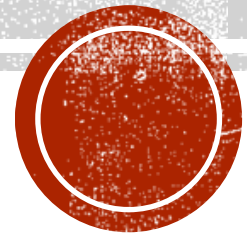


Rx

# **Helping Patients Achieve Optimal Wellness: Is it Possible?**

**Kelly W. Jones, Pharm.D.**  
**McLeod Family Medicine Center**  
**[kelly.jones@mcleodhealth.org](mailto:kelly.jones@mcleodhealth.org)**





**DISCLAIMER**

**N/A**





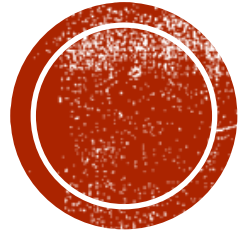
# OBJECTIVES

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?

**WELLNESS?**

**EAT WELL  
STAY FIT  
DIE ANYWAY**



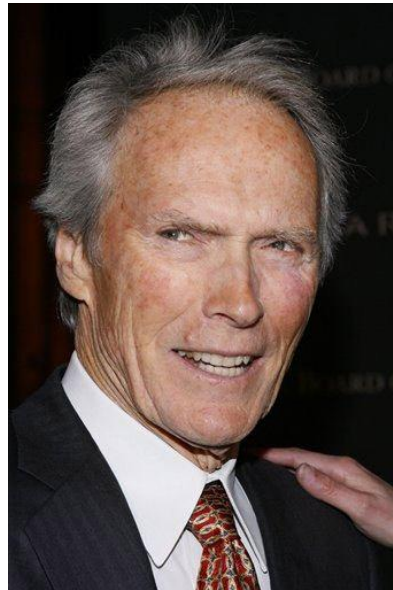
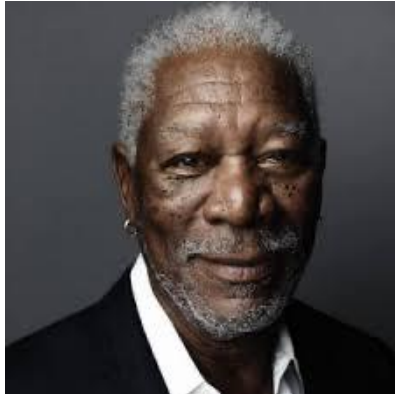


