

Rx

Helping Patients Achieve Optimal Wellness: Is it Possible?

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1. Understand the mortal hazards associated with longevity that correlate to medical care versus self-care.
2. Define self-care in relation to medical specialist care.
3. Understand the concept of medication optimization and management that focuses on all aspect of the patient's journey.
4. Discuss the biblical concept of wellness. Is there such a thing as wellness?

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WELLNESS?

**EAT WELL
 STAY FIT
 DIE ANYWAY**



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**MY FLESH AND MY HEART MAY FAIL,
 BUT GOD IS THE STRENGTH
 OF MY HEART AND MY PORTION
 FOREVER. PSALM 73:26**

True Wellness!!

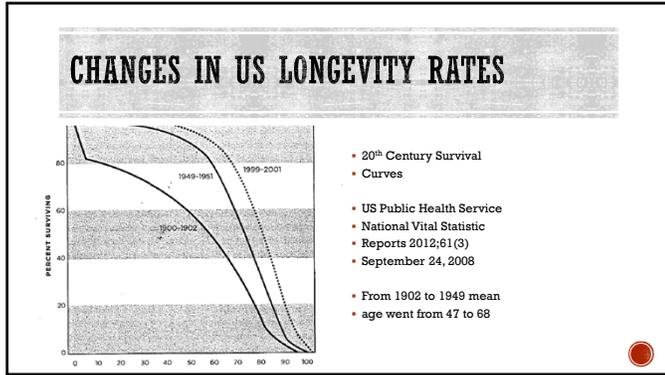
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IS WELLNESS LIVING TO A RIPE OLD AGE?

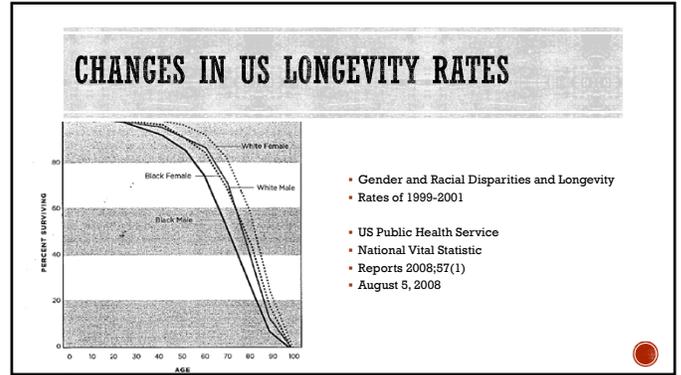
- "One is old when one is ripe"
- Ripe = Octogenarian
- Ours is not our grandparent's longevity



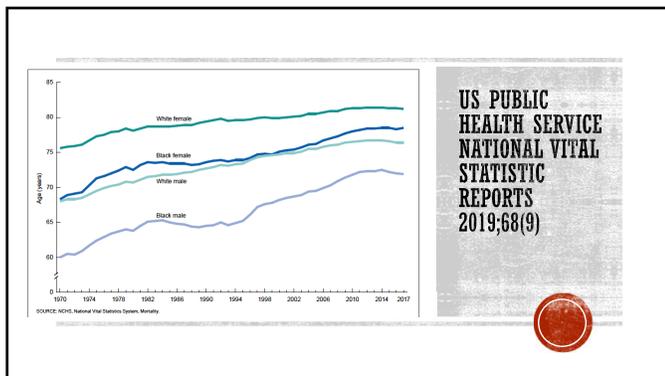

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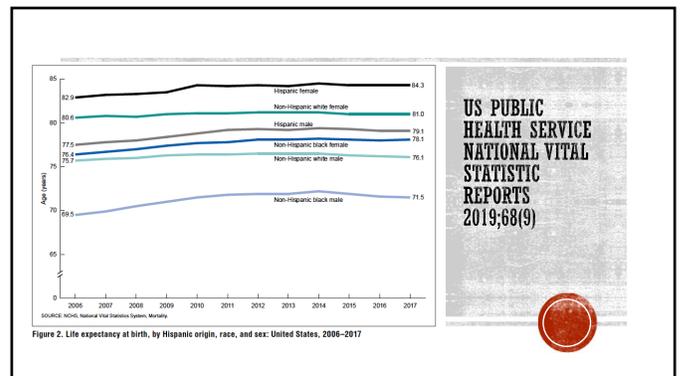
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CDC 2019 DATA

- Number of deaths: 2,854,838
- Death rate (age-adjusted): 715.2 deaths per 100,000 population
- Life expectancy: 78.8 years (went up from 17)

