

# Smoking, alcohol and obesity: Health promotion relevant to acutely ill vascular and urology patients

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## **Abstract**

Alcohol, smoking and obesity are considered serious public health issues. This article will examine the role of the nurse in health promotion and consider the legal, ethical and policy context relevant to a group of acutely ill patients on a vascular surgery and urology ward. It will discuss how the majority of these patients suffer primarily from vascular disease caused by modifiable risk factors such as smoking and alcohol. It will explore how such patients can be empowered to improve their own health. Nurses have a duty to help patients to make informed decisions regarding their health. However, patients are entitled to make their own choices and the nurse must be respectful of their autonomy.

## **Keywords**

Alcohol, smoking, obesity, health promotion, vascular, urology

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## Introduction

The World Health Organization (WHO 2016a) describes health promotion as the means of empowering individuals to manage and improve their own health. It shifts the emphasis from individual behaviour to include a variety of social and environmental factors. WHO (2016a) state that there are three elements of health promotion: good governance for health, health literacy and healthy cities. These are intended to help safeguard an individual's well-being and quality of life by tackling and inhibiting the original source of their illness, as opposed to concentrating on treatment and cure alone. The Nursing and Midwifery Council (NMC 2015) emphasise the importance of reviewing and reacting to the individual's physical, psychological and social needs by concentrating on promoting welfare, preventing illness and addressing the varying healthcare needs of individuals throughout all stages of life.

This article will address three health promotion issues: smoking, alcohol and obesity. It will consider the legal, ethical and policy context, relevant to a group of acutely ill patients on a vascular surgery and urology ward during a practice placement. Before embarking on this study, consent was obtained from the patients for the use of their clinical information. Any information which may identify the patients has been amended in accordance with the professional guidelines set out by the NMC (2015) to maintain confidentiality.

## **Background**

The placement was six weeks in duration and involved nursing patients with acute vascular and urological problems. It comprises 24 beds, 8 of which are dedicated to enhanced recovery. The patients had a range of conditions including: single and multiple limb amputations, complex urological problems, bladder surgery, emergency urological procedures and vascular rehabilitation. Various health promotion issues became apparent whilst in this setting, given that most patients suffered from vascular disease, which is caused primarily by modifiable risk factors such as smoking, hyperlipidaemia, hypertension, high alcohol intake, diabetes, obesity and renal failure (Walsh and Crumbie 2007).

The hospital is monitored by the Care Quality Commission (2016) who are the independent regulators of health and social care in England, ensuring care provided meets fundamental guidelines for quality and safety. The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires the promotion of a comprehensive health service, to secure continuous improvement in the quality of services provided for the prevention, diagnosis and treatment of illness, or the protection or improvement of public health (Department of Health 2012).

## **Smoking**

According to WHO (2016b) the widespread use of tobacco is one of the greatest risks to public health, globally causing approximately six million deaths each year. In

England, smoking is the primary cause of preventable death, with cardiovascular disease recognised as a major non-communicable disease alongside cancer, diabetes and chronic respiratory diseases (Office for National Statistics 2014). Treatment of smoking-related illnesses puts significant pressure on the National Health Service (NHS), with research showing the NHS spends approximately £2 billion a year treating smoking-related diseases (Action on Smoking and Health 2015). The nurses on the ward have a significant role when working with patients who smoke. Techniques to aid smokers to give up are extremely cost-effective (Parrot and Godfrey 2004) decreasing the prevalence of smoking is one of the government's fundamental objectives (Office for National Statistics 2014).