**MY FLESH AND MY HEART MAY FAIL,  
BUT GOD IS THE STRENGTH  
OF MY HEART AND MY PORTION  
FOREVER. PSALM 73:26**

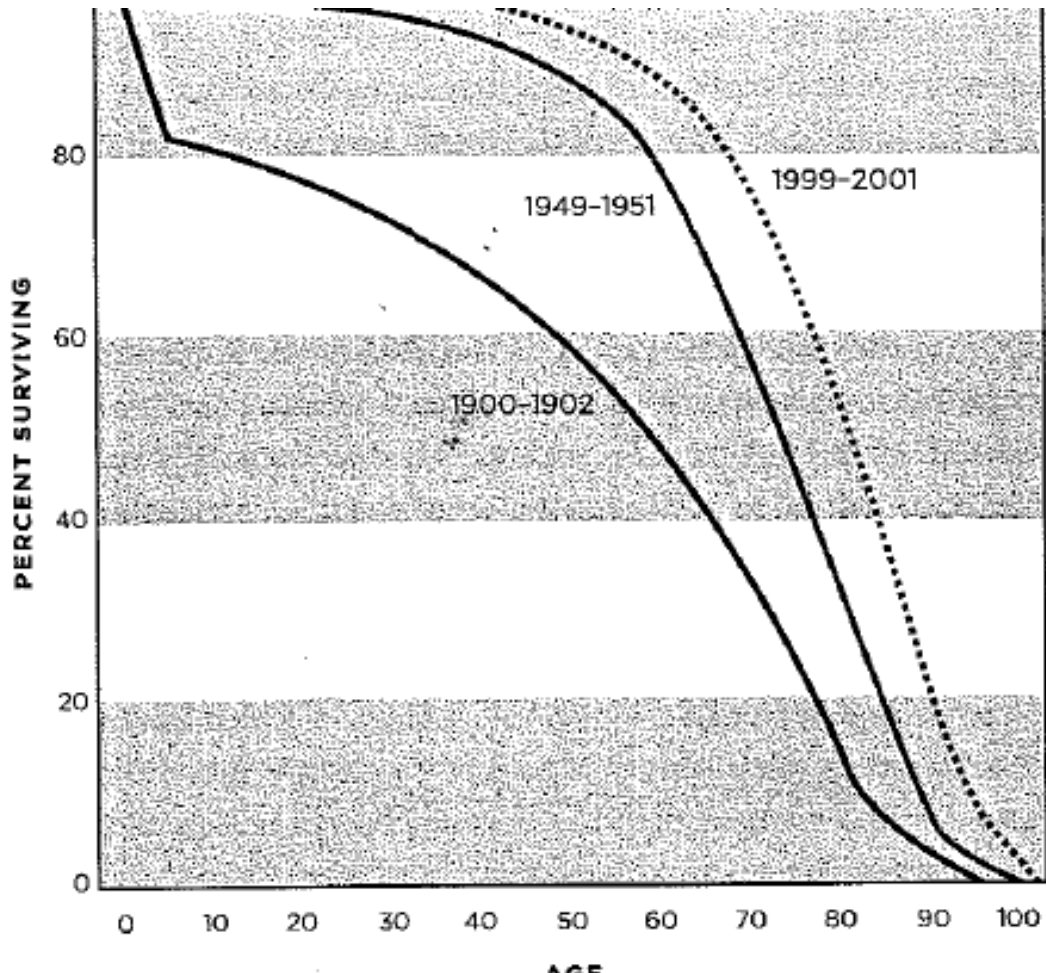
**True Wellness!!**

# IS WELLNESS LIVING TO A RIPE OLD AGE?

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



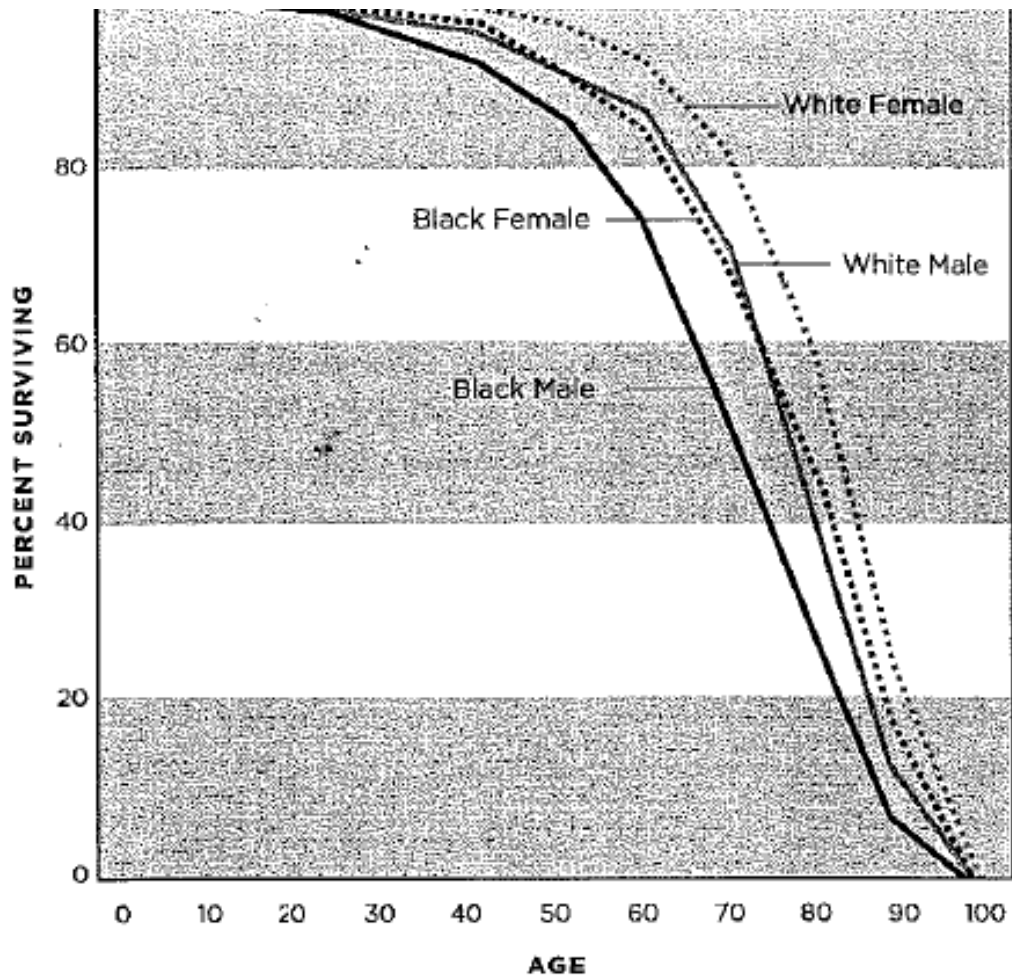
# CHANGES IN US LONGEVITY RATES



- 20<sup>th</sup> Century Survival Curves
- US Public Health Service National Vital Statistic Reports 2012;61(3) September 24, 2008
- From 1902 to 1949 mean age went from 47 to 68



