

Sierra Leone

Ministry of Health and Sanitation

Participant module

Non communicable diseases



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Session: Introduction to NCDs

The learning objectives are to:

- To understand why NCDs are important
- Recognise potential NCDs in asymptomatic patients
- Understand the NCD care model
- Understand the screening tests

NCDs are becoming more important. In particular high blood pressure (hypertension) is very common now in Sierra Leone.

Introduction to the NCD deskguide

This desk guide is a concise 'quick reference' for uncomplicated non-communicable disease (NCD) and mental health (MH) cases for qualified clinicians, eg doctors outpatient care, Community Health Officers (CHOs) in Community Health Centres (CHCs) clinicians and mental health nurses, etc. The guide, which is mainly for adults and adolescents, includes how to identify, screen/test, refer as applicable, and provide follow up care for non-complicated NCD patients. The guide is adapted to the essential drugs list and available policies and guidelines of the Ministry of Health and Sanitation (MoHS). It has been approved by the MoHS / NCD department.

The initial assessment pages are designed to be used with any adult (and in some cases, adolescents) presenting at an outpatient department or CHC. The objective is to enable effective opportunistic screening, diagnosis, treatment and follow-up care for patients with hypertension, type 2 diabetes mellitus ('Diabetes'), cardiovascular disease (CVD), common mental health conditions, epilepsy, asthma, and their underlying risk factors. The desk guide covers how to diagnose, treat and systematically monitor patients with these diseases and prevent and identify complications. It indicates when to refer patients (including possible cancer) to hospital doctor/ specialist review.

Read page on the NCD Care Model

Screen

Check blood pressure in ALL patients over 40 years, unless done in last 12 months

Check a random blood glucose if >40 years and looks over weight or high waist circumference (>104 cm in men, >88cm in women) - unless done already in the last 12 months

Measure the around the **waist** with a tape measure, in all adults who like they have a fat stomach/ over weight. The fat tummy is an (even more so than the weight/BMI) indicates a risk for a raised hypertension, diabetes and heart and blood vessel disease eg strokes and heart attacks.

Measure the waist (or the weight and height, and do the BMI, a BMI of >25 is overweight).

Waist measurement is a better guide to cardiovascular disease (CVD) and diabetes risk, it is also easier to do.

For consistency, the waist is measured using anatomical landmarks.

On the lateral aspect of the torso, feel for the bottom of the ribs and the top of the pelvis.

The waist is half way between these two points (i.e. the soft part).

Note the waist is not measured at the umbilicus or the trouser line.

The deskguide includes for the case management:

- a. plan and explain disease management
- b. complete the treatment card
- c. give disease-specific education
- d. give lifestyle advice
- e. explain medication and treatment support
- f. arrange a follow-up appointment

Session - Communication skills

learning objectives are to:

- To learn how to use effective communication in identifying and caring for people with Non Communicable Diseases

Read the next page on 'Consultation' in the deskguide.

This includes how to identify if someone is seriously ill, and so needs urgent treatment and arranging transfer to a hospital doctor.

Now read below:

Effective communication

Effective communication is essential to good quality care. Good communication is needed to obtain information about the patient's symptoms and deliver information about the patient's diagnosis and care. A patient is more likely to continue with their treatment if they understand their diagnosis, why treatment needs to be life-long, and is fully aware of the risks to their health if they stop treatment. The way these issues are discussed can directly affect how a patient acts

Patients are often:

- Worried about the cause of their illness, how long they will have the illness, whether the illness can be cured and how it can be controlled
- Embarrassed by any social stigma of their condition
- Afraid or worried about confidentiality
- Worried about the attitude of the health worker



Everyone can improve on their communication skills, even after many years of experience. We will practice these communication skills in each of the training sessions, as below:

Practical exercise A - 5 minutes

Open and closed questions

This is a quick exercise about recognising different types of questions used in consultations and interviews. For each question listed below, decide if it is:

- A. An open question
- B. A closed question
- C. A leading question

Note down your answers – discuss with your neighbour

Questions:

1. Tell me about your problems.
2. You are no longer feeling sick with the tablets now are you?
3. Tell me, how have you been since your last visit?
4. You were feeling ill at the last visit, and I changed the tablet – are you feeling better now ?
5. You said you have had urine trouble, tell me more about that?
6. You've had weight loss, is it for a month?
7. Do you have blood when you cough?

Discuss your answers with your colleagues and the facilitator.

Share answers? Any problems with this?

Any challenges we expect from participants?

Facilitator will explain role play

A role play can increase understanding and is the best way to teach communication skills.

Example role play about an obese person with high blood pressure

Facilitators example a bad consultation

Facilitators example a good consultation

Facilitators example feedback process (listed below) and summarise areas that worked well and areas that could be communicated differently

Giving feedback at the end of a role-play – feedback in brief (total 5 minutes)

1. The 'health worker' feedbacks first on what they did well and not so well and what they could have done better (eg a minute).
2. The 'patient' comment on what they feel the health worker did well (eg a minute).
3. The 'observer' comment on something the 'health worker' did well, then says one or two things that could be improved or included (according to the deskguide). I.e. adding to what the 'health worker' said.
4. The facilitator, if present, may offer their own comments or observations

During each hour of teaching have a 5-10 mins break

Ask everyone to stand up, walk around and eg is asked to say hello to 2 people don't know
Networking and sharing ideas is another benefit of this day!

Session - Hypertension

Key points to the module will cover:

- Understand why treatment for hypertension is advised
- Be able to take a blood pressure, know about opportunistic screening for hypertension
- Recognise people who require antihypertensive treatment.
- Recognise people who require referral or admission
- Understand how to explain hypertension to patients
- Understand the treatment options including medication and lifestyle advice

Screening

Screening is when you test someone who is in a risk group, e.g. those who are over 40 years or who have diabetes, but who do not have symptoms of the high blood pressure. That is, to pick up the high BP - and educate and treat it - before complications arise.

When anyone > 40 years old or overweight attends for any problem, screen with a BP (and if overweight or symptoms, also do a RBS, see diabetes in the next session).

