# Work, Life and Stress

## Reflections
## of an
## Occupational Medicine Physician


Carol E Gunn, MD, CIH

Occupational Medicine

Portland, Oregon

www.occupationalmedicineoregon.com

carol_e_gunn@hotmail.com

# My Lens… My Bias

* Significant family losses over the last 3 ½ years
* Family members have been diagnosed with significant illnesses, but have far outlived "life expectancy" with those illnesses
* Their approach to illness, healthcare and life has given longer than expected time of healthfulness

* Despite my stress, have had no “sick” days in last 5 years (but plenty of presentee-ism down time!)

  (Presentee-ism def’n: at work, not working on work, due to your or your love one’s health issues)

# How Folks React to Illness /Injury /Stress Is Often Unpredictable

* Likely follows a bell curve

* As an Arbiter for the State of Oregon
  * Evaluate  injured workers after they have reached stationary status for permanent impairment findings
  * Independent medical evaluation, review medical record, evaluate worker, in a one-time exam

* In the setting as an Arbiter, I am NOT the injured worker's physician… just an evaluator

* Three arbiter stories
  * Welder who injured his foot after cutting a steel plate
  * Nurse who injured her back, who "loved" her job
  * Overland firefighter who twisted his ankle after running to work bus

* These three stories, and the stories of my family, caused me to investigate:
  * Why do some individuals fare better than others when facing major diagnoses / major stressors
  * Help identify when one is in a stress cycle
    * Prior to a major illness or injury
  * Most of the recommendations we know … but we do NOT practice!

# A Recent Case…

* 34 yo male, “Rudy”
* Presents for pre-employment (post-offer) exam, safety sensitive position
* I evaluate everyone in his job task yearly, so will get to see changes, if any

* Self reports, “Exceptional health, 21% body fat… I take better care of myself than I see others do”
* Takes OTC omeprazole, for reflux (GERD)
* Has a rare congenital connective tissue disease, by his report, that falls into the mildly affected category (and gives examples of affected family members with long life spans)

* Has not had medical care in years, lost insurance, elected not to obtain individually with ACA
* Diastolic hypertension, multiple readings at > 130's /90's
* BMI  35.7 ( >30 is obese)

* Self reports, “I run hot”
* “I have had major losses, with the loss of an in-law 2 1/2 years ago, some other life stressors”
* His blood draw is markedly lipemic, noticeable immediately, and even more so after, spinning it down

# As the occupational physician…

* Can he safely perform the job without hurting himself or others (considering available guidelines)?
* Can I lead him to better health?
* Can I capitalize on a “teachable moment” ?

# I spend significant time with him

* Show him his lipemic blood sample, and what I believe it means
* Explore his, “Running hot” and impact to his health
* Ask him to own his health and nudge him away from claiming a loss of an in-law > 2 years ago and other life issues as an excuse for his lifestyle choices

* In Rudy's case, he stated he did not want to take medications
* In many cases, the patient would just like a medication so that they can return to their harried / hectic lives
* I indicated I was unclear how one would manage his dyslipidemia without both lifestyle changes and medications

# Most primary care physicians…

* Have 15 minutes (or less!) for entire encounter, including documentation
* Practice primary care truly as an art, treating the person and his /her ailments
* Hope that patients show up fully and vulnerably
* Provide appropriate care, utilizing guidelines, if available

* Encourage patient ownership of the disease and follow through
* It is estimated that between 75% - 90% primary care visits are for stress-related complaints or conditions (American Institute of Health and Dr A Weil)

# Physicians are bombarded with guidelines to follow…

* Specialty expert groups release guidelines (Cards, GI, Pulm, etc), sometimes at a pace of every 6 months
* Competing guidelines are not always aligned (ie two major GI expert groups)
* Physicians must apply the right guidelines
* At times for minutia:
  "Clinical Practice Guidelines Issued for Managing Earwax" in 2008

# Two days later, his lab reports show

| | Rudy's | Reference Range |
|---|---|---|
| Total Cholesterol (mg/dl) | 264 | 125 to 200 |
| HDL Cholesterol (mg/dl) | 17 | >40 |
| Triglycerides (mg/dl) | 1556 | <150 |
| LDL (mg/dl) | unknown | cannot be calculated |
| ALT (mg/dl) | 153 | 9 to 46 |

