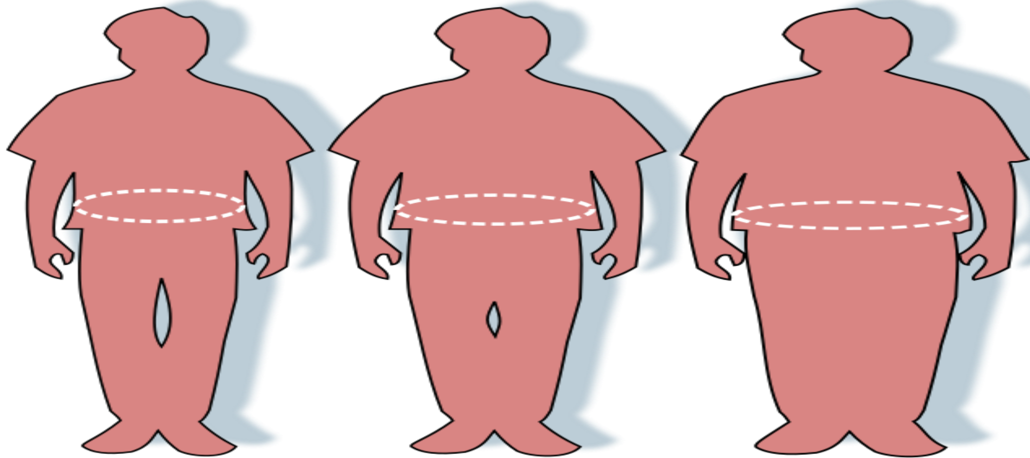
What exercise and how often I will do?

How often I will visit to you?

- Be patient.
- Keep the questions simple, so that the patient may reply using yes or no.
- Keep commands and directions simple.
- Speak in a normal voice at normal loudness.
- Obtain any record if available.
- Inform patient that many patient will improve by modifying cause..
- Stroke doesn't mean that you are now handicapped for life

- Ask about some previous record or advises given by any consultant.
- Assess patient surrounding of living by simple questions so patient will not get any harm.
- Ask patient to avoid hard jobs and stress full situations at least 3 weeks after event.
- Eliminate distractions at time of counselling, Turn off the TV, limit extraneous noise.
- Make a clear list of doable and non-doable things
- Allow the person time to process the information, as well as form a response to questions or commands.
- Do not rush the patient to answer your questions or comments.
- Resist the temptation to answer questions for him or her.
- Emphasis on control of hypertension ,diabetes and avoidance of smoking or other addiction
- Try to involve other relative so care giver also understand value of advises
- Advise for commode, walkers , wheel chair and non-slippery shoe
- Provide a chart of simple exercises if patient belongs to remote areas
- Avoidance of driving till patient will recover most of muscle power.
- Advise for diet low in cholesterol, salt and saturated fat.
- Ask patient to visit consultant as advised and it will depend on patient and type of stoke.
- Offer Speech therapy give contact details
- Offer Physiotherapy and give contact details
- Occupational therapy give contact details
- Try to engage him in positive thinking.
- Psychological counseling give contact details
- Advice patient that many factors are involved in stroke so treatment may contains multiple pills.

20. COUNSEL TO PATIENT WITH OBESITY



CONCERNS

Explain obesity

What are better advises for my health?

Set my goals of weight loss and exercise

What are harms of increasing weight?

Can I use some drugs to reduce weight?

Obesity, defined by a body mass index (BMI) greater than 30 kg/m^2, is highly prevalent in western countries. According to the World Health Organization (WHO), the worldwide prevalence of obesity has more than doubled within the last 30 years.

5As (assess risk, ask about readiness to lose weight, advise change, assist in establishing interventions and securing goal attainment and arrange follow up)

- Ask about quality of life, weight history and BMI,
- Motivate to engage in weight management strategies
- Discuss self-stigma regarding obesity
- Assess depressive and anxiety symptoms and personality
- I can't seem to stop eating—what should I do?
- You need behavioral therapy and you can locate therapist by google
- Limit fast food, sweets, and processed snack foods.
- Choose low-fat options, such as low-fat milk instead of whole milk.
- Eat 5 or more servings of fruits or vegetables every day.
- Choose healthy foods when you eat out.
- Learn to read food labels. This will help you understand how much food is considered 1 serving.

- Learn what a healthy serving size is.
- Keep low-fat snacks available.
- Limit sugary drinks, such as soda, fruit juice, sweetened iced tea, and flavored milk.
- Drink enough water to keep your urine pale yellow..