⇒ Check BP, weight and/or waist circumference and manage as below

Practical exercise A in groups of 3 - 6

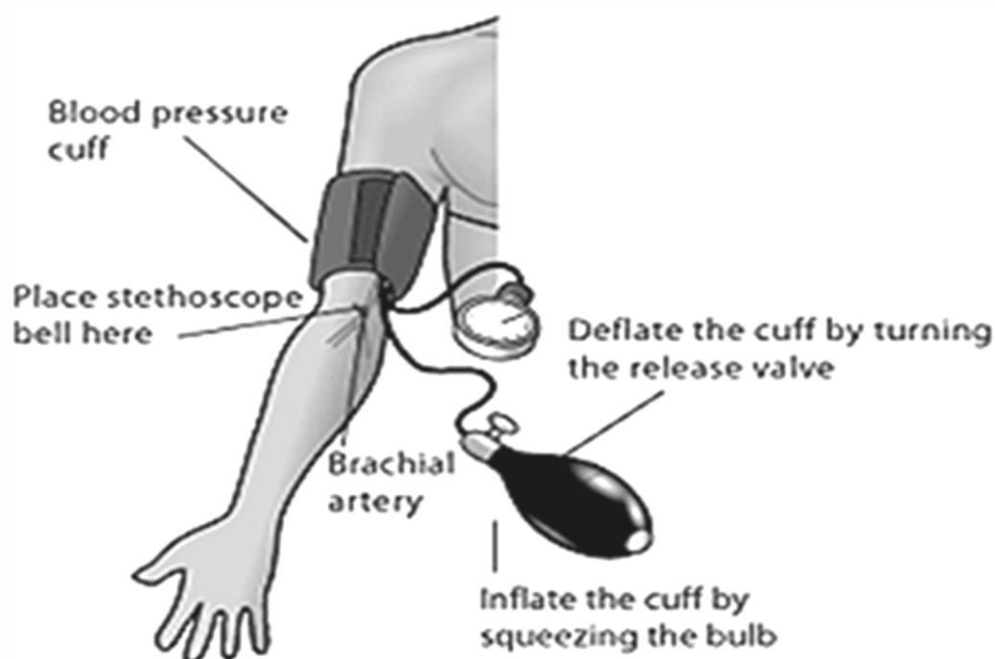
Read 'taking a blood pressure reading'

Taking a blood pressure reading

If you are not checking the blood pressure yourself ensure that whoever takes it knows how to take an accurate reading. This simple guide might be useful for them.

- It is important that the blood pressure is taken with the patient after they have been sitting for 5 minutes. Make sure you have the correct equipment:
 - a stethoscope
 - a sphygmomanometer (blood pressure machine)
 - the correct sized blood pressure cuff
- Make sure the patient is sitting with their feet flat on the floor and their arm out at heart height, resting on a table.
- Make sure the arm cuff is properly deflated before placing it around the patient's upper arm. If required, use a smaller or larger cuff.
- Wrap the cuff tightly around the upper arm, ensuring the whole cuff is above the elbow.
- On the same arm as the cuff, with the palm turned upwards, feel in the inside curve of the elbow on the little finger side of the elbow for the brachial pulse. Place your stethoscope over the pulse (see figure 2).

Figure 2:



- Slowly inflate the cuff of the BP machine until you can no longer hear the blood flow through the artery.
- Now slowly deflate the cuff and listen for when the sound of the pulse returns.



Reflect how blood pressure is checked in your health facility/ practice

In your groups of 3, discuss what happens in your health facility.

- Who checks?
- Where is it recorded? - good practice includes to write into the record book (lined paper exercise book) kept by the patient.
- Who is responsible for responding to BP results?
- Any changes you think would be helpful?

Read the hypertension section of desk guide and refer to this.

Are there areas of hypertension diagnosis and management that are or aren't done in your setting, any changes you would like to make in your setting?

Practical Exercise B

In your groups answer the following questions (TOP TIP- See page 5 of Desktop Guide 'Hypertension'):

1. What are the risk factors for hypertension?
2. What are the complications of high blood pressure?
3. How many times should you check a Blood Pressure before diagnosing Hypertension?
4. If you diagnose hypertension what tests should you do?

When you have finished, then review your answers, see next page.



Answers:

1. Age > 40, Obesity, Excess Alcohol intake, High Salt Diet, Lack of Physical Exercise, Family History.
Note: Smoking is not a risk factor for hypertension but a risk factor for cardiovascular disease
2. Stroke, Heart Attack, Kidney Damage, Peripheral Vascular Disease, Heart Failure, Retinopathy
3. At least 2 times 5 minutes apart on two different days in a clinically well patient, or if Stage 3 then taken 2 times 5 minutes apart on the same day. Note: Illness and acute stress can cause an abnormal blood pressure, so hypertension cannot be diagnosed in these cases
4. Urinalysis- check for protein (indicating kidney damage), Blood Glucose- check for diabetes, Waist Circumference/BMI, ECG if available, Creatine and cholesterol if available to determine cardiovascular risk

Practical Exercise C

Use the deskguide to decide which category of hypertension could this be and what risk factors make you screen for hypertension.

A 50 year old male trader comes to your clinic with a minor injury, you treat him accordingly, he is otherwise well. His BP measures 142/82 (right arm), so you make sure that he is rested and check it again after 2 minutes. It is now 133/78 (left arm).

A 30 year old female farmer has difficulty sleeping, she is sad as her sister died of a stroke last week. She admits to drinking alcohol regularly. You check her BP. It is 186/76 (right arm), you check it again after she is rested for 2 minutes and it is 184/78 (left arm), you check it one more time and it is 189/90.

A 45 year old, overweight, male teacher comes to have his BP checked again as 1 month ago, the lowest reading was 150/104. You gave him lifestyle advice. Today the lowest reading is 145/108.

Practical Exercise D

In pairs decide on the best way to communicate to a patient they have high blood pressure. This should include what high blood pressure is, its effect on the body and how combined with other risk factors it leads to complications.

Lifestyle advice

Introduction

Why is Lifestyle advice important?

- Hypertension, Diabetes and CVD can be prevented and also managed through communicating skilfully the benefits and ways of addressing:
 - Smoking - stopping reduces CVD risk ('heart and blood vessel diseases')
 - Alcohol
 - Body weight - reducing to normal weight reduces BP and diabetes/CVD risk
 - Diet – less of salt, fats, meats, refined carbohydrates, more vegetable and fruit
 - Physical inactivity
- Removes need to start or increase medication
- People are often unaware of the link between the risk factors above and their disease development

When should you discuss lifestyle changes?

- Anyone with above risk factors, even if no disease to prevent them occurring
- Before prescribing any medication for NCDs

How should you discuss lifestyle advice?

- ❖ Communicate all the key lifestyle advice, discussing each of them only if needed.
- ❖ Ask patients to confirm understanding.
- ❖ Repeat at each follow up consultation, as patients do not remember all information given.
- ❖ Consider referring to a 'health educator' at each visit. The health educator could be a nurse or midwife with more time. They will also be trained on how to discuss lifestyle changes and adherence to medications and appointments with patients.

Role play

Instructions:

- Split into your groups of 3
- Each of you will have an opportunity to play the role of the health worker, the patient, and the observer.
- Each group will have practice consultations, which should last about 10 minutes each, followed by a 5 minutes feedback from the observer.
- When it is your turn to play the health worker, observer or patient, read the paragraph below relating to your role.

When you are;

The patient

Using the case studies on the following pages, try to play the role. Imagine how this person would think and speak, and try to act as them. Use their way of talking, expressions and concerns. Listen to what the health worker says, but also mention your concerns according to the case study notes below.

The health worker

Refer to the relevant pages of the desk guide. Keep these pages open and use them during the role play to ensure that you do not forget anything important. Look at the case study below for more information.

When you are the in the health worker role, take a few minutes to recall how to communicate W.E.L.L (Welcome, Encourage, Look and Listen). Try to practice this during your consultation.

The observer

Refer to the relevant pages of the desk guide. Keep these pages open and look at them during the role play to ensure that the health worker does not forget anything important. Note down some good and some “could be better” feedback to mention after the role play. Remember to be specific and constructive. Your feedback could relate to the content of the discussion or how well it was communicated, using W.E.L.L.

Role play 1

The patient:

You are Moses, a 51-year-old man. You come to the PHU regularly for minor problems and worry a lot about your health. You have a sore arm, which has been dealt with appropriately.