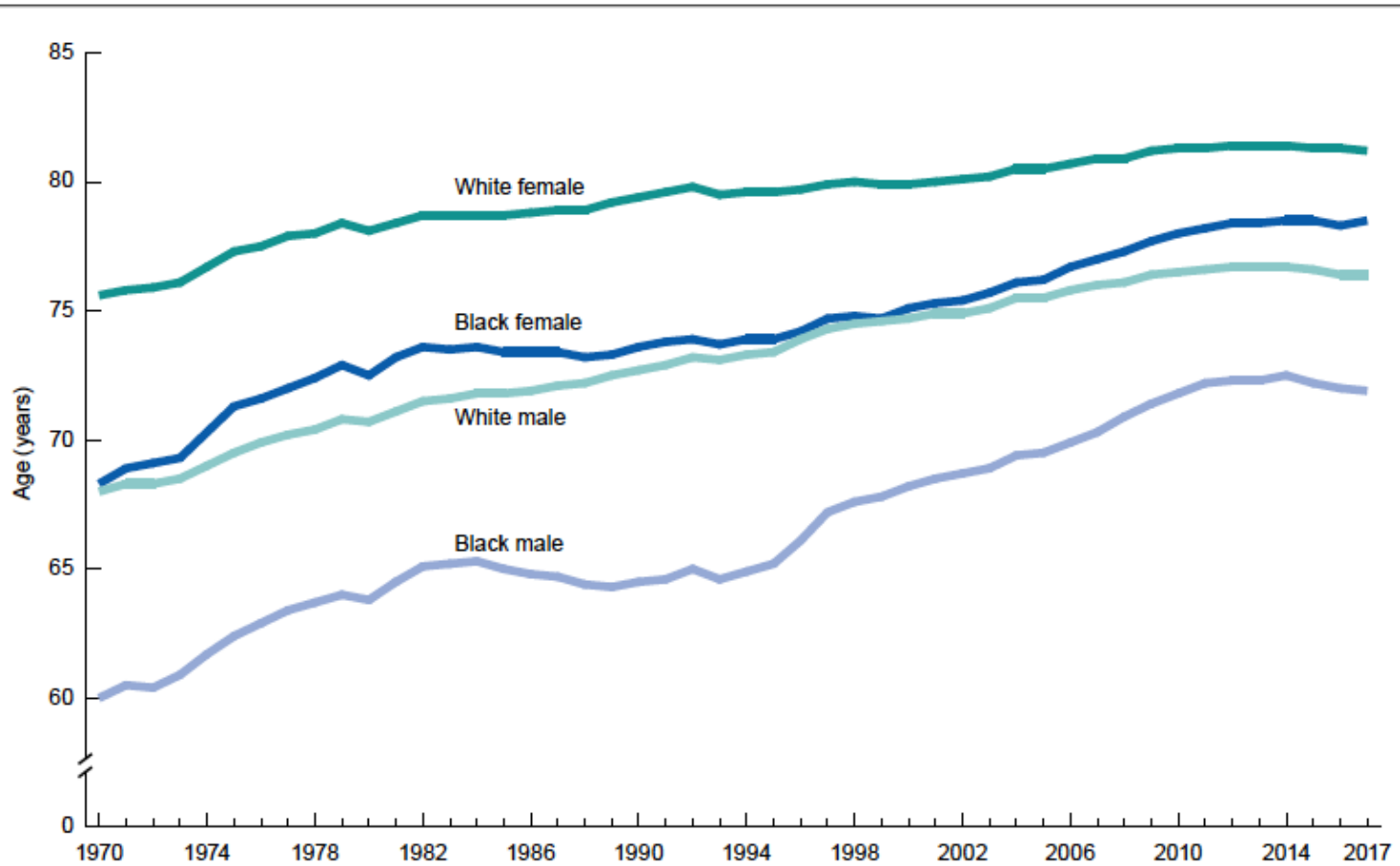
# CHANGES IN US LONGEVITY RATES



- Gender and Racial Disparities and Longevity
- Rates of 1999-2001
- US Public Health Service
- National Vital Statistic
- Reports 2008;57(1)
- August 5, 2008

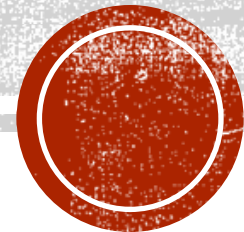






SOURCE: NCHS, National Vital Statistics System, Mortality.