Physical activity:

- Exercise regularly, as told by your health care provider.
- Most adults should get up to 150 minutes of moderate-intensity exercise every week.
- Ask your doctor what types of exercise are safe for you and how often you should exercise.

Lifestyle:

- Work with your doctor and a dietitian to set a weight-loss goal that is healthy and reasonable for you.
- Limit your digital screen time.
- Find ways to reward yourself that do not involve food.

General instructions:

- Keep a weight-loss journal to keep track of the food you eat and how much exercise you get.
- Take over-the-counter and prescription medicines only as told by your doctor.
- Take vitamins and supplements only as told by doctor.
- Consider joining a support group. Your health care provider may be able to recommend a support group.
- Keep all follow-up visits as told by your doctor. This is important.

Inform about complications:

- Diabetes
- Heart disease
- Hypertension
- Stroke
- Obstructive sleep apnea
- Osteoarthritis

21. COUNSEL TO PARKINSON’S DISEASE PATIENT

CONCERNS

What are side effects of treatment?

Do you advise some better foods which help in improvement?

What diet I do use with this treatment?

What exercise and how often I will do?

How often I will visit to you?

Try an electric toothbrush if their hands or fingers are stiff from Parkinson's. If you help with flossing or brushing, try not to touch the back of their tongue, to prevent their gagging.

Keep a small towel handy if drooling is an issue.

An electric shaver may make shaving easier.

For safety and comfort, use the shower, if possible. Tub baths can be a falling hazard.

While they are bathing, have them sit on a shower stool, use a hand-held showerhead, and hold a grab bar.

Make sure clothes are easy to put on, such as pants with elastic waistbands, bras that hook in front, and tube socks instead of dress socks.

Skip pantyhose and clothes that pull on over the head. If favorite clothes have buttons, replace them with touch buttons.

Avoid shoes with rubber soles. They can cause tripping.

Let them dress themselves as much as possible. Suggest that they sit down and dress on the side most affected first.

Serve fiber -- like whole grains, bran cereals, fruits, and vegetables – reduce constipation, a common in Parkinson's issue. If they are used to a low-fiber diet, add fiber slowly.

Serve a calcium-rich food at least three times a day to prevent osteoporosis. This is a special concern with a person with Parkinson's, because falls that can lead to fractures are more likely. Dairy foods like cheese and vitamin D-fortified milk and yogurt are good choices.

The Parkinson's drug levodopa is absorbed best before meal. Protein can decrease its absorption. So, space out proteins so they are served after they take their medicine, which may be every 3-4 hours.

If they has trouble swallowing, fix moist, soft foods. Avoid foods that crumble easily, like crackers.

If eating is tiring, fix smaller meals more often.

Don't let their symptoms discourage participating in activities. Specially adapted tools are available to help with things like holding a paintbrush. Their occupational therapist can also suggest strategies. If some hobbies become too hard, like playing a musical instrument, go to a concert or listen to music instead.

Try relaxing activities to reduce stress, which can make symptoms worse. Listening to music and relaxation guided imagery may help ease tremors. You can learn by small clips of you Tube.

Besides the daily exercise that their doctor probably suggests, urge them to use their face muscles, jaw, and mouth. Sing or read out loud (using big lip movements) or make faces.

22. COUNSEL TO PULMONARY TUBERCULOSIS PATIENT

CONCERNS

What are precautions?

What are consequences of diet on my improvement?

Pill size is a matter

Do you advise some better foods which help in improvement?

What do you suggest for sputum disposal?

When will I resume my job?

How often I will visit to you?

TB patient has to deal with a lot of things including the side effects of the medicines, stigma, discrimination etc. Additionally the duration of treatment is very long and fighting TB is not only a physical battle but one that requires you to be very strong mentally too.

In the case of TB, adherence to treatment is vital.

Patient and family counseling plays an important role in addressing the above issues.

Advise patients for proper diet

- Encourage patient self-efficacy and motivation to achieve a complete cure
- Spitting must be in a container which will half filled with phenyl and calcium carbonate and discard that bottle every day.
- Cover mouth and don't spit or cough in gathering.

- During treatment body fluids may turn orange so use dark colored cloths .
- If your urine turns to yellow rather than orange then consult to you doctor.
- It’s better to keep patient in sanatorium till second sputum will negative

That it is treatable and curable

The patient must understand the regimen and its duration

Frequency of visits 0, 2 months, 5th months and 6th months.