# Rudy's issues, if following guidelines

* BP – Follow JNC VII (Last updated 2003, most physicians consider out of date)
  * Lifestyle modifications
  * Rudy has Stage 1 hypertension, with no compelling indications, recommendation by guideline is thiazide diuretic (which now is considered out of date care)

* Lipids - ATP III (last updated 2004) for Cardiac Health
  * Two known risk factors: elevated BP and low HDL
  * Framingham risk calculator of 10.12% (Risk of cardiovascular event in next 10 years)
  * His lipid target, then is: If LDL is greater than 130, treat with medications
  * Hard to assess, since his LDL was not able to be calculated
  * No guideline recommendation per se regarding cardiovascular risk and triglycerides

* Lipids –Pancreatic and Gall Bladder Health
  * 1557 mg/dl – rated as “Severe”, but risk of pancreatitis still considered low

* Elevated liver function tests
  * Typically applied at 3x  - 5x the upper limit of normal
  * Repeat test, advocate alcohol abstinence

* Metabolic risk - (due BMI >30)
  * Screen for diabetes, hypertension, measure waist circumference at least every 3 years
  * Lifestyle changes highest priority

* Connective tissue abnormality
  * Screen for aortic and valvular disorders at time of diagnosis, then every 5 years

* Then help patient with lifestyle changes!  Whew!

# My strong recommendations to him

* Have a patient – doctor relationship with a PCP
  * Know and own his health
  * Lifestyle changes!
    * Re-start exercise
    * Discontinue alcohol
    * Stress management

# Implications for Total Worker Health

* Observational study showed that mindful physicians have patients that are more satisfied, still awaiting study to evaluate whether mindful physicians can improve patient health outcomes
* Studies have shown that patients that practice mindfulness-based stress reduction have better outcomes (pain, psoriasis, immune function, and depression)
* Study shows that physicians that believe the patient will get better, despite what the patient believes, will have better outcomes

* Medicine is extraordinarily complex practice, with ever changing information and guidelines
* Stress is a component of vast majority of primary care encounters
* Time for the physician to manage all the issues is short

* My opinion is that primary care physicians are NOT given ample time to excavate reasons why a patient might choose a poor lifestyle choice / activity
* Unlike Rudy, patients tend to NOT WANT to focus on lifestyle changes
* Physicians are burned out on trying to get someone to change lifestyles

* Workplace provides a structure and time for motivating and cajoling to better health
* Workplace can provide educational tools for healthy behaviors
* Workplace interventions can reduce stressors and stressful interactions
* Good workplace habits can become the new norm

# Is Rudy a unique example?

* In some ways:
  * Congenital connective tissue disorder
  * Extreme dyslipidemia
* Not in other ways
  * Contribution of stress to his lack of health
  * Lack of health insight
  * Lack of health knowledge

# So what about Rudy?

* I scared the daylights out of him!
* When I called him about his labs, he had already started a walking program
* He described this position as a “dream position” and desperately wanted the job
* His healthcare insurance would begin within a week after starting, and since he would NOT be an imminent threat to himself and / or others, he received a “Pass”

# What About His PCP?

* Physicians are / were trained in a stress filled, sleep deprived, excessive workload, often de-moralizing ways
* Now, work hour constraints limit residents' work hours – but the work remains, so the attendings are picking up the slack
* Physicians today are likely to be employees, perceive themselves as having a little control of their work
* Physicians Maintenance of Board Certification is often left to one's leisure time , is often considered onerous and excessive

# How Can the TWH Movement Include Primary Care Physicians?

* Identify key primary care and work comp clinics (or providers) caring for your employees and collaborate
  * Nearby medical / pharmacy facilities (willingness to deliver medications, offer vaccinations, etc.)
  * What are the top 10 health conditions costing and why (models or from real data)?
  * What is the health IQ for the employee base?

* For those employees that are impacting medical costs significantly
* Do they understand their health condition?
* Do they need help navigating the health care system?
* Are their bills appropriate?

* Untapped resource….