# US PUBLIC HEALTH SERVICE NATIONAL VITAL STATISTIC REPORTS 2019;68(9)



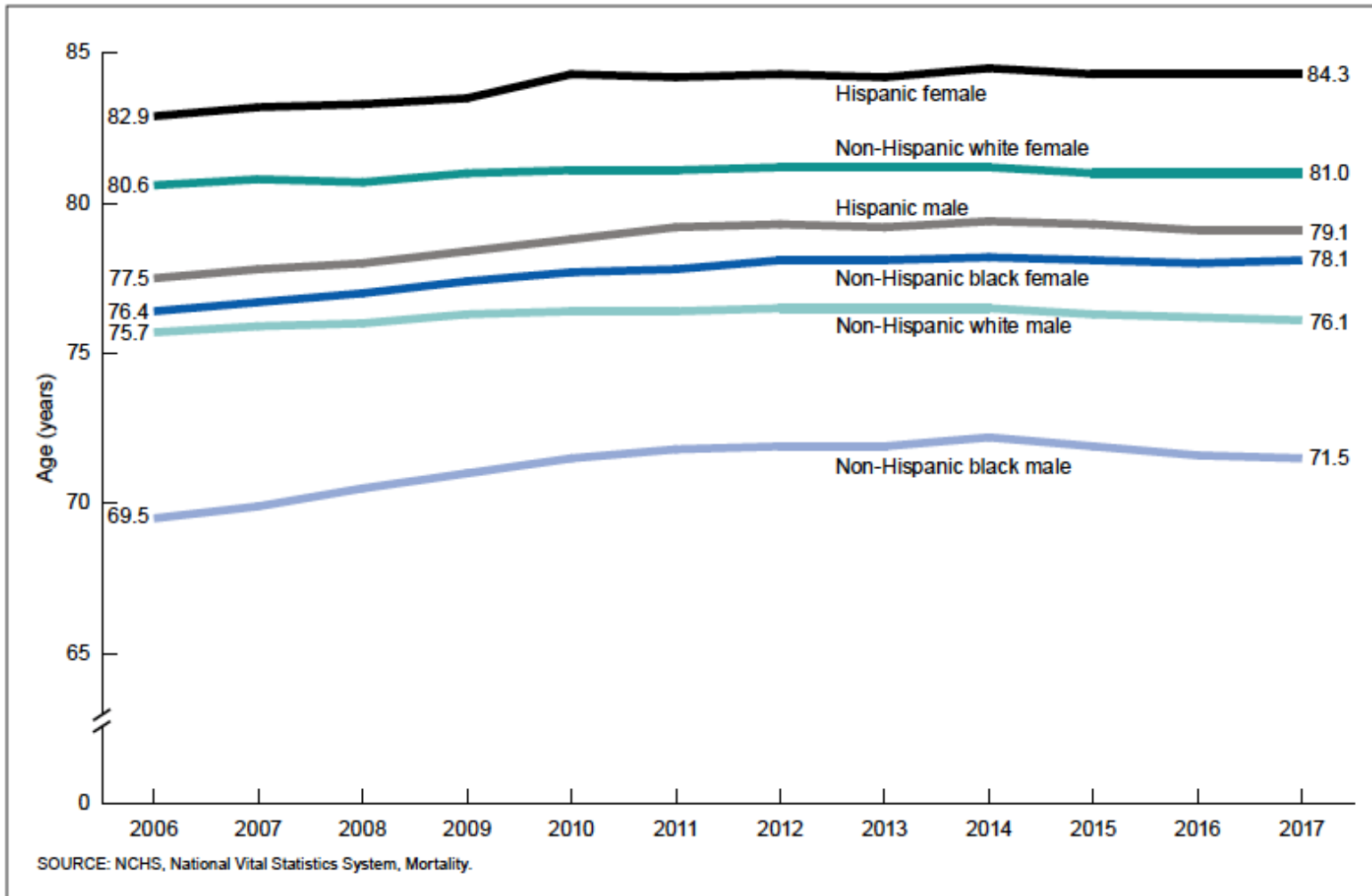
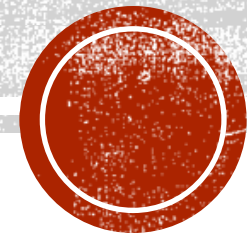


Figure 2. Life expectancy at birth, by Hispanic origin, race, and sex: United States, 2006–2017