Family History

Father died a few years ago from pneumonia.

Social History

You are married. You smoke 20 sticks daily. You drink Poyo with friends regularly.

The health worker:

Moses’s arm is sore because of a skin infection, which you have treated (no need to discuss this further). However, during the consultation you notice that he is plumpy and age over 50 years old.

- Communicate with him that you need to weigh him, measure his height, take his blood pressure and check for risk factors. (Height 160 cm, Weight 80 kg. Blood pressure 145/90 mmHg)
- His blood pressure isn’t so high as to medicate. Instead you offer life style advice- focus on one or two areas only

The observer:

Consider the following when observing the role play:

- Patient asked the correct questions? –risk factors – smoking, alcohol, diabetes, kidney disease?
- Guidelines followed and lifestyle changes advised with review in 3 months?
- Any comment on the communication skills?
- Acknowledgement that it can be difficult to make many lifestyle changes at one time, but emphasise how important it is for his health. Support and referral for health education if appropriate.

Group Feedback and Discussion

Is it easy to suggest life style advice across the 5 areas of smoking, healthy eating, physical activity, weight, reducing alcohol intake?

Can the CHO give health education, or should it be arranged by another health worker with more time (for example a nurse)?

Treatment Card

Introduction

All patients seen at the health clinic who are assessed for cardiovascular disease and have possible hypertension or diabetes should have a treatment card.

Why a treatment card?

1. It helps to document all important findings eg BP, BMI, Medications
2. NCD are often life-long so patients need regular follow up. All visits can be documented in one place and hence referred to easily.
3. Saves time by guiding your history taking and examination
4. Improves quality care and therefore patient satisfaction
5. When away or you need help, other trained clinic staff can easily refer to it and treat accordingly.

The card should be completed during the consultation and at each appointment.

Session Objectives

By the end of this session, you will be able to;

- Fill out a treatment card for new and follow up patients
- Observe the benefits and difficulties of using a treatment card

Practical exercise D

You are the health worker. Kadija came to the clinic with a cough, you diagnose a fresh cold, but notice that her BP is raised at 163/92 after consecutive readings. You check her weight and it is 80kg and height 162cm. You do a urine dipstick test and random blood glucose. You agree that she will reduce salt in her diet.

You have now received the following blood result from the laboratory:

Patient ID: *Kadija Bangura* **DOB:** 12/04/1956
Date of sample: 05/01/2018

Random Blood Glucose: 5.6 mmol/l
Urine Dip Stick 1+ protein

Fill out a treatment card for Kadija.

Questions:

What other information would you need to ask her to complete the treatment card?

Practical exercise E

You see Kadija 3 months later. She has now recovered from her cold and feeling well. Her BP now is still raised at 164/86. So you decide to start Hydrochlorothiazide 12,5mg daily.

Now fill out the treatment card appropriately

Practical exercise F

Get into small groups.

Discuss if you think it is useful for your patients and for you?

How you could store the treatment card so it is easier to follow up patients?

How would you contact defaulters?

Medication and patient adherence

Introduction

Hypertension, Diabetes, and cardiovascular disease are chronic and often require medications long term. They are important to be prescribed appropriately and side effects should be recognised and managed early.

Patient adherence to medication and clinic appointments is essential if their condition is to be managed effectively. It is advised that all patients have a treatment supporter (a friend or family member) who will remind them to take their tablets and who will attend all appointments with the health worker and health educator. If patients do not attend appointments or do not adhere to treatment there should be clear procedures outlined to follow-up these individuals.

Session Objectives

By the end of this session, you will be able to;

Part 1: Medication:

Prescribe the correct medication to manage the patient's condition

Adjust and alter medication and dosage for optimal management

Monitor potential side effects

Part 2: Patient adherence:

Explain the importance of adherence to both clinic appointments and medication.

Educate the patient about treatment support

Explain the role of a treatment supporter

Help the patient to identify an appropriate treatment supporter

Manage patients who do not adhere to appointments or medication

Supervise the treatment supporter

Remind patients of their appointment through a number of different mechanisms

Part 1: Medication*Refer to the case management desk guide as appropriate*

Patients with uncomplicated hypertension can initially be managed with lifestyle changes alone. If blood pressure is not controlled or if the patient has complications then anti – hypertensive medication should be prescribed as per the desk guide.

The desk guide explains:

- When to start blood pressure medication as most of the time not on the first visit
- Type of medication, starting dosages, and when to step up
- Common side effects and contraindications
- When to follow up
- Antihypertensive medication to consider for diabetic patients (slightly different)

Medications should be recorded on the patient’s treatment card and reviewed at every appointment. It is important to ask about possible side effects of each drug.

Practical exercise G

You have been treating Peter Conteh, a 35 year old man, since his diagnosis. Unfortunately, as he does not always take his treatment, his blood pressure has not been well controlled. Today his blood pressure is 148/95. Using the desk guide, discuss what you would do now if Peter had already been started on Hydrochlorothiazide.

Answer the following (the desk guide may help):

How would you help him to take his medication regularly?

What side effects would you ask Peter about?

When would you arrange to see Peter again in the health facility?

At his next appointment Peter mentions that he has been getting some tiredness, nausea and vomiting.

Where would you look to see if these are side effects of the medication?

What other information would be important to tell Peter about taking his medication?

Part 2: Patient Adherence

As well as communicating the importance of adherence and treatment support, you must allow the patient to ask questions and to discuss any concerns they may have relating to attending appointments, adhering to medication or involving another individual as their treatment supporter.

Adherence

The following questions may help in patient understanding and therefore adherence:

1. Does the patient understand key facts about their diagnosis and its related illnesses including the importance of continuing treatment and keeping appointments?
2. Does the patient agree with their care plan including medication and lifestyle changes?
3. Is the patient clear how many tablets to take when?
3. Is the patient aware of potential side effects of their medication and what action to take?
4. Has the patient discussed their feelings, anxieties, misconceptions and traditional beliefs about their diagnosis?
5. Does the patient know the date of the next appointment?

Allow time to clarify any areas of uncertainty and repeat information if necessary

Remember, if you notice at this stage that there is information missing on the treatment card, ask the patient and fill in the corresponding information.

Treatment supporter

It is your job to explain the role of a treatment supporter and help the patient to identify someone appropriate. Once a patient has chosen a treatment supporter, it is expected that they will attend all appointments with the individual. When the treatment supporter first attends, it is important that you discuss with them their role and responsibility, in order that there is a shared understanding by you, the patient and the treatment supporter.

Practice using the information in the case management desk guide to inform the patient and help them to choose a treatment supporter as guided by the role plays below.

Role Play 2

Patient: Mary Kamara

The CHO told you that your BP was high a month ago and advised you to come back. You remember that he told you to cut down salt, which you have done and also warned you about the risk of stroke. You still feel a bit dizzy and you are worried that you are going to have a stroke.

You are a farmer and don't have much money, but you have a good son in Freetown who sends you something regularly.

You are not sure if you can spend money on medications, as there are many other things you need.

Treatment Supporter

You are the sister of the patient, you had to persuade Mary to come to the clinic today. You have tried to help her take her medicines, but know she misses them now and again.

