### **Fish Consumption for Clinicians**

Increasing Knowledge of the Risks and Benefits of Fish and Evaluating Clinical Screening for Mercury

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### Acknowledgements/Disclosure

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How to utilize the healthcare provider to decrease exposure to methyl mercury from fish?

A. Educate clinicians about risks and benefits of fish consumption

B. Provide patient education/counseling

C. Implement screening?



## Background: Health Behavior Change

- Evidence shows:
  - Patients look to their primary care providers (PCPs) as sources of prevention recommendations
  - Brief interventions integrated into routine primary care can reduce risk behaviors

Whitlock et al. Am J Prev Med 2002



Background: Healthcare provider education

Adult learning techniques that are:

- Interactive
- Sequential
- Held in settings such as workshops, small groups, individual training sessions

#### WORK BETTER TO CHANGE PROVIDER BEHAVIOR

Whitlock et al. Am J Prev Med 2002





- On-line CME course
- Six 30-minute modules delivered every 2 weeks
- Repeated short bursts of information, interactive

- Pre-test for each module evaluates knowledge from previous module
- Participants required to make Action Plan for clinical practice
- Actions Plans posted on Discussion Board



### Summary messages

Module 1: the four(five) fish to avoid

Module 2: eat fish twice per week

Module 3: eat a variety of fish

- Module 4: advise special populations re: species that are lower in contaminants
- Module 5: access local fish advisories for sport anglers

Module 6: balance risks and benefits



ule	Knowledge	Behaviors	Tools (Skills)
ıle 1	<ol> <li>How contaminants get into fish-Hg, PCBs, chlordane, DDT</li> <li>Mercury concentrates in larger fish</li> <li>Major benefits of PUFAs for fetus/pregnancy/infants: neurodevelopment, etc.</li> <li>Major risks of organic mercury in pregnancy/infants: neurodev, etc</li> <li>The four fish to avoid.</li> <li>Case: pregnant woman craving swordfish</li> </ol>	Ask patients (child's parents) about consumption of the four fish to avoid Advise against intake of the big four	Script for asking about the four types of fish to avoid. Advice to avoid them.
ıle 2	<ol> <li>Major benefits of PUFAs for adults</li> <li>Major risks of organic mercury and PCBs in adults</li> <li>Non-fish sources of PUFAs</li> <li>A variety of fish, two meals per week.</li> <li>Case: adult with heart disease – screening for eating enough</li> </ol>	Ask all patients about frequency of fish consumption. Advise re: eat fish, two meals per week.	Script for asking about frequency of fish consumption. Advise re: eat fish twice per week. Access AHA recommendations
ıle 3	<ol> <li>DHA intake recommendations in pregnancy</li> <li>Mother-baby pathway (placenta), why children are special pops</li> <li>Detail on risks and benefits of fish in pregnancy/childhood –expanded from Module 1.</li> <li>Case: child who eats only tuna sandwiches</li> </ol>	Ask patients (child's parents) about frequency of fish consumption. Encourage pts. to eat fish, reinforce avoiding the big four, eat a variety twice a week, do not stick to one fish.	Script on screening for frequenc of sifh consumption, encouraging to eat fish, reinforce the big four, eat a variety twice a week.
ıle 4	Special populations at risk besides pregnant women and babies Asian pops, tribal pops Review absorption of mercury, ½ life Tables of mercury levels in various species <i>Case: Asian adult – eating too much and</i> <i>feeding grandchildren</i>	Know the ethnic groups that may be at higher risk.	Script – Screen high risk populations. Access information on mercury levels in fish
ıle 5	Great Lakes PCBs, pesticides and other contaminants Introduction to local fish advisories <i>Case: Urban angler</i>	Screen pts about locally caught fish	How to access local fish advisories Add consumption of locally caught fish to routine screening.
ILE 6			

