

Health Improvement Profile [HIP]

(HIP) – Male

Patient ID _____ Other information _____ Date of birth (age) _____

Ethnic Classification _____ Weight _____ Height _____ Date _____

Parameter	Level	Green	Red	Recommended action for red group
BMI		18.50-24.99 ¹	< 18.50 ¹ ≥ 25.00 ^{1*}	<input type="checkbox"/> BMI < 18.50 – refer for further investigations <input type="checkbox"/> BMI ≥ 25.00 – advice and support on diet and exercise, referral to local weight/exercise management programme, consider medication review ²
Waist Circumference		<94cm ¹³	≥94cm ¹³	<input type="checkbox"/> Advice and support on diet and exercise, referral to local weight/exercise management programme, consider medication review ²
Pulse		60 – 100bpm ⁴	<60 bpm / > 100bpm	<input type="checkbox"/> ECG should be performed ⁴
Blood Pressure		<140/90 ⁵	≥140/90 ⁵	<input type="checkbox"/> Advice on weight loss (if overweight) and increased activity, reduction in alcohol intake, improved diet and smoking cessation ⁵ <input type="checkbox"/> Refer to GP for further investigations ⁵
Temperature		36-37.5°C ⁶	<36 °C ⁷ >37.5°C ⁷	<input type="checkbox"/> Abnormally high and accompanied by fluctuating BP and/or dystonia consider neuroleptic malignant syndrome <input type="checkbox"/> Report to RMO, refer for further investigations ⁶
Liver function (in last 3 months)		≤ 3 months	> 3 months	<input type="checkbox"/> Ensure that up-to-date LFTs are conducted <input type="checkbox"/> Abnormal – refer for further investigations ⁸ <input type="checkbox"/> Slightly abnormal (> 2 times ULN) – repeat tests in 6 month's time, check alcohol intake, diabetes control and weight loss ⁸ <input type="checkbox"/> Consider medication review ⁹
Lipid Levels		TC < 5.1 mmol/L LDL – C < 4.1 mmol/L HDL – C > 1.0 mmol/L TG < 2.2 mmol/L ²	TC ≥ 6.2 mmol/L LDL – C ≥ 4.1 mmol/L HDL – C < 1.0 mmol/L or TG ≥ 2.2 mmol/L ²	<input type="checkbox"/> Refer to GP for appropriate treatment ²
Glucose		< 6.0 mmol/L†§ ¹⁰ <48 mmol/mol (between 48-58 if has diabetes) ¹¹	≥6.0 mmol/L†§ ¹⁰ ≥ 48 mmol/mol (between 48-58 if has diabetes) ¹¹	<input type="checkbox"/> Check for symptoms of diabetes ² <input type="checkbox"/> Test for urine ketones if symptoms are present ² <input type="checkbox"/> Refer for further investigations and treatment ²
Prostate and testicles		Once a month (testicular self-examination) ¹²	Never	<input type="checkbox"/> Confirm prostate screening at fixed intervals for patients over 50 years ¹³ <input type="checkbox"/> No recent PSA test – refer to GP or specialised practice nurse
Teeth		≤ 12 months ¹⁴	≥ 2 years ¹⁴	<input type="checkbox"/> Encourage regular visits to community dentist ¹⁴
Eyes		≤ 2 years ¹⁵	> 2 years ¹⁵	<input type="checkbox"/> Prompt to self refer/refer to optometrist if no eye exam in last 2 years
Feet		Self-check occasionally	Never check	<input type="checkbox"/> Advice on keeping feet healthy ¹⁶ <input type="checkbox"/> Elderly patients/those with diabetes – refer to chiropodist ¹⁵ <input type="checkbox"/> If any presenting signs/symptoms – refer to chiropodist
Breast		Self-check occasionally	Never check	<input type="checkbox"/> Check risk factors for male breast cancer (i.e. previous radiotherapy, obesity, family history of breast cancer, high oestrogen levels or chromosomal syndromes) ¹⁷ <input type="checkbox"/> Breast abnormalities – refer for further investigations ¹⁷
Urine		1-2 litres/day ¹⁸	< 1litre/day ¹⁸ > 2litres/day ¹⁹	<input type="checkbox"/> Assess for signs of dehydration ¹⁸ <input type="checkbox"/> Assess for symptoms of polyuria ¹⁹ <input type="checkbox"/> Check for any urine frequency/incontinence issues <input type="checkbox"/> Encourage fluids and implement fluid balance chart to evaluate