The health worker:

55yr old has had diagnosis of hypertension 168/108 . You met her one month ago when she came with dizziness and you identified that she has high BP and gave her some information. Returned today after 1 month. The dizziness is improving. His BP is 170/106. You need to explore what the patient feels about buying regular medication.

How can you use the help of the treatment supporter.

Observer:

Identify with patient or CHO. Consultation can stop and start to consider how observers think that actor might be feeling and to look at different questions or approaches that might be taken.

Practical exercise H

Last time you saw Peter Conteh, you gave him information about hypertension and discussed the importance of taking medication regularly. However, he has failed to attend his last 2 appointments. You helped him to choose a treatment supporter, who is one of his friends. In your group, discuss what you could do next to remind Peter that he needs to return.

Concerns and questions

Introduction

Often the patient has concerns or question, which are important to encourage the patient to discuss with you. This requires effective and excellent communication skills. If you do this well, the patient is more likely to understand their condition, trust you, adhere to lifestyle changes, medication and follow up.

Session objectives

- Understand the importance of inviting and allowing the patients to ask questions and tell you their concerns.
- Further develop your consultation skills so that patients feel comfortable discussing their concerns and questions.

Concerns and questions

In their appointment with you, the patient will have been given a lot of information about their diagnosis, any medication they need to take, possible side effects as well as the importance of lifestyle changes, treatment support and choosing a treatment supporter.

It is unlikely they will have remembered all the information you have told them, especially if they have just been diagnosed. Therefore, it is very important that they have the opportunity to ask questions and discuss their concerns.

During repeat appointments, it is also very important to give time for the patient to ask questions. Even though they will have heard the information previously, the patient may have discussed their diagnosis with their family, or realised the long-term implications of their condition and therefore have further questions.

Role Play 3

Patient: Mohamed Kamara

You are a 40 year old trader, you have just been diagnosed with hypertension. Someone told you that you were hypertensive a long time ago. You were taking some medications but had some leg swelling so stopped taking them.

Drug History
Pain Killers

Family History
Father died suddenly when you were 15. You think it was a stroke.
Two of your sisters died suddenly when they were young
Two brothers are well but one has high blood pressure
You have 3 children, two of them died and your partner died also 5 years ago.... You don't know why.

Social History

Smoker 20 sticks per day and alcohol once per week

You are anxious you will die of your hypertension. You want to know if there is a good medicine that will not give you any side effects.

Health care worker

Your next patient has Hypertension. Take a history and ensure you listen to their concerns. Give the relevant advice. His BP is 172/100 after 3 readings. He is not overweight. His FBS is 5.3.

The Observer

Check the following:

1. Relevant medical advice using the desk guide
2. Concerns addressed- these are that he is anxious about dying of hypertension, wants to have a medication without side effect and how to take them
3. Check good eye contact and the health worker and let the patient speak freely

Follow-up appointment

Introduction

All patients with a chronic disease such as diabetes, hypertension and CVD should be given a follow-up appointment at the end of their consultation with you.

Session Objectives

- Understand the importance of making a follow-up appointment for all patients.
- Understand the importance of continuing to monitor patients whilst they are under specialist care.
- Learn to set follow-up appointments of the appropriate length depending on the patient's current condition.

Making follow-up appointments

This should be entered on the treatment card as a reminder to both you and the patient when they should next be attending. If a patient has been referred for specialist care, either urgently, or non-urgently, they should still be given a follow-up appointment to provide continuity of care and to prevent patients getting lost in the system during referral.

[Refer to the desk guide](#)

The length of follow-up depends on:

1. The diagnosis
2. If condition is stable or if they have complications
3. How long they have had the condition

Complete the following practical exercises;

Practical exercise I

Peter has hypertension. He is currently taking medication. At this appointment, his blood pressure is 155/80. He is now more adherent to medication and seems to have accepted his diagnoses. You step up his medications. He doesn't have any complications.

- Discuss when you would next see *Peter* at the health facility.
- How should you communicate the next appointment to the patient?
- Discuss what system you could use to ensure that Peter is not lost to follow up?

Peter has now returned to the health facility for his follow-up appointment. His BP is now 135/75

- Discuss what other tests are needed.

- Discuss when you would book his next appointment.

Practical exercise J

Salim has been attending the health facility to see both the health worker and the health educator for the last 6 months. He has managed to reduce the amount he is smoking, but not completely stop. His blood pressure has been well controlled. Today his reading is 135/85. When you talk to him, he tells you that he has started to get very breathless and his legs are swollen. You decide to refer him to the *hospital*.

- Discuss when you would make a follow-up appointment for *Salim*.
- How would you document this information and what forms would you fill in?

Complications and referral

Introduction

Patients with uncomplicated diabetes and hypertension can be managed in the health facility by regular clinic appointments with the health worker. If patients have complications from diabetes and hypertension then you may need to consider referring them to a *hospital* for more tests and treatment.

Any patient referred to a *hospital* should also continue to attend the health facility to make sure that they are not lost from follow up.

Session objectives

By the end of this session, you will know the following:

- Understand the common complications of hypertension
- Know when patients may need to be referred for specialist care.
- Know how to record this information and how to make sure that patients are not lost to follow up.

Management and complications

Complications can often be prevented by good adherence to medication and lifestyle changes. In the following role plays, use the pages in the desk guide to decide whether you need to refer the patient for specialist care.

Role Play 4

The patient:

You are *Peter Conteh*. You are 47 years old and were diagnosed with high blood pressure 3 years ago. You have been given some tablets that you take when you remember. On a couple of appointments you have chatted with the health educator and made a plan to stop smoking. You have found this difficult and are still smoking.

Over the last month you have started to get pain in your chest when you are working and when you are walking around the [village](#). You are worried and anxious about your heart.

The health worker:

[Peter Conteh](#) is a 47-year-old man who was diagnosed with hypertension (high blood pressure) 3 years ago. You have been seeing him at the health facility and started him on Amlodipine 10mg daily. Today is his routine follow up appointment. His BP today is 190/100 and has severe chest pain on walking.

The observer:

The health worker should make an assessment of [Peter's](#) symptoms and ask about any complications. The health worker should then decide whether to refer him for further tests and management at the [hospital](#).

Discuss in your group:

1. What complications of Hypertension you know of?
2. When would you give Aspirin to someone with hypertension?
3. If this person is having Angina, what medication may be good to add? (Hint use the desk guide!)

Practical exercise K

Using the information in your role play with [Peter Conteh](#), update the treatment card and complete a referral form.

Diabetes

Introduction – the basics

Diabetes is caused by excess sugar in the blood stream which causes complications such as stroke and heart attacks. The body can normally store and use up the sugar effectively, however in Diabetes the body stops being able to do this.

Food which contains carbohydrate, like rice and sugary foods, is broken down to glucose in the stomach and small bowel which then enters the blood stream.

The increase in glucose levels cause the release of insulin.

Insulin is a hormone produced by the pancreas in response to an increase in the glucose level. Insulin drives glucose into the cells where it is used as a fuel. Insulin also helps the body to store glucose in the liver and muscles where it can be released when needed.

If we do not produce enough insulin then blood glucose levels rise. It is this high blood glucose which results in the symptoms of diabetes and many of the complications.

