

Finding the Forest through the Trees

*We're all at different seasons in our life.
Like trees in a forest, we need the right foundation and the right formula to grow
and flourish.
Regardless of what season your patients are in,
you can improve their health and life today...*

How...?

*With a focus on treating **the person**, and not just the disease.*



Any good community pharmacist is detail-oriented. We need to have a keen ability to multi-task, analyze data and come to a logical outcome. And in fact, we have a tremendous body of knowledge on diseases and treatments to enable us to do just that.

However, as healthcare professionals with this extensive disease-management training, we run the risk of becoming sidetracked by viewing our patients as fitting into a "mould" or model of disease that we know so well.

Many patients report feeling left behind in the current healthcare system, unfortunately. They may feel rushed at routine appointments, or may be waiting months to see specialists. They may have seen many practitioners, tried multiple therapies - but never had meaningful results.

As pharmacists and front-line clinicians, we need to listen when our patients tell us that the many antidepressants they've tried over many years have made no difference, or made things worse. We need to listen when they say "the thyroid medication hasn't helped my symptoms, but I was told it's fine because my TSH is normal". Ultimately, it is our calling to listen, because what they are doing is *asking us for help*.

The cornerstone of a successful patient outcome is Personalized Care. This may sound simple or obvious at first-glance - of course we provide 'personalized' counsel, right?

Did you already answer 'yes'?... Or, if I know my fellow pharmacist, you may already be analyzing (in an endearing fashion, of course) the definitions of 'personalized' and 'care' and checking off the boxes that meet that definition.

In many ways, I'm challenging us as pharmacists to set aside those check boxes - *those details that can be distracting* - for just a moment and use what brought us into the profession - that vision, *the big picture that really matters* - that we want to *help people*. And the best way to do that is by understanding what season of life they are in...

Case of 'hypercholesterolemia and high BMI'...

We're tempted to advise on the specific management of hypercholesterolemia when this male patient comes in for a refill:

Watch for any muscle pain with this statin, don't take it with grapefruit juice. Perhaps we tell him it's a good idea to exercise, aim for 5-7 times a week, and lose weight.

However, *first* we decide to ask a few more questions...

When were you diagnosed? When did your doctor first note issues with cholesterol?... He mentions he gained a lot of weight a few years ago... *What contributed to the weight gain?...* His son died in a car accident 3 years ago. He's struggling financially as he's been having difficulty keeping focused at his job. He rarely leaves the house. He doesn't feel like cooking his own food. He says he wants to exercise, but he has no energy, no motivation, no zest for life. In fact, he can barely get out of bed. He is depressed and grieving. He divorced after the loss of his son and has no family or source of supports here. He starts crying...

Further investigation with him and his healthcare team reveals not only extended stress impacting (i) his social connections and (ii) physiologic control of cortisol, sex hormones and thyroid hormones, but also (iii) a drug-induced nutrient depletion of Coenzyme Q10 by the statin, (iv) further limiting his energy and excessively lowering his cholesterol, the building block of sex hormones, which (v) further impairs his body's already-reduced production of much-needed testosterone critical for weight management, mood and zest for life.

...now becomes a real case of a man with hope and renewed vigor, through social supports and treatment of underlying health issues and drug-induced nutrient depletions

Looking back, would a suggestion to 'lose weight' have made any positive impact for this man?? Was that the advice he needed in his season of life?

There are more trees than the high LDL tree, the low HDL tree and the high BMI tree in this forest!!

Once, a patient of mine received a call from his doctor's receptionist telling him his cholesterol was high so he should lose 10 pounds. He wasn't overweight. I trust we'd all agree that's not a good example of personalized care.

Case of 'well-managed hypothyroidism in a depressed patient'...

When this patient is refilling T4 (levothyroxine) but says she doesn't think it's working because she is more depressed than ever, despite a normal TSH of 4.0,

we're tempted to advise on the specific treatment guidelines for hypothyroidism and thyroid replacement:

Your labs show it is within range so don't worry. See, it's less than 4.5. Just make sure you take it consistently in the morning, on an empty stomach, away from calcium, so it can absorb best. Perhaps we suggest she contact the doctor about titrating up the dose of antidepressant.

However, *first* we decide to ask a few more questions...

When did your depression begin?... 30 years ago... When did you start thyroid replacement?...2 years ago...What were the symptoms you had before it was prescribed?...Had worsened depression, irritability, hair loss, fatigue, constipation, eczema for 5 years already, since menopause... Any family history of thyroid issues?... more autoimmune disease, and some depression, "but once I admit depression, I may as well not mention anything else...they always tell me I'm just depressed"..., she says...

Our research and consultation with her healthcare team reveals that (i) we need to adjust the dose of thyroid replacement to Optimize TSH, per the 2002 guidelines released by the American Association of Clinical Endocrinologists to treat TSH above 3.0. Further investigation unveils that (ii) she feels like she's been type-cast as "depressed-only", but (iii) our readiness to listen fosters trust. Our recommendation to complete an updated full thyroid panel shows (iv) elevated anti-TPO levels, enabling her doctor to (v) diagnose Hashimoto's thyroiditis. This can now be treated accordingly.

...now becomes a true case of effective treatment by identification of immune-modulated Hashimoto's thyroiditis and personalized care

This person's forest has all types of trees: the TSH tree, the new-and-improved TSH tree, the despondent tree, the history of depression and autoimmune disorders and the tree of hope.

But it is only when we look at the forest, that this person's season comes into full bloom.

In truth, I believe that our patients know their own bodies best. If something 'feels off', even in the face of normal test results, it is vital that we take that to heart. At the end of the day, a patient is not 'the number'; and not 'the disease'; but a unique **person** whose observations count.

Once we take the time to truly listen, we begin to understand. This makes us well-primed to work with them and their healthcare team to help them feel their best moving forward.

Finding the forest through the trees takes focus; an ability to focus on the big picture as well as the little picture. Big and little - they both matter, of course. However, to truly help people, we must never lose sight of *their big vision*, whether it's winter or spring.

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