If patient is epileptic, taking oral contraceptives, oral hypoglycemic drugs or other cancer chemotherapy then better to readjust doses.

The details of adverse drug reactions and what action to take if they encounter them

The importance of adherence and nutrition. No food is prohibited.

Avoid all addiction.

The compliance can be assess by asking color of urine, loss of appetite, flare of symptoms and nausea.

Close contact must avoid till 2nd month but coitus without kissing can do.

23. COUNSEL TO PATIENT OF SLE WITH PREGNANCY

CONCERNS

I am SLE patient need to conceive?

What are risks to be pregnant?

What tests shall I do before conception?

What are conditions which not allowing conception

Briefly tell me about medicine which can use in SLE and pregnancy?

What will happens during delivery to my life?

SLE predominantly affects women of childbearing age. Fertility in SLE patients does not appear to be altered by disease itself.

Pregnancy in women with SLE carries a higher maternal and fetal risk compared with pregnancy in healthy women. The prognosis for both mother and child is best when SLE has been quiescent for at least six months prior to the pregnancy.

Women with SLE also had a two- to fourfold increased rate of obstetric complications including preterm labor, unplanned cesarean delivery, fetal growth restriction, preeclampsia, and eclampsia

Ideally, disease should be quiescent for six months on medications compatible with pregnancy prior to systemic lupus erythematosus (SLE) patients attempting conception.

A study of 267 pregnancies in a cohort of lupus patients found that women with high disease activity compared with low disease activity in the first and second trimesters showed a threefold increase in pregnancy loss.

Preconception evaluation

Inform about

- Unacceptably high maternal or fetal risk
- To initiate interventions to optimize disease activity
- To adjust medications to those that are least harmful to the fetus.

Avoid pregnancy if any of following

- Recent stroke
- Cardiac involvement
- Pulmonary hypertension
- Severe interstitial lung disease
- Advanced renal insufficiency

Antibodies to Ro/La should be assessed prior to pregnancy, as these antibodies may predispose to neonatal lupus.

Renal function (creatinine, urinalysis with urine sediment, spot urine protein/creatinine ratio)
Complete blood count (CBC)

- Liver function tests
- Anti-double-stranded DNA (dsDNA) antibodies
- Complement (CH50, or C3 and C4)

Medications must be reviewed and adjusted prior to conception with the goal of maintaining disease control

Drugs with minimal risk in pregnancy:

- HCQ
- Sulphasalazine
- Aspirin
- Azathioprine

Selective use of following drugs

- NSAID
- Steroids
- Tacrolmus
- Cyclosporine
- I V immune globulin

High fetal risk drugs

- Methotrexate
- Leflunemide
- Mycophenolate

Women with active lupus nephritis should be encouraged to delay pregnancy until the disease is inactive for at least six months to optimize maternal outcomes.

MANAGEMENT DURING PREGNANCY:

Women should be assessed by a rheumatologist for disease activity at least once each trimester, and more frequently if they have active systemic lupus erythematosus (SLE). The schedule for monitoring includes:

Initial evaluation — at the first visit after (or at which) pregnancy is confirmed, the following investigations are recommended

- Physical examination, including blood pressure
- Renal function (creatinine, urinalysis, spot urine protein/creatinine ratio)
- Complete blood count (CBC)
- Liver function tests
- Anti-Ro/SSA and anti-La/SSB antibodies
- Lupus anticoagulant (LA) and anticardiolipin antibody (aCL) assays
- Anti-double stranded DNA (dsDNA) antibodies
- Complement (CH50, or C3 and C4)
- Serum uric acid

Laboratory testing — In addition to a physical examination with blood pressure testing, the following laboratory tests are recommended at **regular intervals** during pregnancy:

- CBC
- Creatinine
- Urinalysis with examination of urinary sediment
- Spot urine protein/creatinine ratio or 24-hour urine collection

Postpartum laboratory testing:

- Urinalysis, urine protein/urine Creatinine ratio
- Renal function if the urinalysis is abnormal
- CBC

Check the following laboratory tests in patients with severe disease or in those in whom the anti-ds-DNA and complement levels correlate well with disease activity:

- Anti-dsDNA
- Complement (CH50, or C3 and C4)

First-trimester **ultrasound evaluation** to establish the estimated date of delivery

A fetal anatomic survey is performed at approximately 18 weeks of gestation.

Ultra sound for fetal well-being will be performed approximately **every four weeks.**

Doppler velocimetry, is also recommended if growth restriction or placental insufficiency is suspected.