- Infant Mortality rate: 5.58 deaths per 1,000 live births
 - In 2016, 623,471 legal induced abortions were reported to CDC from 48 reporting areas.
- Adding abortions, the rate was 192 deaths per 1,000 live births

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Year	Total deaths in US	Death rate/100,000	Life expectancy (years)
2016	2,744,630	728.8	78.7
2017	2,813,503	731.9	78.6
2018	2,839,205	723.6	78.7
2019	2,854,838	715.2	78.8
2020	3,358,814	828.7	77.0

DEATHS BY YEAR

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CDC 2020 DATA

Number of deaths for leading causes of death:

Heart disease: 690,882

Cancer: 598,932

COVID-19: 345,323

Accidents (unintentional injuries): 192,1276

Stroke (cerebrovascular diseases): 159,050

Chronic lower respiratory diseases: 151,637

Alzheimer's disease: 133,382

Diabetes: 101,106

Influenza and Pneumonia: 53,495

Nephritis, nephrotic syndrome and nephrosis: 52,260

Intentional self-harm (suicide): 44,834

JAMA 2021:325(18):1829-30

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DEATH RATE FROM OPIOIDS

- Premature Mortality from Drug Overdoses from 2001 to 2015 in 13 Countries with high quality death certificate data
- Includes accidental and intentional deaths
- 2016 - 63,632 deaths
 - assuming 66% as opioid deaths = ~42,000
- New data on rates from 2016
 - 35 deaths / 100,000 in males
 - 20 deaths / 100,000 in females
 - Total of 55 deaths/100,000 [36 opioid deaths/100,000]
- World rates - highest rate in USA, next is Norway (16/100,000 males); then England (Wales) at 15

Annals Intern Med, Letter November 13, 2018

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DEATH RATES IN USA - 2020

- 165/100,000 for heart disease
- 158/100,000 for cancer
- 91.5/100,000 for COVID
- 48/100,000 for COPD and other respiratory
- 45/100,000 for accidental deaths
- 38/100,000 for stroke
 - Assuming 36/100,000 for opioid related deaths
- 29/100,000 for Alzheimer's Disease
- 21/100,000 for diabetes
- 15/100,000 for pneumonia and influenza
- 13.5/100,000 kidney death
- 13/100,000 for suicide
- 8/100,000 for hypertension and related

MMWR Report CDC 2017:66(6):1-73
JAMA 2021:325(18):1829-30

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DEATH RATES IN USA - 2020

- 19,200/100,000 live births for Abortion (Jones calculated)
- 165/100,000 for heart disease
- 158/100,000 for cancer
- 91.5/100,000 for COVID
- 48/100,000 for COPD and other respiratory
- 45/100,000 for accidental deaths
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 - Assuming 36/100,000 for opioid related deaths (Jones calculated)
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MMWR Report CDC 2017:66(6):1-73
JAMA 2021:325(18):1829-30

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IS IT LONGEVITY THAT MATTERS?

- Is it longevity or quality of life?
 - ***"In your ninth decade of life, both the quality of living and the quality of dying are primary health concerns."
- Who cares how many diseases you can list when you are an octogenarian.
 - Disease transforms to dis-ease
- Let's rejoice when we arrive at the "ripe old age".
- The question really is not how we can be assured we will live to be 85, but how can we aspire to be purposeful and self-assured for those 85 years?
 - Does preventative medicine have a role in the aged? ****Hadler NM Rethinking Aging, 2011 ISBN 978-0-8078-3506-7**

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MORTAL HAZARDS

- Obesity, smoking, high cholesterol, health-adverse diet, inactivity are adverse health behaviors.
- These account for 20-25% of one's mortal hazard = the years one falls short of a ripe old age.
- The other 75% relates to the circumstance of community and these big-time chip away at longevity.
 - You hate your job
 - Poor
 - Ostracized
 - Faced with uncertainty
 - Lonely or alone
 - Lack of interpersonal networks
 - Not being married
 - Lack of faith

"The secret to longevity are in the fine structures of human ecology"
Hadler, 2011

Hadler NM Rethinking Aging, 2011
ISBN 978-0-8078-3506-7

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- "The secret to longevity are in the fine structures of human relationship"
Hadler, 2011 (Jones added)**
- Hadler NM Rethinking Aging, 2011
ISBN 978-0-8078-3506-7

