

Medical Care of the Homeless

An American and International Issue

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KEYWORDS

- Homelessness • Environment • Smoking • Diabetes mellitus • HIV • Dental
- Sexually transmitted infections • Cardiac disease

KEY POINTS

- Homeless persons die significantly younger than their housed counterparts.
- In many cases, relatively straightforward primary care issues (obesity, hypertension, diabetes mellitus, sexually transmitted infections, urinary tract infections, upper and lower respiratory infections, chronic obstructive pulmonary disease, depression, and poor dental hygiene) escalate into life-threatening, expensive emergencies.
- Poor health outcomes driven by negative interactions between comorbid symptoms meet the definition of a health syndemic in this population.
- Successful primary care of patients struggling with homelessness may result in long-term lifesaving measures along with decreased expenditure to hospital systems.
- This primary prevention requires patience, creativity, and acknowledgment that the source of many confounders may lay outside the control of these patients.

INTRODUCTION

Homeless persons die significantly younger than their housed counterparts.¹ In many cases, relatively straightforward primary care issues (obesity, hypertension, diabetes mellitus, sexually transmitted infections, urinary tract infections, upper and lower respiratory infections, chronic obstructive pulmonary disease [COPD], depression, and poor dental hygiene) escalate into life-threatening, expensive emergencies. The goal of this article is to provide the interested reader with insights gained from serving

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homeless patients, on the street and in shelters. The focus is to highlight factors that exacerbate diseases and complicate care. The authors also hope to provide readers with clinically proven methods to improve the lives of homeless patients.

ENVIRONMENT AS A HEALTH CHALLENGE

Pearl

The outside environment, where homeless people spend most of their time, is a risk factor and driver of poor health outcomes.

For individuals struggling with homelessness, the outside environment is where they will spend most of their time. The outdoors is where they work, sleep, socialize, and live out the functions of daily life. No matter whether hot, cold, raining, or snowing, they must learn how to survive in the environment that surrounds them. It is often this environment that becomes a risk factor and driver of poor outcomes because of exposure-related injuries.

Approximately 700 individuals experiencing homelessness or at risk of homelessness will die from hypothermia yearly in the United States.² Signs and symptoms of hypothermia include exhaustion, numbness, cold sensation, shivering, pale, or flushed skin, decreased hand coordination, slurred speech, and confusion.³ Hypothermia can occur before extreme cold, especially when clothes are wet.

Frostbite, like hypothermia, is a medical emergency. Superficial frostbite often presents with tingling and numbness, whereas deep frostbite that has been present for a long time can present dark and gangrenous. Affected areas could require amputation and need to be checked for infection. It is critical that cities prepare for cold weather, including provision of emergency shelter beds. This includes admission of all homeless persons to shelters no matter their sobriety status or whether they have previously been banned.⁴

Just as cold weather poses significant risks, hot weather does as well. High humidity makes thermoregulation difficult because it is more challenging for sweat to evaporate. Heat cramps, heat exhaustion, and heat stroke are all potential risks, with heat stroke being the most serious. The person will often present with inability to sweat and become hot and dry. He or she may experience chest pain, shortness of breath, headache, abdominal pain, and confusion. This person will require cooling via any means necessary.⁵

Given that homeless persons frequently stay outdoors or within shelters, exposure to insect bites or parasitic infestations is 3 times higher than in the general population.⁶ Homeless persons staying in shelters are at particular risk for exposure to scabies, lice, and bedbugs. Lice and scabies are highly contagious and can spread in the confines of close quarters. Spiders, mosquitoes, ticks, fleas, and ants may affect persons staying outdoors, so provision of repellent and proper tenting is important. It is critical to do a thorough history on exposure to insects, particularly those that are communicable, to provide the best medical care to homeless persons.⁵

In addition to weather-related hazards, there are challenges by virtue of simply living on the streets, including being the victim of physical and sexual crimes. From 1999 to 2013, the National Coalition for the Homeless documented 1437 acts of violence against homeless persons, including 375 acts that resulted in death. These acts of violence occurred in 47 states, Puerto Rico, and Washington, DC. Perpetrators were generally male, under 30 years old, and commonly teenagers. It is thought that these numbers are an underrepresentation of hate crimes against homeless persons. Additionally, in a racially diverse sample of homeless mothers, 92% reported experiencing severe physical and/or sexual violence at some point in their lives,

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