Bowels		No constipation / diarrhoea No excessive urgency/straining/need for laxatives ²⁰	Diarrhoea, constipation, excessive urgency, straining, laxative use ²⁰	<input type="checkbox"/> Encourage fluids <input type="checkbox"/> Check for gastrointestinal symptoms <input type="checkbox"/> Check for any bowel urgency/incontinence issues <input type="checkbox"/> Refer for further investigations
Sleep		7 – 8 hours ²¹	< 3 hours ²¹ > 8 hours ²¹	<input type="checkbox"/> Clarify sleep problem <input type="checkbox"/> Provide education on good sleep hygiene and benefits of a sleep diary <input type="checkbox"/> Consider medication review <input type="checkbox"/> Refer if relapse is suspected (refer to Risk and Relapse Plan and take action accordingly)
Smoking status		Non smoker	Passive smoker / smoker	<input type="checkbox"/> Advice that all smoking is associated with significant health risks ²² <input type="checkbox"/> Refer to NHS Stop Smoking Services ^{18§§}
Exercise		30 minutes a day ²³	None	<input type="checkbox"/> Recommend 30 minutes of activity 5 days a week ²³ <input type="checkbox"/> Follow up on a 3-6 monthly period ²³ <input type="checkbox"/> Refer to exercise referral scheme if required ²³
Alcohol intake		3-4 units/day ²⁴	>4 units/day ²⁴	<input type="checkbox"/> Offer recommendations on sensible daily alcohol intake ²⁴ (guide to alcohol units ²⁵)
Diet: literacy 5 a day, fat, salt, carbohydrate intake [§]		5 fruit/veg a day §§ ²⁶ ≤ 90g***a day ²⁷ ≤6g salt a day ²⁸ ≤300g a day ²⁷	≤ 2 fruit/veg a day ²⁶ ≥ 90g fat a day ²⁷ ≥6g salt a day ²⁸ ≥300g a day ²⁷	<input type="checkbox"/> Offer recommendations on reduction of health risks with healthy eating ²⁶ <input type="checkbox"/> Agree and implement a plan with the patient (and carers if appropriate)
Diet: function		Able to cook and shop Access to cooking facilities	Unable to cook or shop No access to cooking facilities	<input type="checkbox"/> Agree and implement a plan with the patient (and carers if appropriate) <input type="checkbox"/> Address potential barriers to accessing and eating fruit/vegetables ²⁶ <input type="checkbox"/> May include referral to other members of the MDT e.g. occupational therapist for meal planning, shopping and cooking skills
Fluid intake		1-2 litres/day ²⁹	< 1litre/day ²⁹ > 3 litres/day ³⁰	<input type="checkbox"/> < 1 litre/day – check for signs of dehydration ²⁹ <input type="checkbox"/> Offer advice on increasing fluid intake ²⁹ <input type="checkbox"/> > 3 litres/day – check for signs of polydipsia ³⁰ <input type="checkbox"/> Implement a fluid balance chart <input type="checkbox"/> Refer for electrolyte assessment if initial intervention unsuccessful
Caffeine intake [§]		200-500 mg/day ^{31***}	≥ 600mg/day ³¹	<input type="checkbox"/> Check for signs of caffeineism or caffeine toxicity (> 1000 mg/day) ³¹ <input type="checkbox"/> Offer advice to gradually reduce caffeine intake and limit withdrawal effects ³¹
Cannabis use		Never	Occasional/Regular	<input type="checkbox"/> Implement health behaviour interventions and evaluate <input type="checkbox"/> Work with support of dual diagnosis /service <input type="checkbox"/> Systemically evaluate action e.g. using a Drug Use Scale
Safe sex		Always	Inconsistently/Never	<input type="checkbox"/> Identify if patient is in high risk group for STIs ³² <input type="checkbox"/> Identify if patient is engaging in behaviours that increase risk of STIs ³² <input type="checkbox"/> Provide sexual health advice <input type="checkbox"/> If STI suspected refer to GP or sexual health practice nurse ³²
Sexual satisfaction		Satisfied	Dissatisfied	<input type="checkbox"/> Determine patient's level of sexual activity ³³ <input type="checkbox"/> Perform systemic assessment (e.g. Arizona Sexual Experience Scale) of the health parameter

