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# Family Practice Forum

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## Motivating Lifestyle Change

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The family physician has enormous opportunities to facilitate healthy lifestyle changes among his patients. It is believed that an unhealthy lifestyle may account for 50 percent of the mortality in the United States.<sup>1</sup> The family physician sees large numbers of well or asymptomatic at-risk patients in the course of practice. In addition, he or she sees other family members and has opportunities to interact with the family unit as a whole. The family, in turn, has powerful molding influences on the individual's health beliefs and actions. If the physician can realize the impact his attitudes and actions have on his families' health, beliefs, and behavior, the multiplication of effects can be considerable.

### Personal Belief and Consistency

The first consideration in motivating patients' lifestyle changes is the physician's attitudes toward risk factors and the potential for reversing these risks. Do physicians believe they can succeed in assisting their patients to quit smoking? A positive attitude may be a predictor of success in this area. Similarly, do physicians view accidents as truly preventable? Is alcoholism seen as a disease and not a moral stigma?

Another facet is the physician's personal role-modeling influence. If physicians smoke or allow office staff to do so, patients get mixed messages and are less inclined to heed their advice. Personal beliefs and behaviors must be in line with what physicians desire for their patients and should be consistent with and reinforce the advice provided in the office.

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### Focusing the Office Encounter

For physicians, the principal tool for promoting a patient's lifestyle change remains the office encounter. This opportunity should be structured to produce the greatest possible impact. The history and physical examination can be focused on perceived high-risk situations amenable to changes, such as alcohol abuse, tobacco abuse, and obesity. Specific history, including past history and family history, and health belief data about the patient's perception of the risk factor can be reviewed. Psychosocial factors including support systems should be explored and dealt with in this effort.

Two factors are critical in these ongoing opportunities. One, derived from social interaction theory, involves the increased likelihood of change occurring during transition points. The patient with an acute myocardial infarction is very receptive to health advice about quitting smoking. Similarly, the ambulatory patient presenting with gastritis who is a suspected alcohol abuser should be confronted. Likewise, by discussing the risks of emphysema and lung cancer with an adolescent who has an early smoker's cough when presenting for a school physical, the physician can precipitate an awareness which leads the patient to stop smoking.

The second factor involves communication theory. Patients are perhaps more aware of the hazards of cigarette smoking than the Bill of Rights. However, when physicians personalize information on smoking to the patient, they reinforce the knowledge and apply it directly. Although this may seem like planting seeds without expecting to be involved in the harvest, the continuity of family practice offers a lifetime to motivate and reinforce lifestyle changes in this manner.

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# SINEQUAN® (doxepin HCl)

Reference: 1. Barranco SF, Thrash ML, Hackett E, Frey J, et al (Pfizer Pharmaceuticals, Pfizer Inc., New York, N.Y.). Early onset of response to doxepin treatment. *J Clin Psychiatry* 40:265-269, 1979.

## BRIEF SUMMARY

### SINEQUAN® (doxepin HCl) Capsules/Oral Concentrate

**Contraindications.** SINEQUAN is contraindicated in individuals who have shown hypersensitivity to the drug. Possibility of cross sensitivity with other dibenzoxepines should be kept in mind.

SINEQUAN is contraindicated in patients with glaucoma or a tendency to urinary retention. These disorders should be ruled out, particularly in older patients.

**Warnings.** The once-a-day dosage regimen of SINEQUAN in patients with intercurrent illness or patients taking other medications should be carefully adjusted. This is especially important in patients receiving other medications with anticholinergic effects.

**Usage in Geriatrics:** The use of SINEQUAN on a once-a-day dosage regimen in geriatric patients should be adjusted carefully based on the patient's condition.

**Usage in Pregnancy:** Reproduction studies have been performed in rats, rabbits, monkeys and dogs and there was no evidence of harm to the animal fetus. The relevance to humans is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established. There are no data with respect to the secretion of the drug in human milk and its effect on the nursing infant.

**Usage in Children:** The use of SINEQUAN in children under 12 years of age is not recommended because safe conditions for its use have not been established.

**MAO Inhibitors:** Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with SINEQUAN. The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

**Usage with Alcohol:** It should be borne in mind that alcohol ingestion may increase the danger inherent in any intentional or unintentional SINEQUAN overdose. This is especially important in patients who may use alcohol excessively.

**Precautions.** Since drowsiness may occur with the use of this drug, patients should be warned of the possibility and cautioned against driving a car or operating dangerous machinery while taking the drug. Patients should also be cautioned that their response to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy. Prescriptions should be written for the smallest feasible amount.

Should increased symptoms of psychosis or shift to manic symptomatology occur, it may be necessary to reduce dosage or add a major tranquilizer to the dosage regimen.

**Adverse Reactions. NOTE:** Some of the adverse reactions noted below have not been specifically reported with SINEQUAN use. However, due to the close pharmacological similarities among the tricyclics, the reactions should be considered when prescribing SINEQUAN.

**Anticholinergic Effects:** Dry mouth, blurred vision, constipation, and urinary retention have been reported. If they do not subside with continued therapy, or become severe, it may be necessary to reduce the dosage.