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EXAMPLE

- If patient lives to be 74 year of age
- Missed 80 by 6 years
- Why?
- Apply the mortal hazards theory:
 - 1.5 years (25% of 6 years) would be related to: obesity, smoking, high cholesterol, health-adverse diet, inactivity
 - 4.5 years (75% of 6 years) would be related to: circumstance of community
 - you hate your job, poverty, ostracized, faced with uncertainty, lonely or alone, lack of interpersonal networks, not being married, lack of faith

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DEFINITIONS: WELLNESS

- The state of being in good health, especially as an actively pursued goal.
 - "measures of a patient's progress toward wellness"
 - *Websters Dictionary*
- The condition of good physical and mental health, especially when actively maintained by proper diet, exercise, and avoidance of risky behavior.
 - *Medical Dictionary*
- Wellness is the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving, you're thriving.
 - *Pfizer*
- World Health Organization (WHO), wellness is defined as being "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
 - *WHO*

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WELLNESS IS OFTEN A CONFUSING IDEA

- Often confused with health, wellbeing and happiness
- Wellness is not a static state of being
 - being happy
 - in good health
 - a state of wellbeing
- Wellness is associated with an active process
 - being aware
 - making choices that lead toward an outcome of optimal holistic health and wellbeing

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DIMENSIONS OF WELLNESS: LIFESTYLE

- **5 Step Plan**
- Social connectedness
- Exercise
- Nutrition
- Sleep
- Mindfulness
- ? meditate

<https://globalwellnessinstitute.org/what-is-wellness/>

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DIMENSIONS OF WELLNESS: LIFESTYLE

- **7 Step Plan**
- Physical
- Emotional
- Intellectual
- Social
- Spiritual
- Environmental
- Occupational

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7 Step Plan

- Spiritual
- Physical
- Emotional
- Career
- Intellectual
- Environmental
- Social

<https://www3.uwsp.edu/health/Pages/about/7DimensionsWellness.aspx>

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SPIRITUAL WELLNESS (UNIVERSITY)

▪ “The spiritual dimension recognizes one’s search for meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe. Spiritual wellness is the ability to establish peace and harmony in our lives. It encompasses a high level of faith, hope, and commitment to our individual beliefs that provide a sense of meaning and purpose in human existence. It is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close our minds and become intolerant. Becoming spiritually well means striving for consistency with our values and beliefs.”

<https://www3.uwsp.edu/health/Pages/about/7DimensionsWellness.aspx>

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ENVIRONMENTAL WELLNESS

Tips and suggestions for optimal environmental wellness:

1. Stop junk mail
2. Conserve water and other resources
3. Minimize chemical use
4. Renew a relationship with the earth
5. Reduce, Reuse, Recycle: reduce the amount of pollution we generate; reuse containers, bags and batteries; recycle paper, glass, aluminum, and plastic

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FOUNDATIONS OF WELLNESS

-  Holistic and natural approaches
-  Self-care and healing
-  Preventive care

<https://globalwellnessinstitute.org/what-is-wellness/>

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MEDICARE WELLNESS VISIT

▪ Yearly “Wellness” visit are to develop or update your personalized plan to help prevent disease and disability, based on your current health and risk factors

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PHARMACIST-LED ANNUAL WELLNESS VISITS (AWV)

- The idea of the wellness visit is to reduce the cost of chronic disease care by:
 - addressing gaps in care
 - improving patient engagement
 - promoting preventative care
- Pharmacists are in position to conduct these visits under the supervision of a physician.

J Pharm Prac 2021;34(2):295-395

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PHARMACIST-LED ANNUAL WELLNESS VISITS (AWV)

- Systematic Review of the literature
- 11 reports (cites) were included out of 139 citations
- Pharmacists have a huge role in "putting it all together"
- Some outcomes noted in this review
 - PharmD salaries are easily provided through billing
 - PharmD had higher rate of medication and nonmedication related interventions than non-PharmD's

J Pharm Prac 2021;34(2):295-395

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PHARMACIST-LED ANNUAL WELLNESS VISITS (AWV)

- Some outcomes noted in this review (Cont.)...
 - Community pharmacies can establish a relationship with a practice to provide AWV
 - Provides interprofessional education for students
 - AWV conducted by PharmD's were noninferior to MD-led visits. PharmD's provided a higher rate of vaccines, advice and screenings
 - Patients were overall satisfied with the pharmacist
 - MD's were satisfied and used them for other services

J Pharm Prac 2021;34(2):295-395

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LET'S LOOK AT WELLNESS ANOTHER WAY

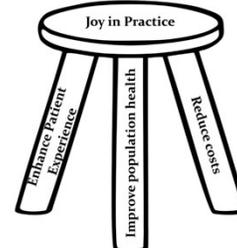
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INTEGRATIVE MEDICINE AND HEALTH (IMH) "IT ADDS THE PRACTITIONER TO THE EQUATION"

- "...reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."