### Healthy Fish Choices – <u>www.healthyfishchoices.org</u>



Promoting healthy fish consumption for women and children







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#### Healthy Fish Choices Curriculum Summary

Patient Group	Benefits of Fish Consumption	Risks of Overconsumption of Fish	Patient Education		
AJI	<ul> <li>High quality, low fat protein</li> </ul>	See isks for different sub-groups below	General adult population: Eat fish at least twice a		
	<ul> <li>High in polyunsaturated fatty acids (PUFAs) especially the omega-3 fatty acids EPA and DHA</li> </ul>		week <ul> <li>See group-specific recommendations below</li> </ul>		
	<ul> <li>Primary source of the anti-oxidant selenium</li> </ul>				
Pregnant	<ul> <li>Increased birth weight</li> </ul>	<ul> <li>Increased preterm delivery</li> </ul>	<ul> <li>Eat a variety of fish no more than twice a week</li> </ul>		
women	<ul> <li>Increased duration of gestation</li> <li>Increased IQ in offspring</li> </ul>	<ul> <li>Decreased performance on neurologic testing in offspring</li> </ul>	<ul> <li>Do not eat: swordfish, tile fish, king mackere, and shark</li> </ul>		
	<ul> <li>Enhanced visual acuity in offspring</li> </ul>		<ul> <li>Stick to chunk light tune instead of larger tune</li> </ul>		
	- Childhoo Yabalacoly Honaphrig		<ul> <li>If no fish consumption, consider supplement</li> </ul>		
Breastfeeding	<ul> <li>Improved neurodevelopment</li> <li>Higher scores on Deriver Developmental screening</li> </ul>	<ul> <li>Lower scores on neurologic tests</li> </ul>	<ul> <li>Eat a variety of fish no more than twice a week</li> </ul>		
women and young children			<ul> <li>Do not cat: swordfish, tile fish, king mackere, and shark</li> </ul>		
			<ul> <li>Stick to chunk light tuna instead of larger tuna</li> </ul>		
			<ul> <li>If no maternal fish consumption, consider supplement with 650mg of DHA+EPA daily</li> </ul>		
Adults	<ul> <li>Lower coronary heart disease mortality</li> <li>Lower blood pressure, lower triglycerides.</li> </ul>	<ul> <li>Higher risk for myocardial infarction</li> <li>Possible link to elevated blood pressure</li> </ul>	<ul> <li>Screen for fish consumption in st-risk populations: Asians, residents in coastal areas, tribal populations, recreational anglers</li> </ul>		
	<ul> <li>Possible decrease in incidence of stroke, Alzheimer Disease, Type 2 Diabetes</li> </ul>		<ul> <li>Patients without heart disease : eat a variety of (preferably fatty) fish at least twice a week</li> </ul>		
			<ul> <li>Patients with documented cardiac disease: consume 1 g of EPA+DHA per day preferably from fatty fish</li> </ul>		
			<ul> <li>Patients with elevated triglycerides: take 2 to 4 grams of EPA+DHA per day as capsules</li> </ul>		
			<ul> <li>Recreational anglers: follow local fish advisories</li> </ul>		

## Results

N=120 completed curriculum N=105 (87.5%) completed 3-month follow-up

**Practice types:** Private outpatient, hospital-based outpatient, hospital-based in-patient, public outpatient

**Practice location**: Wisconsin, Michigan, Illinois, Indiana, Ohio, Michigan, Pennsylvania, New York





#### Table2: Demographic Characteristics of Study Participants (n = 120)

	N=	%
Gender		
Female	84	70.0%
Male	36	30.0%
Age		
25 to 34 years	23	19.2%
35 to 44 years	33	27.5%
45 to 54 years	27	22.5%
55 to 64 years	23	19.2%
65 years and up	2	1.7%
Unspecified	12	10.0%
Specialty		
Certified Nurse Midwife / Licensed Midwife	37	30.8%
Family Medicine	37	30.8%
Obstetrics / Gynecology	10	8.3%
Pediatrics	35	29.2%
Pathology	1	0.8%
Years since completing formal training		
5 years or less	27	22.5%
6 to 10 years	22	18.3%
11 to 20 years	31	25.8%
21 years and more	28	23.3%
Unspecified	12	10.0%