Vascular diseases such as ischaemic heart disease and stroke, are caused by arteriosclerosis, a degenerative arterial disease which causes the arteries to calcify, harden and narrow. Progressive reduction in blood flow to the lower limbs can result in peripheral vascular disease (PVD), potentially causing necrotic tissue to develop in the feet and toes (Walsh and Crumbie 2007). During this placement, it became apparent that the patients requiring nursing care for peripheral vascular disease were typically late middle age to elderly, with a history of smoking and/or diabetes and often presented with chronic complications such as coronary heart disease, stroke and limb ischaemia. This observation was supported by research conducted by Emdin et al. (2015), who found an associated risk between peripheral vascular disease and ischaemic heart disease, heart failure, aortic aneurysm and chronic kidney disease. It is therefore important for the nurse to identify the risk to the patient caused by their smoking to

support individuals to help them manage this. According to WHO (2016b), studies show that many people fail to comprehend the health hazards of tobacco use. For example, Hirsch et al. (2007) found that the public are inadequately educated about PVD, facing considerable disparities in their understanding of the risk factors, with half of the individuals surveyed being naïve to the risks associated with smoking and diabetes, despite the abundance of relevant health advertisements available.

Nursing staff on the ward may offer brief interventions to the patient, including discussion, opportunistic advice, encouragement or negotiation (NICE 2006). This type of health promotion is frequently used in a range of healthcare areas and is provided by a variety of care professionals, both in primary care and in the community, as recommended by the National Institute for Health and Care Excellence (NICE 2006). Any patient who currently smokes and wishes to quit is offered a referral to Smoke Free Liverpool, a local NHS smoking cessation service. Further information is also offered from other sources such as Quitline, GP surgeries or local health education units. The Department of Health (2009) guidance also encourages nursing staff to deliver concise advice to advocate smoking cessation. Therefore, when caring for a patient who smokes, nurses on the ward must ask and record the patient's smoking status, advising the patient of health advantages and acting on the response of the patient. As well as referring patients to smoking cessation services, nurses may offer guidance regarding national campaigns such as No Smoking Day, or offer nicotine replacement therapy. Counselling and medication combined have been shown to significantly increase the likelihood of stopping smoking (WHO 2016b).

## **Alcohol**

NICE (2012) defines low alcohol consumption as regularly drinking less than the recommended daily units, whereas high consumption equates to regularly consuming more than 14 units of alcohol per week. Some of the patients on the ward self-reported having a high alcohol intake. Excessive alcohol intake is a risk factor for vascular disease and one of the top causes of premature mortality (Public Health England 2013). High alcohol consumption has been reported to be associated with an increased risk of PVD (Wakabayashi and Sotoda 2014). The links between alcohol intake and cardiovascular diseases are multifaceted. Moderately low levels of alcohol consumption have a cardio-protective effect, although as alcohol intake increases this protective effect decreases. Additionally, higher alcohol intake also has a damaging impact on hypertension, atrial fibrillation and haemorrhagic stroke (Roerecke and Rehm 2012).

In 2012, alcohol consumption accounted for approximately 3.3 million deaths worldwide, with the greatest number of deaths from cardiovascular diseases (WHO 2014). Throughout the UK, the harmful effects of alcohol misuse are now acknowledged, with alcohol misuse being recognised as a serious health and social issue, leading nurses to incorporate counselling and educating patients about the health hazards related to alcohol abuse within their role (Govier and Rees 2013). During this placement, the nursing staff were ideally positioned to promote safe alcohol consumption using brief interventions centred around motivational interviewing. Patients who were at risk of their condition worsening by their continued alcohol misuse were supported if they wanted to change their behaviour (Miller and Rose 2009). Motivational interviewing is now

commonly accepted as a method of therapy for promoting modifications in behaviour, with interventions often summarised using the FRAMES guidelines, that is: giving the patient information or 'Feedback', 'Responsibility', 'Advice', list of effective 'Menu Options', 'Empathy' and 'Self-Efficacy' (Miller 1996).

If patients are willing to undertake treatment and accept help for their alcohol issues, nursing staff may refer them to the local Community Alcohol Service, an initiative involving alcohol nurses, hospital specialists and experts in addiction. This service offers a variety of advice and support to those affected by alcohol misuse, such as health assessment, ways to safely and sensibly detox, and referral to specialist services. This programme helps service users to control their alcohol intake, or to quit completely (Liverpool Community Alcohol Service 2011). However, nurses should be aware that some of the patients who misuse alcohol may not wish to modify their drinking habits and in these circumstances the nurses must acknowledge the patient's right to justice, autonomy, beneficence and non-maleficence (Gillon 2015).