Nine out of ten people with diabetes have type 2 diabetes. Type 1 and type 2 diabetes are two very different conditions.

Read pages 7-8 of the Deskguide 'Diabetes'

Session Objectives

- Recognise the symptoms of diabetes
- Know the risk factors for type 2 diabetes
- Know complications of diabetes and that most are related to cardiovascular disease
- Know the difference between Type 1 and Type 2 diabetes

Practical Exercise A

In groups answer the following questions (TOP TIPP- use your desktop guide):

1. Give one symptom of Diabetes
2. What are the risk factors for Type 2 Diabetes
3. Diabetes is a major risk factor for cardiovascular disease. What are the complications of diabetes and cardiovascular disease?
4. What are the differences between Type 1 and Type 2 Diabetes

Answers:

1. Blurred Vision, Tiredness, Frequency of urination (Polyuria), and thirst (Polydipsia), Weight Loss, Blurred Vision and Recurrent infections
2. Obesity, Family History, Age and some medications including ARVs and Antipsychotics
3. As for hypertension, plus Erectile Dysfunction and Peripheral neuropathy
- 4.

Diabetes Type 1	Diabetes Type 2
Not so common	More Common
Diagnosed in childhood	Usually over 30s
No insulin production	Increased Insulin Resistance

Always treated with Insulin	Treated initially with tablets
Will need insulin lifelong	Occasionally can come off medications if risk factors controlled eg weight loss, change in diet.

Practical Exercise B

Use the desktop guide to decide whether the patient is normal, has pre diabetes or diabetes Type 1 or Type 2. Also identify the risk factors if they are present.

1. A 40 year old female trader came yesterday as she has been feeling very tired recently, she is also very overweight, and not very active. You checked her random blood glucose and it was 12.3. You asked her to not eat or drink anything except water overnight so you could check her fasting glucose. Today it is 10.8mmol/dl

2 . The same 40 year old female trader brings her brother to see you as he is also worried he may have diabetes. You notice that he is also overweight. His random blood glucose is 10.3mmol/dl, and his fasting blood glucose the next day is 6.6mmol/dl.

3 . A 5 year-old boy comes with his mother, he is not putting on weight, very tired, passing lots of urine and drinking lots of water. You decide to check his random blood glucose and it is 23.4mmol/dl.

Practical Exercise C

In pairs decide on the simplest way to explain Diabetes to your patient including the cause, what happens in the body, and the complications it can lead to.

Assessment and tests

Introduction

Checking a blood glucose correctly is essential, and also using the strips appropriately is very important. Visual Acuity and Feet should be checked at diagnosis and annually for all diabetic patients.

Session Objectives

By the end of this session, you will be able to;

- Check a blood glucose correctly and know the indications
- Examine Feet
- Check Visual Acuity

Glucometer Usage

Using a Blood Glucose Monitor

Blood Glucose levels can be measured in mmol/L and mg/dl. We should always aim to use mmol/L but sometimes you may see mg/dl.

Random Blood Glucose (RBG): This can be taken at any time. It does not take into account what the patient has been eating or drinking. It is therefore less sensitive than the other tests. However, it is the easiest to perform.

Diabetes can be diagnosed on the basis of two RBG results if necessary.

Fasting Blood Glucose (FBG): Before taking the blood test, the patient must have fasted for at least 8 hours. The easiest way to do this is to arrange an appointment for the patient to have the blood test first thing in the morning. They should fast overnight and must not have anything to eat until after the test. They can drink water.

Indications for checking a Blood Glucose

Strips are expensive and can be difficult to replace so it is important to use them appropriately.

1) **Diagnosis in at risk groups** - obesity, family history, age more than 50, hypertension, gestational diabetes, given birth to large babies. Annual check is sufficient unless symptoms of diabetes.

2) **Diagnosis in those with diabetic symptoms or have a complication which could be related to diabetes.** Symptoms include polyuria, polydipsia, weight loss, recurrent infections, numbness and tingling in feet, loss of vision. Complications include strokes, heart attacks, peripheral vascular disease.

3) **Reduced levels of consciousness**

4) **Follow up and management of those diagnosed with diabetes**

When not to use:

- 1) Short Term Illness in a conscious patient without risk factors
- 2) Self and staff members unless having one of the indications above

Foot Examination

Why diabetics have foot problems:

- Poor control of blood sugar damages blood vessels and nerves
- This causes loss of normal feeling, leading to a risk of injury
- Because the blood supply is poor, injuries do not heal well

Ask:

1. Change in colour or warmth?
2. Pain in lower legs on walking?
3. Numbness or pins and needles/burning in feet

Look

1. Colour- well perfused?
2. Any ulcers or calluses
3. Fungal infections?
4. Hair on lower leg?- lack of hair would mean blood supply is poor

Feel:

1. Temperature
2. Pulses present- Posterior Tibial and Dorsalis Pedis
3. Capillary refill time
 - a. Less than 2 seconds- normal
 - b. More than 5 seconds- definitely not normal

Teach

1. Look for injuries, colour change, infection or ulcers
2. Feel for coldness of the feet
3. To cut toenails properly to prevent injury or ingrowing nails
4. Come annually for check up

Advice on Footwear

1. Do not walk barefoot.
2. Wear shoes that protect the whole foot
3. Comfortable fitting of shoes, without compressing the feet, especially the toes
4. Do not wear flip flops/half back, especially those with thong between the toes
5. Check for and remove any stones in the shoes before wearing

Eye Examination

Tumbling E eye charts are those that should be present in most of your centres. It is used for all adults and children, however mainly for those unable to read the English alphabet.

DIRECTIONS FOR USE

If the person being tested typically wears eyeglasses or contact lenses full-time, the eyewear should be worn during the test.

1. Place the chart on a wall 6 metres away.
2. Have the person cover one eye with a hand, a large spoon or some other item that completely blocks the vision of the covered eye.
3. Start with the large single E at the top of the chart. Show the person the three parallel "fingers" of the E and ask them to show you with the fingers on their hand which direction the "fingers" on the E are pointing. (Show the person that they should hold their hand in a manner so their fingers point in the same direction as the "fingers" on the E.)
4. Point to each E on successively smaller lines to test visual acuity.
5. Stop when the person fails to correctly identify the orientation of at least 50 percent of the Es on a line.
6. Switch to the other eye and repeat. Record visual acuity for each eye by noting the line for which the person correctly identifies the orientation of either:
 - a) More than half the tumbling Es on that line, but not all of them.
 - b) All Es on that line, plus a few Es (less than half) on the next line.

Record the patients vision accordingly in the treatment card as 6/(the lowest line the patient read at). Eg 6/24 vision would mean the patient can read at 6 metres what a person with perfect vision would read at a distance of 24 metres.

Diabetes Management

Introduction

Diabetes is a chronic condition that requires long-term management and medication. It is important to help the patient with making lifestyle changes and also to prescribe appropriate drugs for patients. Side effects should be managed promptly.

Session Objectives

By the end of this session, you will be able to;

- Prescribe the correct medication to manage the patient's condition
- Adjust and alter medication and dosage for optimal management
- Monitor potential side effects

Diabetic Treatment Explained

Blood glucose can be controlled with lifestyle changes and medication, known as hypoglycaemics. Patients with type 2 diabetes usually take oral medication (though may need insulin later). Symptoms should improve when the blood glucose is controlled.