[§]Where results fall between red and green ranges, increase frequency of monitoring and review. *Overweight = BMI > 23.00 in individuals of South Asian origin. ² BMI for Europids – refer to ethnic – specific values where required. §**Oral glucose tolerance test. Fasting plasma glucose. Ø glycosylated haemoglobin. †Random venous plasma glucose. ††Warning – careful planning/medication review is required if smoking cessation planned. MHN to identify this need. ³¹⁻³⁴Five portions of a variety of fruit and vegetables. ^{§§}A portion of food high in saturated or trans fat (e.g. meat products, hard cheese, butter/lard, pastry, cakes/biscuits, cream). Total fat considered high if more than 20g fat per 100g. ***Average caffeine content – 1 cup of coffee = 75 – 100mg; 1 cup of tea = 50mg; 1 can of cola = 40mg; 1 energy drink = 90mg; bar of plain chocolate = 25mg. ³²BMI – body mass index, ECG – electrocardiogram, HDL-C – high density lipoprotein – cholesterol, LDL-C – low density lipoprotein – cholesterol, STI – sexually transmitted infection, TC – total cholesterol, TG – triglycerides, ULN – upper limit of normal.

Other blood tests to consider: Prolactin, Urea and electrolytes and calcium, Thyroid function test, Full blood count, B12 and folate, Lithium levels, Vitamin D