## **Obesity**

Obesity is a complex chronic disorder which represents a significant public health issue and a global epidemic, with associated risks of developing vascular diseases, diabetes and some cancers (Gómez-Hernández et al. 2016). Research indicates an annual increase in obesity of 2% (Public Health England 2013), with current statistics suggesting that around a quarter of adults in England are obese (Health and Social Care Information Centre 2014).

The opportunity to promote the advantages of maintaining a healthy weight and taking physical exercise should be taken by the nurse, irrespective of the patient's weight status. However, if a patient presents as obese, this should be considered a risk factor and support and advice should be given in accordance with guidelines on assessment and management of obesity, and, if appropriate, referral to the relevant services with the patient's consent (NICE 2016). If the nurse provides guidance on weight management, it is vital that the plan meets the needs of the individual. For example, considerations of the patient's commitment, self-confidence, culture, stage of life and their personal obstacles must all be factored in to their personalised care plan. Additionally, the nurse should be mindful of the patient's alcohol intake and the association between excessive alcohol consumption and obesity discussed (Department of Health 2009).

On admission to the ward, the patient's height and weight were recorded. These measurements were repeated regularly during their stay in hospital to identify any change. The patient had access to healthy, low-calorie options on the menu, so that they could monitor their energy intake. Patients considered obese were sometimes referred to a dietician who can provide information regarding the importance of maintaining a healthy diet. Throughout the planning and delivery of services relevant to obesity, it was essential that any care provided by nursing staff was safe and that the individual was in receipt of a high-quality service. They should be cared for with dignity and be included in the decision-making process, with the support and opportunity to discuss and identify their options, and comprehend their condition and how to prevent

its progression (NICE, 2016).

Health promotion surrounding alcohol, smoking and obesity in relation to vascular disease, requires well-defined, precise information. Many patients are not aware of the facts, which can lead to confusion and impede the health promotion strategies. This presents the opportunity for health care professionals to promote a healthy lifestyle and educate patients (Hirsch et al. 2007).

### **Legal, Ethical and Policy Context**

Health promotion issues have faced scrutiny from the arena of public health and are often modifiable behaviours which can affect people medically, socially and economically. Thus, several policies and practices have been introduced by the government to increase public awareness (Bell, Salmon and McNaughton, 2011). Health Education England (2016) developed 'Making Every Contact Count', which is a framework for changing behaviour and improving health, in addition to educating people about prevention and health inequalities.

The House of Commons (2012) released the Government's *Alcohol Strategy*, defining public health concerns relating to excessive alcohol consumption. The Department of Health's (2015a) *Smoking Policy* includes anti-smoking campaigns such as 'Smokefree', and discusses E-cigarettes and the smoking ban. The Department of Health (2015b) also introduced the *Obesity and Healthy Eating Policy* as well as the *Harmful Drinking Policy* (Department of Health 2015c). National NHS-backed

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campaigns, such as Change4Life, aim to improve the health of the nation by encouraging exercise and healthy eating. Other legislation relevant to this patient group includes: the *Human Rights Act* (1998), *National Health Service Act* (2006) (as amended by the *Health and Social Care Act*, 2012), *Equality Act* (2010), *Misuse of Drugs Act* (1971), and *Data Protection Act* (1998).

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In conclusion, alcohol, smoking and obesity are considered serious public health issues, involving social and economic implications. Nurses have a duty to help individuals to make informed decisions regarding their health. It is vital that nurses offer support and education to patients in making positive lifestyle changes by providing advice, encouragement and education using a non-judgemental approach. By considering my experiences and learning objectives within this placement using the Gibbs (1988) model of reflection, I have discovered that individuals may choose to ignore the advice of the nurse, potentially jeopardising their health further. These patients are entitled to make their own choices and the nurse must be respectful of their autonomy, whilst empowering them to make informed decisions (NMC 2015).

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