Med Clin N Am 2017;101 (Preface)

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THE AIM OF IMH

TRIPLE AIM WAS ORIGINALLY PUBLISHED BY DON BERWICK, ET AL. FOR IMPROVING THE US HEALTH CARE SYSTEM – IT WAS THE MOTTO

Med Clin N Am 2017;101:1031-40

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Commercial Time!



DO YOU HAVE BURNOUT?

- Quick litmus test:
 1. Have you lost passion for your work?
 2. Do you treat patients as objects?
 3. Do you sense that your work is no longer meaningful?

Med Clin N Am 2017;101:1031-40

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The key is to put all the pieces together – Quadruple Aim

It is OK to incorporate a wide range of treatments from medications to acupuncture to yoga to surgery to pharmacognosy

What matters to you personally, may not be what matters to the patient

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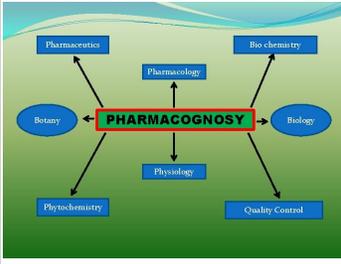
PHARMACOGNOSY



- **Definition**
- a branch of pharmacology dealing with medicinal substances of biological origin and especially medicinal substances obtained from plants

Pharmacogn Mag. 2012 Apr-Jun; 8(30): 91-92

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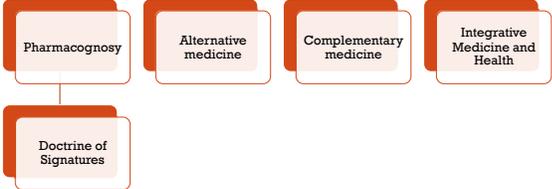


A PRINCIPLED SCIENCE!

Pharmacogn Mag. 2012 Apr-Jun; 8(30): 91-92

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A SCIENCE THAT HAS EVOLVED



Pharmacognosy

Alternative medicine

Complementary medicine

Integrative Medicine and Health

Doctrine of Signatures

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YOU ARE WHAT YOU EAT



Avocado - Uterus	Tomato - Heart	Ginger - Digestion
Ginseng - Veins	Celery - Bones	Onion - Cell Health
Walnut - Brain	Citrus - Breasts	Broccoli - AntiCancer
Figs - Scrotum	Grapes - Lungs	Mushroom - Ears
Carrots - Eyes	Rhubarb - Bones	Kidney Beans - Kidneys

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PHARMACOGNOSY BEGETS PHARMACOLOGY

- Today pharmacognosy is still a very important subject
- We find our FDA approved medications from plants all the time
- You ever heard of SGLT2's?
- Know where they come from?
- Apple trees
- In 1835, French chemists isolated a substance, phlorizin, from the bark of apple trees.
- The compound was bitter in flavor and reminded them of similar extracts from the cinchona and willow tree and for a time was referred to as the "glycoside from the bark of apple trees."
- it was discovered that high doses of phlorizin caused glucosuria

Clinical Diabetes 2010;28(1):5-10

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PRINCIPLES OF USE #1

- Buy the German brand products when possible!
- they are regulated as to purity - German Institute for Drugs and Medical Devices
- they have standards
- they have 60,000 products

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PRINCIPLES OF USE

- 70% of German practitioner's prescribe phytomedicinals
- They teach it in medical school
- Germany has developed Commission E which writes monographs on herbals

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PRINCIPLES OF USE #2

- Be aware of Chinese herbals!
- Studies show that they are often laced with drugs - NSAID's, dexamethasone, diazepam, HCTZ
- There are reports of poisonings - lead, arsenic

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PRINCIPLES OF USE #3

- Do NOT use in pregnancy!
- Nihilism rules
- Why?
 - purity unknown
 - no available information

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PRINCIPLES OF USE #4

- If it works, it works!
- there is very little data on efficacy in certain conditions, cost too much to study
- Is it a placebo effect?
- Not sure, but a good definition of a placebo is that it is a substance that "pleases" the patient