As a result of participating in this CME activity do you agree the following objectives were met?	Agree Objectives were met N=	%
Participant is able to describe the benefits of poly-unsaturated fatty acids	108	90.0%
Participant is able to identify the contaminants in fish and their effects on human health	119	99.2%
Participant is able to describe the scientific basis for how contaminants occur in fish	114	95.0%
Participant is able to identify patients who are at-risk of health effects from contaminants of fish due to high consumption Participant is able to access national and local fish advisories	119 111	99.2% 92.5%
Participant is able to appreciate why everyone - especially pregnant women and children - needs to adopt a healthy fish consumption	111	52.570
strategy	118	98.3%
Participant is committed to implementing counseling strategies with patients to promote healthy fish consumption.	117	97.5%



### Table 6: Average Pre-test and Post-test Scores by Training ModuleHealthy Fish Choices Training Modules, 2012-2013

		Pre-Test			Post-Test			
	N=	Mean		N=	Mean		Mean Difference	
	Questions	Score	SD	Questions	Score	SD	Pre to Post-Test*	P-value
le 1	5	53.5%	25.3%	5	84.2%	18.9%	30.7%	<0.001
le 2	7	62.5%	25.6%	6	90.4%	16.0%	27.9%	<0.001
le 3	5	70.5%	26.7%	8	86.8%	13.3%	16.3%	<0.001
le 4	9	63.6%	18.9%	8	83.5%	23.3%	19.9%	<0.001
le 5	7	66.9%	24.3%	9	86.8%	18.4%	19.9%	< 0.001
le 6	9	75.6%	20.6%	10	84.4%	11.4%	8.9%	<0.001

\*Adjusted for years of practice, specialty, and 5 or more hours CME training in last hour \*\*Number of questions varied by module and pre/post-test. Some modules contained questions asked in previous modules which randomly selected.



Table 4: Barriers to Integrating Discussions on Nutritional Issues within the Medical Practice of Study Participants Healthy Fish Choices Training Modules, 2012-2013

	N=	%
What are the main barriers you currently encounter when discussing nutrition and food safety issues with patients?		
Lack of time	85	70.8%
More pressing issues	64	53.3%
Low interest by patient population	38	31.7%
Lack of sufficient knowledge to deal with the issues	30	25.0%
Lack of information on referral sources	23	19.2%
Not my area of expertise	22	18.3%
No resources available for patients	14	11.7%
Other specialists in our practice deal with those issues	6	5.0%



### Test scores

- Comparison of the cumulative immediate posttest scores to follow-up scores:
  - **85.9%** (sd=10.2) vs **81.5%** (sd=12.4)
  - decrease (p<0.01) in the percent correct answer</li>
- Persistence of improved knowledge -- comparison of cumulative pretest scores to follow-up scores:
  - 66.2% vs. 81.5%
  - 15.3% points higher (p<0.001)





### **Clinical practice change**

- Immediate: **89.2%** stated that they would implement modifications in their practice
- Follow-up: 79.1% had adopted new practices to enhance their patient care in regards to fish consumption





### Qualitative responses re: clinical practice change

- Incorporating discussion about fish consumption in the history and physical exam in the initial visit or follow-up visits
- Providing lists of fish to avoid and information about adding fish to diet
- Improving screening for at-risk groups based on ethnicity and fish consumption levels
- Discussing benefits of eating omega 3's and general counseling on appropriate fish intake and risks
- Adding questions to electronic medical record screens
- Adding smart phrases and smart text that can be printed out for patients on their after visit summary



