Case Study: Barry Anderson

PRIORITIES (items/issues that should be addressed first)

1. Brief Intervention/Harm Reduction Strategies
2. Immunizations (flu and Td booster)
3. Screenings (rapid testing for STIs, HIV, and Hep C)
4. Diet
5. Exercise
6. Injury Prevention

IMPORTANT THINGS TO REMEMBER

1. This visit is occurring in November
2. Barry is homeless
3. I am only conducting what I can in one visit with no follow up

CASE STUDY ELEMENTS

Immunizations

Barry hasn't seen a healthcare provider in 10 years. He is homeless, and is unsure of recent immunizations that he received last year at a local clinic. We're assuming he had his childhood immunizations. Ideally, I'd like to check his titers for MMR, Hepatitis A, Hepatitis B, meningococcal, and varicella; however, he won't be returning for a follow up, so this won't be a good use of resources or information.

At this visit, Barry will be receiving:

- Influenza vaccine (1 dose annually)
- Td booster (booster every 10 years)
- Explanation: The reason for the flu vaccine is that it is November, which is considered the flu season. Since Barry hasn't received medical care in 10 years, he is due for a booster since it has been at least 10 years since the last one and we are assuming he received his first dose during his childhood immunization schedule.

Screening

Based on USPSTF recommendations, Barry will be screened for the following general categories:

- Alcohol misuse
- Depression
- Hypertension
- Obesity
- Tobacco use and cessation
- HIV infection
- Explanation: The USPSTF recommends that all adults (male and female) who are over the age of 18 be screened for these categories. For Barry and his lifestyle, the rapid HIV screening will likely be the most beneficial.

Point of Care Diagnostic Tests will be used for rapid screening. Due to this, Barry will be screened for:

- Hepatitis C
- Syphilis
- Chlamydia
- Gonorrhea
- Explanation: Hepatitis C screening is recommended due to his intravenous drug use. Syphilis screening is recommeded due to having sex with men and having sex in exchange for money for drugs. The chlamydia and gonorrhea screenings go against USPSTF recommendations as this is usually only recommended for women; however, Barry is at increased risk for both due to sex being exchanged for drugs or money and because he has inconsistent condom use.

Due to Barry's intravenous drug use, sex with men (that is routinely unprotected and exchanged for drug money), and is homeless, he is considered an increased risk population. Ideally, he would also be screened for Hepatitis B and TB, but the results would not be time sensitive. Per the USPSTF counseling recommendations, counseling to prevent sexually transmitted infections will also be offered.

Health Promotion/Disease Prevention Concerns

1. **Injury Prevention**
    - Healthy lifestyle choices (in regards drug use)
    - Seat belt use (as needed)

2. **Diet**
    - At a height of 6'1" and a weight of 120 pounds, Barry is extremely underweight and has a BMI of 15.8. For his height, he should weigh 140 to 189 pounds in order to have a healthy weight. Barry is homeless and has very little money, which means that his diet most likely comes from donated food on the street or subway, food pantries, and meals served at soup kitchens. Based on his weight, it seems as though he is eating very little which may be due to his heroin use. During active heroin use, Barry is probably consuming whatever is readily available, is eating infrequently, and has little interest in food.
    - Since Barry is only being seen today, I give him a map of Manhattan that shows all of the soup kitchens and where he can get a free meal. The map outlines what kitchens require individuals to attend religious services in order to get a meal, so Barry will be able to avoid the sermons.
    - Because of his low BMI, Barry will need to gain weight in a healthy manner. Since Barry will not be able to prepare meals or have much control over what is available to him, I offer simple counseling regarding increasing food intake and using MyPlate as a model to make changes such as trying to fill half of his plate with vegetables and fruits; focus on incorporating whole grains; and vary protein options. I also remind Barry to take the free snacks that the soup kitchens offer like fresh fruit and peanut butter and jelly sandwiches. In case he is unable to find food later in the day, he knows he'll have something available if he gets hungry or is too high to get dinner at a soup kitchen.
    - When Barry is at the soup kitchen, the meals that are served should be nutritional and healthy.

        - BREAKFAST: Barry should focus on eating a breakfast that has substantive protein and fat content to keep him full such as scrambled eggs with cheese or breakfast meat (bacon, sausage, ham), toast with butter or peanut butter, and coffee.
        - LUNCH: For lunch, he should eat a sandwich that has a protein such as tuna, peanut butter, turkey, or chicken with a side of vegetables.
        - DINNER: For dinner, he should have a hearty soup with chicken, vegetables, and a starch and a buttered roll.
    - While Barry has no confirmed medical diagnoses, he does have a chronic cough and should limit his dairy intake, as milk products can cause a greater production of phlegm.