Medications:

- Some patients may not require medications straight away and lifestyle changes could initially be tried.
- Use the desk guide to help decide when to start medication and how frequently to monitor blood glucose in the health facility.
- First drug is usually metformin. If blood glucose is still not controlled after stepping up metformin to the maximum tolerated dose then a sulphonylurea like Glibenclamide (2nd step) should be added.
- Make sure you talk to the patient about risk of hypoglycaemia if taking sulphonylurea or Insulin. The patient also should not drive if taking these.

It is important to look at contraindications before starting any of the drugs. If in doubt, refer to the *hospital* for advice and management especially patients with the following:

- Pregnancy or planning pregnancy
- kidney disease or liver disease,
- HIV on anti-retroviral treatment or
- TB on chemotherapy

The lowest dose of each drug should be started and recorded on the patient's treatment card. Drugs and possible side effects should be reviewed at each appointment.

Target Blood Glucose:

- Identify a target blood glucose

- At each appointment compare most recent blood glucose to the target.
- Consider adjusting the treatment to reach the target.
- patients who are elderly or have multiple complications may be slower at reducing blood glucose levels therefore reduce glucose slower and consider higher target.

If the maximum tolerated dose of 2 oral agents for 6 months fails to control blood glucose the patient should be *referred for further advice*.

Hypoglycaemic attack symptoms include: Dizziness, Feeling Hungry, sweating, weakness and shaking. When more severe the patient can experience confusion, seizures and loss of consciousness.

Practical exercise A

Mohammed is a 40 year old man you have newly diagnosed as diabetic.

- He has been having symptoms of tiredness and polyuria, it is significantly affecting his life.
- His weight is 75 kg and height 155cm.
- BP 120/80
- His first FBS was 10.2 and the second FBS was 11.0mmol/l.
- His urine dipstick is negative for protein.
- Visual Acuity normal
- Foot check is normal

Since his FBS is quite high and he is symptomatic you discuss the options with him, and he decides he will change his diet and aim to lose 5 kg of weight in the next 6 months however would really like to start treatment. Using the information in the desk guide answer the following questions and fill out a treatment card including the above information:

1. What drug and dose would you start *Mohammed* on?
2. When will you follow up *Mohammed* in the health facility?

After 12 months you have increased the doses of *Mohammed's* oral hypoglycaemic drugs to Metformin 1gm twice daily and Glibenclamide 15mg. He has lost 8kg over the last 12 months. His FBS is 5.6mmol/l. He feels well but has had a few episodes when he has been feeling very shaky, dizzy and hungry. He is concerned about these and wants to know what to do.

3. What would you need to do and what would you advise him?

Complete Role Play 1

The patient: You are 45 year old male trader and coming back for your follow up appointment.

- You have come fasted and expect to have your blood glucose checked as it was still not controlled. It was increased to Metformin 1gm twice daily last month.
- You do not have any symptoms of thirst or passing urine frequently.
- You do not smoke, or drink alcohol.

- You are overweight.
- You have been trying to do more exercise but can't find time. You still eat same meals as the rest of the family.
- If asked by health worker you do not drive.
- You are frustrated that your blood sugar is still high and worried about the risk of having a stroke as your brother recently suffered with this.

The Treatment Supporter: You are the wife/relative responsible for the cooking. You can confirm the patient takes his medications regularly. But agree he has not been exercising. It has been hard to afford many of the foods recommended last time and difficult to cook separately.

The Health Worker: You are seeing this patient for the fourth time. He has not been so well controlled and last time you increased his Metformin to 1g twice a day. His target was FBS 10mmol/l. Use the desk guide and pre-filled treatment card below to help you decide on what to ask, examine and how to manage the patient. Focus on stepping up his treatment and discuss lifestyle changes. **At all stages you must give the patient opportunity to ask questions and to ask for further explanation if needed.**

The observer:

The patient is a 45 year old man, who has come for a follow up appointment. He is on metformin 1gm BD. He is a little anxious as his brother recently died of a stroke.

Patient Findings- tell Health worker if asked.

BP 130/90, weight 75kg, FBS: 10.2

Did the health worker listen well to the patient?

Were the explanations and advice given simple to understand?

Did they ask about driving if suggesting starting Glibenclamide? As this can be dangerous due to risk of hypoglycaemia. Did they explain hypoglycaemia to the patient.

Did they negotiate any lifestyle changes **with** the patient. Not tell them what to change.

Follow up discussed?

CHRONIC CARE:/Hypertension/Diabetes/ TREATMENT CARD				
NAME: Mary/John Conteh	SEX:M/F	DOB: 1978	Age: 40	Date first visit: 10/7/18
Village: Kathanthabana	Unique number: 12		Treatment Supporter:	
Ward/ Street:	Phone: 088787878		Relationship: Wife/Husband	
District: Bombali	Nearest health facility: Kathanthabana		Phone: N/A	
Religion: Christian	Height (m) 155cm		Weight (kg) 75	

	Date 10/7/18	Date 4/9/18	Date 7/10/18	Date
Diagnosis (Hypertension/Diabetes/CVD)	Diabetes	Diabetes	Diabetes	
BMI* (Healthy BMI <25)	BMI 30	BMI 29	BMI 32	

height (m) ² /weight (kg) or use chart					
Blood pressure (target 140/90, 130/80 if diabetic or CVD)		130/80	135/90	135/85	
Fasting Blood Sugar (normal <6.0) (increase meds if >7, review 3/12 if 7-9.9, >10 review 1/12)		12.2	11.1	11.0	
Random blood sugar (<11.1)					
Urine dip annual	Protein (- to ++)	Not Available (N/A)	N/A	N/A	
	Sugar (- to +++)				
Eye check (Visual acuity) diabetics only (annual)		6/6 Next due July 19			
Foot check (calluses, infection, sensation, pulses, ulcers) diabetics only (annual)		Normal Next due July 19			
Symptoms (eg chest pain, breathlessness, leg swelling, infections, ulcers)		Nil	Nil	Nil	
COMPLICATIONS eg Heart Failure, Foot ulcer, Stroke		Nil	Nil	Nil	
TREATMENT including dose		Metformin 500mg twice daily	Metformin 500 mg 3 times daily	Metformin 1g twice daily	
Side Effects/Medicines not tolerated			Bloating on occasion	Nil	
LIFESTYLE ADVICE -review risk factors (Smoking/diet/exercise/ alcohol) - Area to be addressed and target for next visit. (eg reduce smoking)		<i>Lose weight 5kg over 3 months and increase exercise</i>	Continue daily walking and reduction of sugary drinks	Eat millet instead of white rice. Reduce palm oil in food	
Follow-up appointment		14/8/18	7/10/18	10/11/18	

Session: Lifestyle planning and counselling

The CHO, nurse or other health worker should counsel on reducing salt in cooking (including ‘Maggi’) losing weight, cutting down on salt, increased physical activity, and the need to stopped smoking.

Ask about their eating, and if there is anything they think they should/ could change eg to reduce oil and cooking, or alcohol – in order to lose weight.



Limit alcohol, as damages the liver, and is very fattening – so increases the risk of complications such as heart attacks.