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PRINCIPLES OF USE #5

- Know the Herbs considered UNSAFE
- The best advice for us to give is safety

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HERBS CONSIDERED UNSAFE

- Borage (toxic alkaloids)
- Calamus (carcinogenic)
- Chaparral (hepatotoxic)
- Coltsfoot (carcinogenic)
- Comfrey (toxic alkaloids)
- Ma-huang (ephedra, watch with caffeine)

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HERBS CONSIDERED UNSAFE

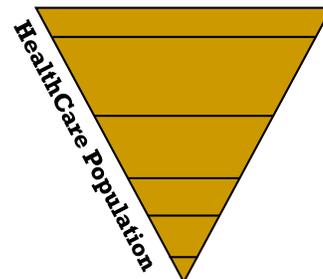
- Licorice (pseudoaldosteronism)
- Life root (hepatotoxic)
- Pokeroor (fatal in children)
- Sassafras (carcinogenic)

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LET'S LOOK AT WELLNESS ANOTHER WAY

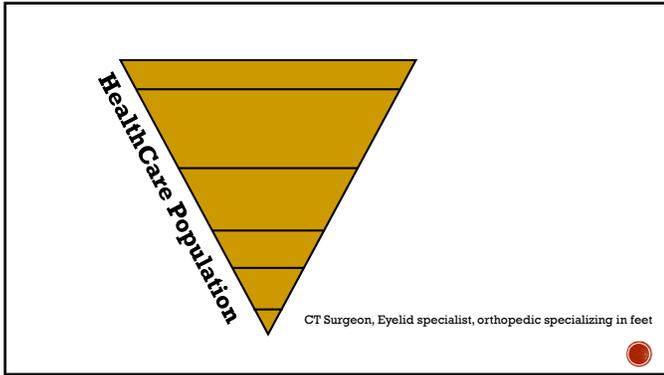
What about self-care?

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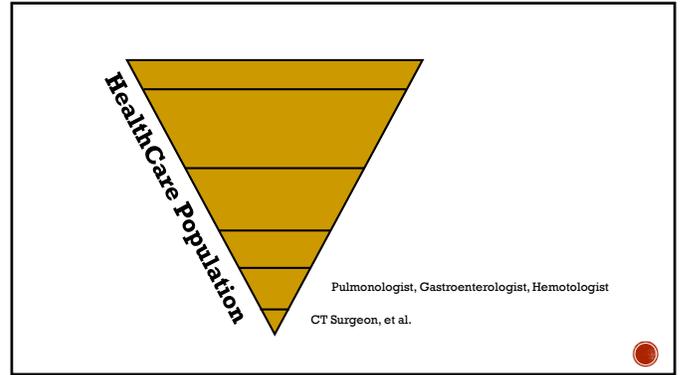


How pharmacists can lead the self-care revolution. The Pharmaceutical Journal, February 2019; Online:DOI:10.1211/PJ.2019.20206018