3. **Exercise**
    - Barry is likely not getting enough exercise. The U.S. Department of Health and Human Services recommends that adults should do at least 150-300 minutes a week of moderate-intensity, or 75-150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity.
    - Barry is underweight, so intense exercise may have more risks than benefits. Since Barry performs on the streets or subway, I would discuss the option of increasing walking. Instead of taking the subway from his performance stop to the soup kitchen, Barry will walk the 15 blocks each day. I will also suggest Shape Up NYC for exercise classes such as yoga, walking programs, strengthening, and low impact cardio. The classes are free and are held at local recreational centers so Barry can also take a shower while he is there. I give Barry a handout with a map of where the recreational centers are and what classes are offered.

4. **Harm Reduction**
    - In the simplest sense, harm reduction refers to switching to a less harmful habit or behavior. For Barry, those harmful behaviors include: cigarette smoking, intravenous heroin use, and unprotected use in exchange for money.
    - The cigarette smoking is less of a priority today compared to the other two items. Barry is practicing some form of harm reductions. When using heroin, he does try to use clean, sterile needles as often as possible; however, he keeps 1-2 used needles with him in case clean options are not available. He keeps them in a wide mouthed plastic bottle, which means that plastic of the bottle is thick and he is less likely to hurt himself when removing one (compared to a smaller mouthed water bottle). He is also using condoms and having protected sex when he has condoms available.
    - In order to increase harm reduction, I offer Barry a handout on all needle exchange sites within New York State, and offer him free condoms donated to the mobile clinic van by the New York City Department of Health.

Brief Intervention: Focus on Substance Use

Research shows that 20-25% of primary care patients currently have a substance use problem and that 9% of the population (12 years old or older) has used illegal drugs in the past month. In

short, Barry is not an anomaly in comparison to our current societal climate. However, Barry's substance use of heroin is his greatest issue and is the reason for his unemployment, homelessness, and quality of life. I would want to conduct a brief intervention for substance use with Barry, as there is an annual increase in the number of deaths that are caused by heroin overdose. The mortality rate is especially steep for male users.

Brief intervention is a modality of interviewing that focuses on positivity, awareness of the patient's goals and abilities, obstacles, benefits of reduction or quitting, and continuous support in the form of follow ups, patient education, and/or resources. If I had more time available with Barry, I would have him complete the Drug Abuse Screening Test (DAST), which is a universal patient reported outcome questionnaire use to quantify substance use. Barry is very honest about his history with drug use, and his physical examination denotes drug use as noted in his track marks, low weight, chronic cough, and cellulitis on his extremities. Pulmonary and skin issues are particularly special health concerns to note when seeing a patient who uses intravenous drugs. Since Barry is offering the information, the intervention can be more transparent.

I'll begin the brief intervention by using the 5 As of Brief Intervention, which stands for ask, assess, advise, agree, and assist. I would first **ask** Barry for permission to discuss his drug use, and, if yes, ask if he felt ready to start making any changes. In order to be successful, this conversation has to be mutual and both parties need to be emotionally present. I would **assess** Barry's health status, the effects of drug use on psychosocial factors, and identify what the root causes to his drug use might be. This would be presented as: Barry is a 30 year old male with a ten year history of intravenous heroin use. He transitioned to heroin during college after experimenting with prescription painkillers and his dependence led to him losing his job and apartment. He is now homeless and uses heroin twice a day. I would next ask permission to offer counseling or **advise** him as this is a very vulnerable issue and it may be too big of a problem for Barry to tackle. At this phase, I'll thank him for his willingness to talk about something that can be raw and difficult to explain, congratulate him for the harm reduction strategies he is currently using, and discern if we can try to improve things more. Barry and I will then collaborate and this will be his opportunity to name what he is physically able to do to improve. This next phase focuses on patient buy-in and **agree**ing on a treatment plan. It might be very little, especially considering his life and circumstances; however, honoring change, however small, has a greater chance of leading to more change. Instead of keeping a used syringe in his iced tea bottle, Barry agrees to set one needle aside every time he is at a needle exchange and will put it into his bottle. In case of an emergency, Barry knows that he will always have one clean syringe on him and can avoid reusing needles. The final phase focuses on **assist**ance. As noted above, Barry will be supplied with a few resources such as where to find a soup kitchen, free exercise class, and where to exchange needles. Using the needle exchange handout, Barry will outline three local exchange sites that are easy to get to from his residence hotel and between the three sites, one of the three will be open every day so he will always be able to acquire clean, sterile needles.

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