The vegetables are healthy, as is fruit. A little meat is OK, chicken is better than red meat.

See the key messages in the deskguide hypertension and diabetes pages.

For example, to use little oil – to reduce weight – and so control diabetes and hypertension.



Healthy eating includes fruit and vegetables, and whole meal (brown) rice or bread.

Just a finger pinch of salt (not using a teaspoon) – as less salt to reduce BP. Remember that seasonings such as 'Maggi' contain a lot of salt, contributing to high BP.

Session – Mental health

Learning Objectives

To be able to identify common mental health problems, including:

- Depression
- Anxiety
- Psychosis eg schizophrenia
- Dementia

Read through mental health section of desk guide, but stop before reading the page on depression (which is the next section).

Case study role-play

Using the deskguide pages on mental health, in your groups of 3, decide who will next be the health worker, patient and observer (rotating from the last role-play).



Patient

Your patient is Alusine a 54 year old male who you see to review his diabetes but he looks concerned, fidgety and worried. You ask him the routine depression screening questions

Have you lost interest in doing things?

Have you felt sad, down depressed?

He answers no to both

what other questions would you ask?



The patient: You are the patient in the above exercise. You are Alusine a 54 yrs old, have had diabetes (type 2) for 3 years, married with 3 children. You have not lost anyone close recently, you are not wealthy but you have no money worries. Recently you have been worrying about lots of things, you don't enjoy things you used to. You have not thought of harming yourself. You don't sleep well. You find that when you are working you don't concentrate and make mistakes, you feel tired,

The Health Worker: using the desk guide ask about depression, assess the severity. Explain to the patient about depression and suggest a plan

The observer: Were the explanations and advice given adequate and in a form that was understandable to someone with no knowledge of Depression. Was the patient made aware of the need for follow up and clear about what that would be.

Session - Depression

Learning Objectives

- To be able to
- Confidently diagnose depression
- understand how common and important it is
- know how to recognise suicidal ideas.
- Understand when medication is appropriate and what other actions to take.

Disease Summary

Read through mental health section of desk guide and refer to the depression section in particular.

Practical Exercise

Using the depression summary, work in pairs and identify areas of diagnosis and management that are and aren't practiced in your setting.



Read the case below:

Your patient Alusine, the a 54 year old (as above, you saw earlier) has come for review of his diabetes. You notice he looks sad and worried. You ask him the routine follow up visit depression screening questions:

- Have you lost interest in doing things?
- Have you felt down depressed or helpless?

He answers yes to both

- what other questions would you ask?



Read again the symptoms/ diagnosis of depression section in the deskguide

Role Play 20 mins

The patient: You are the patient in the above exercise. You are Mary a 43 years old woman, and have had type 2 diabetes for 3 years, married with 3 children. You have not lost anyone close recently, you have no particular money problems. Recently you have been going over in your head worrying about lots of things, you don't enjoy things you used to. You have not thought of harming yourself. You find that when you are working you don't concentrate and make mistakes. You don't sleep well, waking early each morning. You feel tired and feel some (vague, not localised) stomach aches – it is these you first mention to the health worker. All these symptoms are present on most days and for the last two or more weeks.

The Health Worker: using the desk guide ask about depression, assess the severity. Explain to the patient about depression and talk with them about what activities they usually do and enjoy, but no longer do (but may start again). Help them decide on a plan. Write a note of what they've decided.

The observer: Were the explanations and advice given adequate and in a form that was understandable to someone with no knowledge of Depression. Was the patient made aware of the need for follow up and clear about what that would be.

Were good communication skills demonstrated? Do you think that the patient has shown that sufficient information has been understood to proceed? Was there a two-way communication (rather than telling them what to do)? Did they discuss activities that the patient used to enjoy,



but have stopped, and plan what they could re-start? Did they agree on who could be the treatment supporter, eg his wife?

Counselling depressed patients

Read the deskguide patient education/ key points.

In depression as in other chronic diseases, it is important to agree who can be a treatment supporter, e.g. a trusted person eg family member, who lives with or near you, and cares about you.

Establish an effective counselling relationship (rapport), help clients understand

Ask them about activities they used to enjoy but stopped doing: eg

- Meeting friends
- Going to the mosque or church / group
- Walking or other activity,
- etc.

Ask if any they feel able to start doing again; if so, agree with them what they will try to do again.

At the next visit review how they got on with doing the activity(s).

If they now feel able to re-start another activity, then agree to do this before the next visit.

Role-play part 2

In your groups of 3, the health worker counsels on choosing a treatment supporter, and then about healthy activity as above.

The patient plays the same patient Mary. Your sister lives in the nearby house, you know she cares about you, and would be willing to come to follow up visits, and be the treatment supporter.

You used to enjoy meeting your friends at the river to talk. You think you can do that again. You also liked going to the market, but there are too many people and you don't feel ready to go there just yet.

The observer, glances at the deskguide education section. Does the health worker talk in a two-way discussion (rather than just telling them things). Is there a good counselling relationship (rapport) and does s/he find out what the patient is willing.

Role Play part 3 (Three weeks later)

15 mins

The patient: the patient has returned – brought in by his wife. The patient holds his head low, and doesn't talk. His wife (you speak for her) is worried that he now wants to kill himself.

The Health Worker: using the desk guide, assess the severity. Suggest a plan

The observer: Was the advice well presented, and did the patient understand it. Was the patient given opportunity to ask questions? Were good communication skills demonstrated and was the written material well used.

Discussion in your groups of 3, for 10 mins

Any questions problems you anticipate



Review the guides for when to refer

How would you arrange referral / transfer (what is that practical) in your setting?

Write down brief notes and share with the facilitator

Session - Asthma

Learning objectives

To be able to

- Assess chest signs and symptoms to make a diagnosis
- Identify serious illness that needs immediate treatment or referral
- Use an inhaler and spacer and explain how to use it to a patient
- Give appropriate** advice and medication

Disease Summary

Any of the following in the past month indicate uncontrolled asthma:

- Daytime cough, difficulty breathing, tight chest or wheezing > twice a week
- Night time or early morning waking due to asthma symptoms
- Limitation of daily activities due to asthma symptoms



Read through asthma section of desk guide and refer to this.

In your groups of 3 – refer to Lifestyle guide page on ‘how to use an inhaler’ practice using an inhaler correctly. Breath in and out through with the lips tight around the mouth piece of the inhaler, breath out, click the button for one puff, breath in, hold it for around 10 seconds, and breath out.

For children, and those adults, who have difficulty doing this properly, make a spacer out of a 1/2L water bottle, by cutting a hole at the bottom for the inhaler mouth piece. Then do the procedure as above, but there is no need to hold the breath. Do one puff at a time.

Then practice explaining how to use this to each other



Groups swap activities.

Role play for Asthma

AIM: to identify the patient who requires emergency treatment during a severe asthma attack

Note – the health worker can ask the observer for details of the patients' clinical information

See the asthma assessment and treatment section of the NCD management desk guide.

Patient

You are Annette are 18 year an old girl called Aminata who has never been to the clinic before.

You have had recurrent dry cough and chest tightness for a long time.

You have now developed difficulty in breathing worse early morning and at night time.

The health worker

You are seeing Aminata for the first time in the clinic.