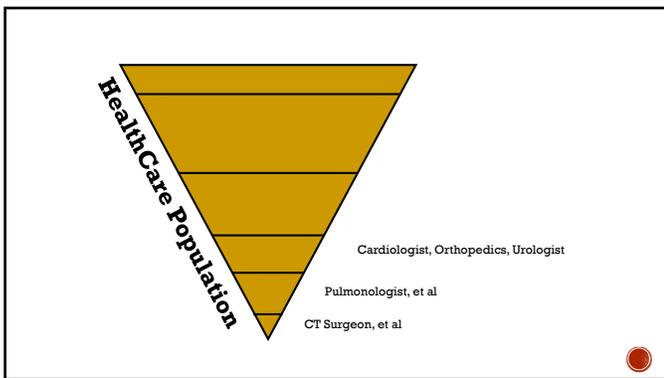
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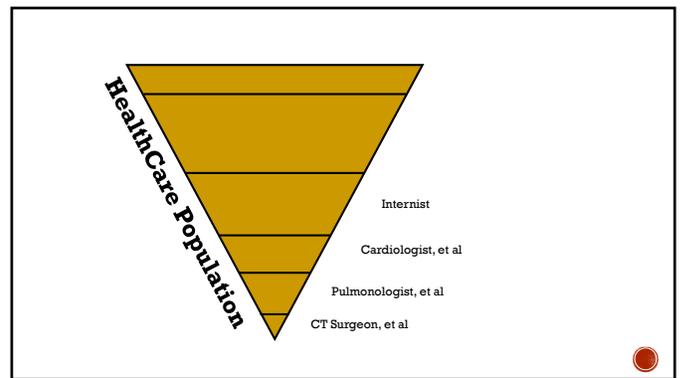
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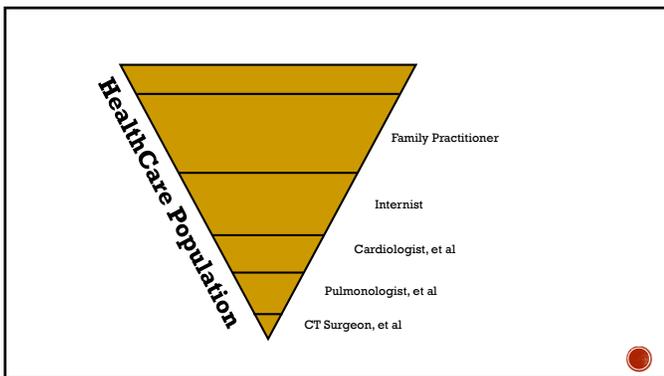
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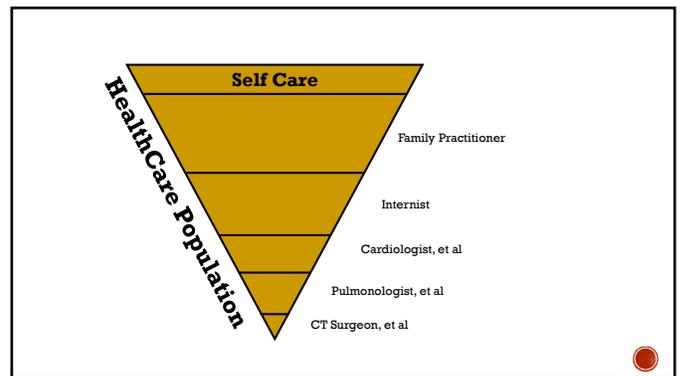
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SELF CARE

- Takes on many looks
- Seeking care through the pharmacy, online shopping, herbal connection, etc
- The antithesis is "YOUR Care"
 - Preventive care vs Health promotion
 - Screening (be aware of overdiagnosis)
- Remember people have values, they bring lots to the table – beliefs, finances, support systems or lack thereof, FEAR and I say it again FEAR
- When you are diagnosed, you are labeled, you are in the system and one thing leads to another!

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SELF CARE BEGETS WELLNESS

Disease prevention through healthy lifestyles

Self care in a pharmacy is a form of health promotion

You can not only help a patient with dietary supplements, but also help with basic treatment issues with OTC medications

You can also do basic screening

Am J Pharmaceu Ed 2014;78(2):1-6

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WHAT IS THE PHARMACIST'S ROLE IN WELLNESS

- Annual Wellness Visits in the doctor's office
- Have BP screening?
- Cholesterol screenings?
- Do fingerstick blood sugars?
 - (HbA1C?)
- Weight management?
- Risk assessment?
- Brown bag review?
- The question is, however, what do you do with the results?

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WHAT DO YOU DO WITH A POSITIVE TEST OR RESULT?

- Send them to the ED?
- Hand them back a piece of paper and instruct them to see their doctor?
- [My act of wellness in my environment is]:
 - Making sure the patient has a primary care physician or practitioner!

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WHAT IS THE PHARMACIST'S ROLE IN WELLNESS

- Health Promotion – is what your Aunt Betty would tell you
 - Get rest
 - Eat the right foods
 - Go play outside
 - Don't ever smoke
 - Do something that you think is positive for yourself

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TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

ASCVD assessment

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Weight and diet suggestions

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Calculator can be found on iTunes or Google Play for Android as a App

Internet: Goggle "Pooled Cohort Equation"

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Pooled Cohort Risk Assessment Equations

Predicts 10-year risk for a first atherosclerotic cardiovascular disease (ASCVD) event

Risk Factors for ASCVD

Gender Male Female
 Age years
 Race
 Total Cholesterol
 HDL Cholesterol
 Systolic BP mmHg
 Receiving treatment for high blood pressure (if SBP > 120 mmHg) No Yes
 Diabetes No Yes
 Smoker No Yes

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ASCVD Risk Evaluation

10-year risk of atherosclerotic cardiovascular disease: 42.4%

10-year risk in a similar patient with optimal risk factors: 9.6%

POOLED COHORT RISK ASSESSMENT EQUATIONS PREDICTS 10-YEAR RISK FOR A FIRST ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) EVENT