**Central Nervous System Effects:** Drowsiness is the most commonly noticed side effect. This tends to disappear as therapy is continued. Other infrequently reported CNS side effects are confusion, disorientation, hallucinations, numbness, paresthesias, ataxia, and extrapyramidal symptoms and seizures.

**Cardiovascular:** Cardiovascular effects including hypotension and tachycardia have been reported occasionally.

**Allergic:** Skin rash, edema, photosensitization, and pruritus have occasionally occurred.

**Hematologic:** Eosinophilia has been reported in a few patients. There have been occasional reports of bone marrow depression manifesting as agranulocytosis, leukopenia, thrombocytopenia, and purpura.

**Gastrointestinal:** Nausea, vomiting, indigestion, taste disturbances, diarrhea, anorexia, and aphthous stomatitis have been reported. (See anticholinergic effects.)

**Endocrine:** Raised or lowered libido, testicular swelling, gynecomastia in males, enlargement of breasts and galactorrhea in the female, raising or lowering of blood sugar levels have been reported with tricyclic administration.

**Other:** Dizziness, tinnitus, weight gain, sweating, chills, fatigue, weakness, flushing, jaundice, alopecia, and headache have been occasionally observed as adverse effects.

**Dosage and Administration.** For most patients with illness of mild to moderate severity, a starting daily dose of 75 mg is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg/day to 150 mg/day.

In more severely ill patients higher doses may be required with subsequent gradual increase to 300 mg/day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg/day.

In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg/day.

The total daily dosage of SINEQUAN may be given on a divided or once-a-day dosage schedule. If the once-a-day schedule is employed the maximum recommended dose is 150 mg/day. This dose may be given at bedtime. **The 150 mg capsule strength is intended for maintenance therapy only and is not recommended for initiation of treatment.**

Anti-anxiety effect is apparent before the antidepressant effect. Optimal antidepressant effect may not be evident for two to three weeks.

## Overdosage.

### A. Signs and Symptoms

1. Mild: Drowsiness, stupor, blurred vision, excessive dryness of mouth.
2. Severe: Respiratory depression, hypotension, coma, convulsions, cardiac arrhythmias and tachycardias.

Also: urinary retention (bladder atony), decreased gastrointestinal motility (paralytic ileus), hyperthermia (or hypothermia), hypertension, dilated pupils, hyperactive reflexes.

### B. Management and Treatment

1. Mild: Observation and supportive therapy is all that is usually necessary.
2. Severe: Medical management of severe SINEQUAN overdose consists of aggressive supportive therapy. If the patient is conscious, gastric lavage, with appropriate precautions to prevent pulmonary aspiration, should be performed even though SINEQUAN is rapidly absorbed. The use of activated charcoal has been recommended, as has been continuous gastric lavage with saline for 24 hours or more. An adequate airway should be established in comatose patients and assisted ventilation used if necessary. EKG monitoring may be required for several days, since relapse after apparent recovery has been reported. Arrhythmias should be treated with the appropriate antiarrhythmic agent. It has been reported that many of the cardiovascular and CNS symptoms of tricyclic antidepressant poisoning in adults may be reversed by the slow intravenous administration of 1 mg to 3 mg of physostigmine salicylate. Because physostigmine is rapidly metabolized, the dosage should be repeated as required. Convulsions may respond to standard anticonvulsant therapy, however, barbiturates may potentiate any respiratory depression. Dialysis and forced diuresis generally are not of value in the management of overdose due to high tissue and protein binding of SINEQUAN.

More detailed professional information available on request.

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## Behavior Modification

For most lifestyle change, the same principles of behavior modification used elsewhere can be relied upon as useful techniques. An initial strategy can be to ask the patient to keep a diary of the risk behavior: When does it occur most frequently? Under what circumstances does it occur? Is mood a variable? Are there identifiable "strokes" or reinforcers for the negative behavior? If the patient keeps a diary, it can serve as an indicator of motivation and compliance. From the data collected, a personal approach can be structured to reframe situations and teach patients how to become more responsible for their own health care. Instead of viewing such changes as giving up a vice, they can be taught to see it as gaining control of another aspect of life.

## The Family Physician as an Agent of Change

Perhaps no professional is better equipped to become an agent of positive change for so many people. The family physician has in-depth knowledge of the patients he treats, their medical conditions and family history, who their relatives are, their personalities, including strengths and weaknesses, and their family system as a whole. He sees them at sensitive transition periods. He deals with them in very early stages of potential health risk situations (eg, tobacco, drugs) and in early stages as developing families. Being astute enough to ask the right questions and wise enough to know when action is indicated, the family physician can become a powerful force in his community. Involving the family in the effort to create a healthy lifestyle and facilitating better communication patterns among family members may be helpful.<sup>2</sup> Scheduling follow-up visits for lifestyle issues or incorporating them into other health care visits should be encouraged and reinforced by patient education whenever possible.

## References

1. Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. Department of Health, Education and Welfare, DHEW publication No. (PHS 79-55071). Government Printing Office, 1979
2. Becker MH, Green LW: A family approach to compliance with medical treatment—a selective review of the literature. *Int J Health Educ* 18(3):173, 1975