References

1. World Health Organization (WHO). BMI Classification. WHO, 2007. URL: http://www.who.int/bmi/index.jsp?introPage=intro_3.html
2. Barnett, A., Mackin, P., Chaudhry, I. et al. (2007). Minimizing metabolic and cardiovascular risk in schizophrenia: diabetes, obesity and dyslipidaemia. *Journal of Psychopharmacology* **21** 357–373.
3. International Diabetes Federation (IDF). The IDF consensus worldwide definition of the metabolic syndrome. IDF, 2006.
4. British Heart Foundation (BHF). Abnormal heart rhythms. BHF, 2007. URL: <https://www.bhf.org.uk/heart-health/conditions/abnormal-heart-rhythms>
5. National Institute for Health and Clinical Excellence. (NICE). (2011a). *CG127 Hypertension: Clinical management of primary hypertension in adults*. URL: <http://publications.nice.org.uk/hypertension-cg127>
6. Medline Plus. Medical Encyclopaedia: Temperature measurement. Oct, 2006 URL: <http://www.nlm.nih.gov/medlineplus/ency/article/003400.htm#top>
7. Dougherty L, Lister S, editors. The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 6th ed. Oxford: Blackwell Publishing, 2004.
8. Patient UK. Abnormal liver function tests. EMIS, Sep 2006. URL: <http://www.patient.co.uk/doctor/abnormal-liver-function-tests>
9. Garcia-Unzueta MT, Herran A, Sierra-Biddle D et al. Alterations of Liver Function Test in Patients Treated With Antipsychotics. *J Clin Lab Anal* 2003; **17**: 216–8.
10. World Health Organization. (2011) Use of Glycated Haemoglobin (HbA1c) in the Diagnosis of Diabetes Mellitus. URL: http://www.diabetes.org.uk/Documents/Professionals/hba1c_diagnosis.1111.pdf
11. National Institute for Clinical Excellence (NICE). (2011b). PH35 Preventing type 2 diabetes: population and community-level interventions in high-risk groups and the general population. URL: <http://www.nice.org.uk/guidance/PH35/Guidance/pdf>
12. Mistry R. Tips on – testicular self-examination. *Student BMJ* 2005; **13**:441–84. URL: <http://student.bmi.com/issues/05/12/careers/462a.php>
13. Prostate Cancer UK. Getting diagnosed. URL: <http://prostatecanceruk.org/prostate-information/getting-diagnosed>
14. National Institute for Clinical Excellence (NICE). CG19 Dental Recall. Recall interval between routine dental examinations. NICE Oct, 2004.
15. NHS Choices (2012). Why are regular eye tests (sight tests) so important? URL: <http://www.nhs.uk/Livewell/Eyehealth/Pages/Lookingafteryoureyes.aspx>
16. NHS Choices (2013) Foot problems and the podiatrist. URL: <http://www.nhs.uk/Livewell/foothhealth/Pages/Foot-problems-podiatrist.aspx>
17. Breast Cancer Care. (2014) Breast cancer in men. URL: <http://www.breastcancercare.org.uk/breast-cancer-information/about-breast-cancer/men-breast-cancer>
18. NHS Choices (2013). Dehydration. URL: <http://www.nhs.uk/conditions/dehydration/pages/introduction.aspx>
19. Patient UK. Polyuria. EMIS 2005. URL: <http://www.person.co.uk/showdoc/40000113/>
20. Cancer Research UK. About the bowel. Cancer Research UK, Jan 2007. URL: <http://www.cancerhelp.org.uk/help/default.asp?page=14326>
21. The Sleep Council (2012). Sleep Advice. URL: <http://www.sleepcouncil.org.uk/how-to-sleep/>
22. Department of Health. NHS Stop Smoking Services & Nicotine Replacement Therapy. DOH, 2008. URL: http://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Tobacco/Tobaccogeneralinformation/DH_4002192
23. National Institute for Clinical Excellence (NICE). Public Health Intervention Guidance no. 2. Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling. NICE, Marc 2006. URL: <http://www.nice.org.uk/guidance/ph2>
24. Department of Health. Safe. Sensible. Social. The next steps in the National Alcohol Strategy. DOH, June 2007. URL: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218
25. Drinkaware (2012). What is an alcohol unit? URL: <https://www.drinkaware.co.uk/check-the-facts/what-is-alcohol/what-is-an-alcohol-unit>
26. Department of Health. 5 a day introduction. DOH, Feb 2007.
27. NHS Choices. Salt: the facts. URL: <http://www.nhs.uk/Livewell/Goodfood/Pages/salt.aspx> 2014
28. Food and Drink Federation. Guideline Daily Amounts. URL: http://www.gdalabel.org.uk/gda/gda_values.aspx 2014
29. Food Standards Agency. Water and drinks. URL: <http://www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx>
30. Brooks G, Ahmed AG. Pharmacological treatment for psychosis related polydipsia (review). *The Cochrane Library* 2007; **3**:1–15.
31. Norfolk and Waveney Mental Health Partnership NHS Trust (NWMHP). NWMHP Pharmacy Medicine Information: caffeine. <http://webarchive.nationalarchives.gov.uk/20090305155609/http://www.nwmhp.nhs.uk/pharmacy/caffeine.htm>
32. National Institute for Clinical Excellence (NICE). NICE public health intervention guidance no. 3. One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. NICE, Feb 2007. URL: <http://www.kernowps.co.uk/guide.pdf>
33. European Association of Urology (EAU). Guidelines on erectile dysfunction. EAU, March 2005.