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CARDIOVASCULAR RISK REDUCTION BY PHARMACIST

- Evaluated a pharmacist-led program in the pharmacy for 12-months
- N = 178 at-risk employees of the University of British Columbia
- Compared usual pharmacist care vs MTM based
- Followed every 3 months

Cur Cardio Reports 2020;22(15):1-7

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CARDIOVASCULAR RISK REDUCTION BY PHARMACIST

Table 2 Key concepts for the primary prevention of cardiovascular disease

Concepts addressing modifiable risk factors	Recommendations including medication therapy
<ul style="list-style-type: none"> Promote a healthy lifestyle Approach primary prevention through team-based care Discuss 10-year ASCVD risk estimate with patients prior to starting pharmacological therapy Consume a healthy diet Promote physical activity at least 150 min per week if moderate-intensity, or 75 min per week if vigorous-intensity 	<ul style="list-style-type: none"> Diabetes mellitus type 2 Lifestyle modifications Metformin first line, followed by SGLT2 inhibitor or GLP-1 agonist medication Statin therapy for those age 40-75 years Statin Therapy <ul style="list-style-type: none"> Patients with LDL \geq 190 mg/dL Patients with significant ASCVD risk after patient discussion Hypertension <ul style="list-style-type: none"> Lifestyle modifications Medications to target blood pressure < 130/80 mmHg Screen for tobacco use at every visit <ul style="list-style-type: none"> Strongly advise to quit Nicotine replacement therapy or medication treatment where appropriate Aspirin use is not routinely recommended

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CARDIOVASCULAR RISK REDUCTION BY PHARMACIST

- **Results**
- They changed numbers
- 21% reduction in CV events (ARR was 5.4%, NNT 19)
- Increase absolute reductions of:
 - LDL by 10%
 - BP by 23%
 - HBA1c by 17.6%
 - Smoking by 7%
- Improved quality of life, medication adherence, Framingham risk scores
- Poor handling of the data in this trial
- Also, who is going to pay for this service????

Cur Cardio Reports 2020;22(15):1-7

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BARRIERS FOR CV HEALTH PROMOTION IN A PHARMACY

- Systematic review
- 15-year assessment of trials and reports (1998-2013)
- N = 24 studies
- Barriers identified:
 - Practice site factors
 - Lack of time
 - Lack of training (low confidence)
 - Lack of physical space
 - Inability to identify patients
 - Low priority
 - Financial factors
 - No reimbursement

Health Promo Intern 2017;32:535-46

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BARRIERS FOR CV HEALTH PROMOTION IN A PHARMACY

- Barriers identified:
 - Legal factors
 - Lack of official recognition
 - Legal and regulatory constraints
 - Patient-related factors
 - Low patient demand
 - Lack of patient awareness that pharmacists can do this job
 - Lack of patient trust

Health Promo Intern 2017;32:535-46

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TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?



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PHARMACIST AND WEIGHT MANAGEMENT

- 7-year review of the literature (2010-2017)
- Pharmacists have the potential to help obese patients with weight loss
- Studies = 9, n = 2141
- Mainly female over 50, mean BMI of 33
- Patient lost on the average 3.8 kg
- 2 studies looked at long-term (>6 months) effects – they shoed the weight loss maintenance was NOT achieved
- Drop-out rates were 8%-79%

J Pharm Prac 2018;26:475-484

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PHARMACIST AND WEIGHT MANAGEMENT

- Programs was educational
- Advice on diet, exercise and lifestyle changes
- Some used specific programs like: A Healthier Life Program, My Choice Program
- Some used dietitians, some used gym memberships for classes
- Most were 6-9 sessions over a year
- Needs – proven program, reimbursement, time

J Pharm Prac 2018;26:475-484

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TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?



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PHARMACIST AND SMOKING CESSATION

- Cochrane analysis on Community Pharmacy for smoking interventions
- Potential place
- Nicotine replacement therapy (NRT) is OTC
- Assessed RCT's
- Found only 2 trials meeting search criteria
- N = 976, both UK studies, self reported data
- Both studies used a training intervention – Stages of Change Model vs usual care model. Both groups got NRT
- Study 1 – at 12 weeks, 14.3% stopped smoking vs 2.7% in usual care (p<0.001)
- Study 2 – at 9 weeks, 12% vs 7.4% in usual care (NS, P = 0.09)

Cochrane Report 2004;1:CD003698

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IMMUNIZATION

OUR
BIGGEST
RECENT
SUCCESS!