Severe, early-onset growth restriction of the fetus is similarly concerning for developing preeclampsia.

Risk of preeclampsia in patients with SLE is between 10 and 20 percent

Breastfeeding is encouraged for most women with systemic lupus erythematosus

Drugs are allowed in lactation

- Hydroxychloroquine
- Prednisone
- Cyclosporine
- Azathioprine
- Tacrolimus
- Contraindicated
- Methotrexate
- Mycophenolate mofetil
- Cyclophosphamide
- Leflunomide,
- Tofacitinib

24. COUNSEL TO PATIENT OF THYROID DISEASES WITH PREGNANCY

CONCERNS

What is relation of pregnancy and thyroid disease?

What are harms on me or my baby?

What are labs for my problems?

Will I complete my pregnancy?

Should I go for thyroid operation?

When will I come to you again pleas make schedule?

HYPOTHROIDISM

Thyroid dysfunction is a common endocrine disorder among reproductively aged women, with a morbidity of 2–3%

Untreated, or inadequately treated, hypothyroidism has increased risk of miscarriage, and has been associated with maternal anemia, myopathy (muscle pain, weakness), congestive heart failure, pre-eclampsia, placental abnormalities, and postpartum hemorrhage

Thyroid hormones are crucial for normal development of your baby's brain and nervous system. During the first trimester—the first 3 months of pregnancy, your baby depends on your supply of thyroid hormone, which comes through the placenta

At around 12 weeks, your baby's thyroid starts to work on its own, but it doesn't make enough thyroid hormone until 18 to 20 weeks of pregnancy.

How can hyperthyroidism affect me and my baby?

Untreated hyperthyroidism during pregnancy can lead to

Miscarriage

Premature birth

Low birth weight

Preeclampsia—a dangerous rise in blood pressure in late pregnancy

Thyroid storm—a sudden, severe worsening of symptoms

What are the symptoms of hypothyroidism in pregnancy?

Symptoms of an underactive thyroid are often the same for pregnant women as for other people with hypothyroidism. Symptoms include

Extreme tiredness

Trouble dealing with cold

Muscle cramps

Severe constipation

Problems with memory or concentration

How is hypothyroidism tested?

The main test used to detect hypothyroidism is measuring blood levels of TSH. An elevated TSH level usually means the thyroid gland is not making enough thyroid hormone,

Treatment for hypothyroidism involves replacing the hormone that your own thyroid can no longer make. Your doctor will most likely prescribe levothyroxine.

If you had hypothyroidism before you became pregnant and are taking levothyroxine, you will probably need to increase your dose. Most thyroid specialists recommend taking two extra doses of thyroid medicine per week, starting right away.

Contact your doctor as soon as you know you're pregnant.

Take 2 additional tablets per week of the current levothyroxine dose

TSH test will repeat every 6 weeks until the middle of pregnancy

At least once every trimester if well controlled .

HYPERTHROIDISM:

Check your thyroid function test at twice 4 weeks apart before plan to conceive.

During the preconception visit, all valid treatment options should be presented and reviewed with the patient and her partner. Given that radioactive iodine treatment is contraindicated in pregnancy due to its effects on the fetal thyroid gland, women who are candidates for ablative therapy should undergo the procedure prior to pregnancy and use an effective method of contraception in the interim period. Surgery is also best undertaken prior to attempting pregnancy.

Inform about anti thyroid drugs

Give an option of surgery if women will present before 2nd trimester.

Well controlled hyperthyroid mothers ,Initially, these women should be monitored closely with thyroid function testing every 1 to 2 weeks

Thyrotoxic women should be treated with thioamide drugs in the preconception period. Propylthiouracil (PTU) is the preferred agent in the first trimester but it has recently been associated with birth defects in 2–3% of exposed children including face and neck cysts and urinary tract abnormalities in males. Due to concern for hepatotoxicity with continued use of PTU in the pregnancy, switching to methimazole at 16 weeks should be considered

Pregnancy is an immunosuppressive state. Hence, Graves' disease may improve as the pregnancy progresses and TRAb titers may decrease.

Discontinuation of anti-thyroid therapy will be possible in up to 30% of women with well-controlled disease by the 3rd trimester

Repeat testing in the mid-trimester may be indicated if initial titers are elevated (3 times the upper limit of normal).

Close monitoring of pregnant women with sub-optimally controlled Graves' disease should include serial ultrasounds for assessment of fetal size, fetal heart rate and fetal well-being given the increased risk of fetal growth restriction and stillbirth in this population

25. FURTHER READINGS

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