As she walks into the clinic you hear her wheezing.

As you talk to her, you notice she is unable to complete sentences.

The RR= 38, with wide spread wheeze bilaterally.

The Observer

The health worker should ask Aminata about her difficulty in breathing and other symptoms and make an assessment as to whether she needs urgent referral. If the health worker asks to examine the patient tell them the following results.

Aminata improves on your treatment. You give an appointment to see you again.

Role play part 2, asthma follow up

AIM: to understand the role of follow up in asthma

Note – the health worker can ask the observer for details of the patients' clinical information

The patient

You come back to clinic 2 weeks later, after being in hospital for 3 days. You were given oral steroids and salbutamol inhaler. You feel much better, you are now taking your inhaler when you needs it – 5-6 x daily.

You wake most nights still

You are breathing normally when seen and can speak in sentences

The health worker

Look at the guide and assess the level of symptoms and if step up or down in treatment is needed.



The Observer

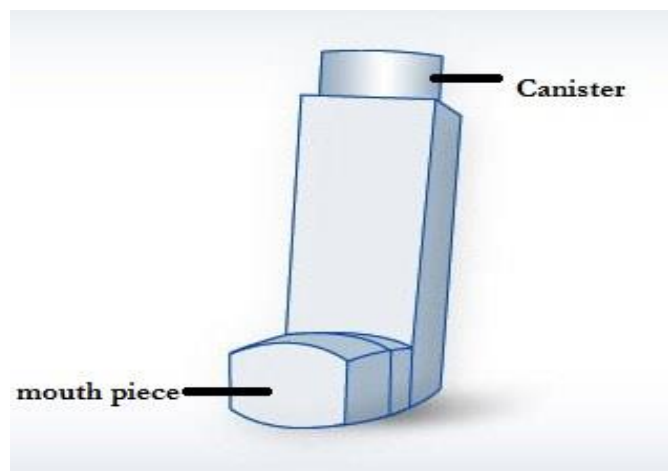
The health worker should ask about sleeping, daytime wheeze etc as listed in deskguide.

If the health worker asks to examine the patient, tell them the following results. Chest has slight wheeze, respiratory rate is 14.

After the role play give your comments on what went well, and what could be improved.

How to use an Inhaler?

Using an inhaler is the most common way of taking asthma and COPD medicines.



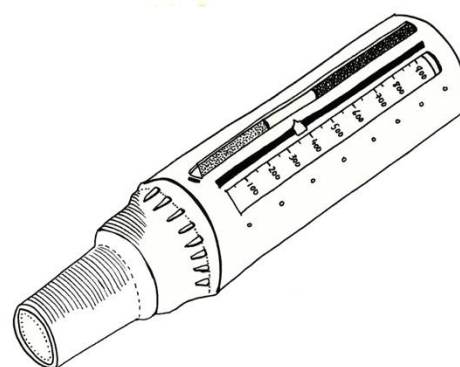
Show and check how to use an inhaler initial and later consultation

Explain the following 8 steps to the patient for proper use of inhale:

1. Remove cap and hold inhaler upright then shake well
2. Breathe out gently and put mouthpiece between teeth without biting
3. Breathe in slowly through mouth and press down firmly on canister
4. Continue breathe in slowly and then hold breath for about 10 seconds
5. While holding breath, remove inhaler from mouth
6. Breathe out gently away from mouthpiece
7. If an extra dose is needed, wait 1 minute and repeat steps 2 to 6
8. Replace cap

How to use a Peak Flow Meter

- Move the marker to the bottom of the numbered scale.
- Stand up straight.
- Take a deep breath. Fill your lungs all the way.
- Hold your breath while you place the mouthpiece in your mouth, between your teeth. Close your lips around it. **DO NOT** put your tongue against or inside the hole.
- Blow out as hard and fast as you can in a single blow. Your first burst of air is the most important. So blowing for a longer time will not affect your result.
- Write down the number you get. But, if you coughed or did not do the steps right, do not write down the number. Instead, do the steps over again.
- Move the marker back to the bottom and repeat all these steps 2 more times. The highest of the 3 numbers is your peak flow number. Write it down



Session - Epilepsy

learning objectives

To be able to

- Differentiate between a fit and a faint
- Know the treatment options and how to choose
- Place someone in the recovery position and explain it to others
- Explain epilepsy and its treatment to patients
- Using the desk guide and summary sheet

Disease Summary

Read the epilepsy section of desk guide and refer to this. Identify areas of diagnosis and management that are and aren't practiced in your setting.

In your groups discuss

Consider: Miriam is 17 yrs old, she collapsed recently and has been told she lost consciousness. She is concerned that she had a fit and is possessed by the devil.



Go through the summary on epilepsy and use the check list at the top of the page to differentiate between a fit and a faint.

What questions could you ask to do this?

You are told that it was a very hot day, she had not had anything to eat that day and she had not had any shaking nor been incontinent

What do you think may be the problem/diagnosis?

What about any underlying factors?

In your groups - **practice explaining your diagnosis to Miriam**

In depression as in other chronic diseases, it is important to agree who can be a treatment supporter, e.g. a trusted person eg family member, who lives with or near you, and cares about you.

Establish an effective counselling relationship (rapport), help clients understand

Ask them about activities they used to enjoy but stopped doing: eg

- Meeting friends
- Going to the mosque or church / group
- Walking or other activity,
- etc.

Ask if any they feel able to start doing again; if so, agree with them what they will try to do again.

At the next visit review how they got on with doing the activity(s).

If they now feel able to re-start another activity, then agree to do this before the next visit.

Role-play

In your groups of 3, the health worker educates about epilepsy – glance at the deskguide depression 'education/ key points section'. Also counsels (two-way discussion) on choosing a treatment supporter.

The patient plays the patient Aisha, a woman of 24 diagnosed with epilepsy (the generalised tonic/clonic seizure). 'Your' older sister Haja lives in the next house, you know she cares about you, and would be willing to come to follow up visits, and be the treatment supporter.

You used to enjoy meeting your friends, you've stopped seeing them since your seizures started. You think you can do that again. You also ride a motorbike, such as when going to the shops.

The observer, glances at the deskguide depression education section. Does the health worker talk in a two-way discussion (rather than just telling them things). Is there a good counselling relationship (rapport). Did she give an appointment?

Role play

AIM: to be sensitive when talking to the patient about their epilepsy which is a stigmatised disease, to make them feel at ease, and identify epilepsy medications suitable for HIV patients.

Note – the health worker can ask the observer for details of the patients' clinical information

The patient: you are Akan, 27yrs old, you come to the clinic as you have heard that there is a new treatment for fits. You have had fits from childhood and people are very wary of you so you have no job and life is very difficult. You have never had any treatment for fits. You have HIV but are taking your treatment and feel physically well.

The Health Worker: You are seeing a young man, who looks anxious and thin
You use your communication skills to set him at his ease and ask about the problem. Start your consultation using the desk guide.

The observer: The health worker should ask about the fits, timing, recovery and other symptoms; other illnesses and medication

Do they explain to patient what is happening, do they follow the guidelines about treatment?



This clinical deskguide and tools have been adapted, prepared technical working group of the MoHS NCD-MH department, and are the responsibility of the MoHS/ NCD-MH.

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