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WHAT IS THE PHARMACIST'S ROLE IN WELLNESS

- Medication optimization
- “an approach to **medication management** that focuses on all aspects of the patient's journey from **initiation of treatment** (or decisions to forego treatment), to **follow-up**, to **ongoing review and support** of their medication treatment plan.”

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MEDICATION OPTIMIZATION

Moves Jazz into melody

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IS WELLNESS POSSIBLE? YES!

- Discernment is key!
- Wellness is a big industry
- It is estimated \$4.2 trillion-dollar business worldwide
 - yoga
 - healthy eating
 - personal care and beauty
 - nutrition and weight loss
 - meditations
 - spa retreats
 - workplace wellness
 - wellness tourism

<https://www.eternitynews.com.au/opinion/what-the-bible-says-about-wellness-why-it-offers-more-than-the-wellness-industry-does/>

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BIBLICAL WELLNESS

- The Bible exhorts us NOT make any one of these wellness options central to our lives
- We should thrive on God, not a cholesterol level, otherwise it is idolatry
- Colossians 1:19–20
- [19] For in him all the fullness of God was pleased to dwell, [20] and through him to reconcile to himself all things, whether on earth or in heaven, making peace by the blood of his cross. (ESV)
- Wellness is a PERSON!
- At the center of wellness is reconciliation and peace (Shalom – also means harmony, wholeness, completeness)

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TENANTS OF BIBLICAL WELLNESS

- Proverbs 3:5–6
- [5] Trust in the LORD with all your heart, and do not lean on your own understanding. [6] In all your ways acknowledge him, and he will make straight your paths. (ESV)
- Deuteronomy 5:7
- [7] "You shall have no other gods before me. (ESV)
- Psalm 37:4
- [4] Delight yourself in the LORD, and he will give you the desires of your heart. (ESV)

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TENANTS OF BIBLICAL WELLNESS

- Proverbs 3:7–8
- [7] Be not wise in your own eyes; fear the LORD, and turn away from evil. [8] It will be healing to your flesh and refreshment to your bones. (ESV)
- Proverbs 14:30
- [30] A tranquil heart gives life to the flesh, but envy makes the bones rot. (ESV)
- Proverbs 16:24
- [24] Gracious words are like a honeycomb, sweetness to the soul and health to the body. (ESV)

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TENANTS OF BIBLICAL WELLNESS

- Matthew 22:37–39
- [37] And he said to him, "You shall love the Lord your God with all your heart and with all your soul and with all your mind. [38] This is the great and first commandment. [39] And a second is like it: You shall love your neighbor as yourself. (ESV)
- 1 Corinthians 6:19–20
- [19] Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, [20] for you were bought with a price. So glorify God in your body. (ESV)

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TENANTS OF BIBLICAL WELLNESS

- 1 Timothy 4:7–8
- [7] Have nothing to do with irreverent, silly myths. Rather train yourself for godliness; [8] for while bodily training is of some value, godliness is of value in every way, as it holds promise for the present life and also for the life to come. (ESV)
- Proverbs 17:22
- [22] A joyful heart is good medicine, but a crushed spirit dries up the bones. (ESV)
- Matthew 11:28–30
- [28] Come to me, all who labor and are heavy laden, and I will give you rest. [29] Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. [30] For my yoke is easy, and my burden is light." (ESV)

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BIBLICAL VIEW OF PREVENTIVE MEDICINE?

- Jesus compares his mission with that of physicians
- Mark 2:17
- And when Jesus heard it, he said to them, "Those who are well have no need of a physician, but those who are sick. I came not to call the righteous, but sinners.

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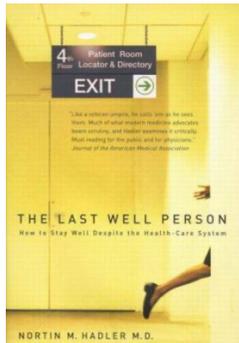
INVOLVE THOSE IN YOUR CHURCH!

James 5:14-16

Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the one who is sick, and the Lord will raise him up. And if he has committed sins, he will be forgiven. Therefore, confess your sins to one another and pray for one another, that you may be healed. The prayer of a righteous person has great power as it is working.



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BOOK RECOMMENDATION



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OVER-DIAGNOSED

MAKING PEOPLE SICK IN THE PURSUIT OF HEALTH

DR. H. GILBERT WELCH,
DR. LISA M. SCHWARTZ, AND DR. STEVEN WOLOSHIN

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Is this Wellness?



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