### Revisions

- Reduced required modules
  - Modules 1 and 2 are required for initial CME, 4-6 are for additional CME
- Decreased requirement to post on Discussion Board
- Decreased 2 week interval between Modules
- Size of videos shrunk for faster loading





# Marketing

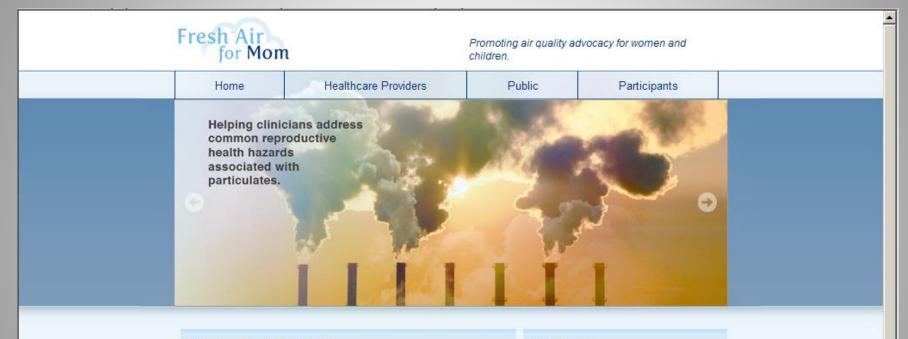
- State chapters of AAFP, AAP, ACOG, ACNM
- Nurse Practitioner Forum
- State EPAs, DNRs, DOHs
- Environmental groups Chicago PSR, EHN, Gelfond Fund

*Co-investigators:* Gerald Stapleton, Lee Friedman, Phil Bashook, Gary Loy





#### PEHSU Special project: Health Effects of Air Quality on Pregnancy On-line module for prenatal providers www.freshairformom.org



#### Overview and Goals

Evidence has increased in the past decade that exposure to toxic air during the prenatal period may exacerbate or cause adverse health outcomes. Pollutants in the air, when inhaled by pregnant women, can cause birth defects, abnormal growth, delayed neurodevelopment, and endocrine disruption in their offspring.

This module is part of a program supported by funds from the Environmental Protection Agency (EPA) to provide training and outreach to doctors, public health nurses, Ob/Gyn residents, and medical students on recognizing reproductive health hazards, taking an environmental history, and providing anticipatory guidance for prevention of exposures to environmental hazards.

#### Objectives

After completion of the online module participants will:

- Recognize the issues related to three common reproductive health hazards regarding air quality (pesticides, particulates, and environmental tobacco smoke).
- Demonstrate the ability to take an environmental history of air pollution exposure from their pregnant patients.
- Accurately assess the risks to their natients and their offspring based on

and The part of this module is to decrease adverse reproductive outcomes

Health Sciences Division

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#### HOME > MY COURSES > FRESH AIR FOR MOM > LESSON 2 - AIR QUALITY ISSUES AROUND THE HOME (OUTDOOR AIR) > LESSON 2 DISCOVERY EXPERIENCE - OUTDOOR AIR QUALITY

#### Lesson 2 Discovery Experience - Outdoor Air Quality

In the second Discovery Experience, you will explore the outdoor home environment and learn about 8 air quality issues that can affect the health of your patients and their unborn offspring. Click the image below to begin. The Discovery Experience will open in a Unity pop-up window.



This Discovery Experience will be followed by a short quiz over the air quality hazards you discover in the outdoor environment around the home. Click the button below after you have completed the Discovery Experience.

I'm Finished & Ready for Quiz

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#### Lesson 3 Discovery Experience - Air Quality in the Workplace

In this third and final Discovery Experience, you will explore a work environment and learn about 8 air quality issues that can affect the health of your patients and their unborn offspring. Click the image below to begin. The Discovery Experience will open in a Unity pop-up window.



This Discovery Experience will be followed by a short quiz over the air quality hazards you discover in the commercial or work environment. Click the button below after you have completed the Discovery Experience.

I'm Finished & Ready for Quiz



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