**US PUBLIC  
HEALTH SERVICE  
NATIONAL VITAL  
STATISTIC  
REPORTS  
2019;68(9)**



# 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 2017)
- 
- 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



<b>Year</b>	<b>Total deaths in US</b>	<b>Death rate/100,000</b>	<b>Life expectancy (years)</b>
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



# 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

---



# 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



# 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



# 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
- 38/100,000 for stroke
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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



# 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**



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**“The secret to longevity are in the fine structures of human relationship”  
Hadler, 2011 (Jones added)**



# 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



# 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*



# 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





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



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





---

## **7 Step Plan**

---

**Spiritual**

---

**Physical**

---

**Emotional**

---

**Career**

---

**Intellectual**

---

**Environmental**

---

**Social**

# 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.”



# 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



# FOUNDATIONS OF WELLNESS



Holistic and natural approaches



Self-care and healing



Preventive care



# 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



# Annual Wellness Visit



# 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.



# PHARMACIST-LED ANNUAL WELLNESS VISITS (AVW)

- 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





# 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



**LET'S LOOK AT WELLNESS  
ANOTHER WAY**

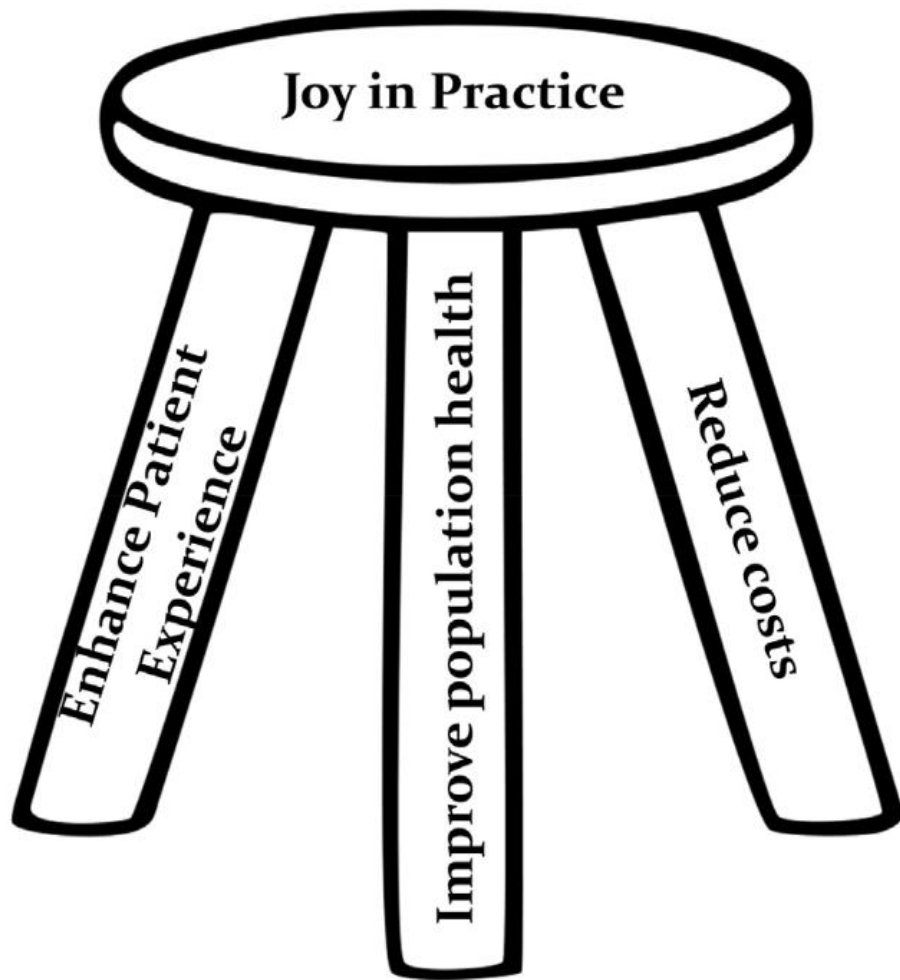


# INTEGRATIVE MEDICINE AND HEALTH (IMH)

**“IT ADDS THE  
PRACTITIONER  
TO THE  
EQUATION”**

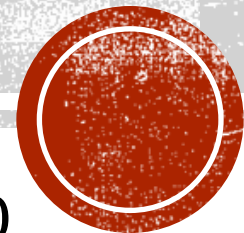
- “...reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.”





# 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



# 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?





**SO, LETS  
INTEGRATE**

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

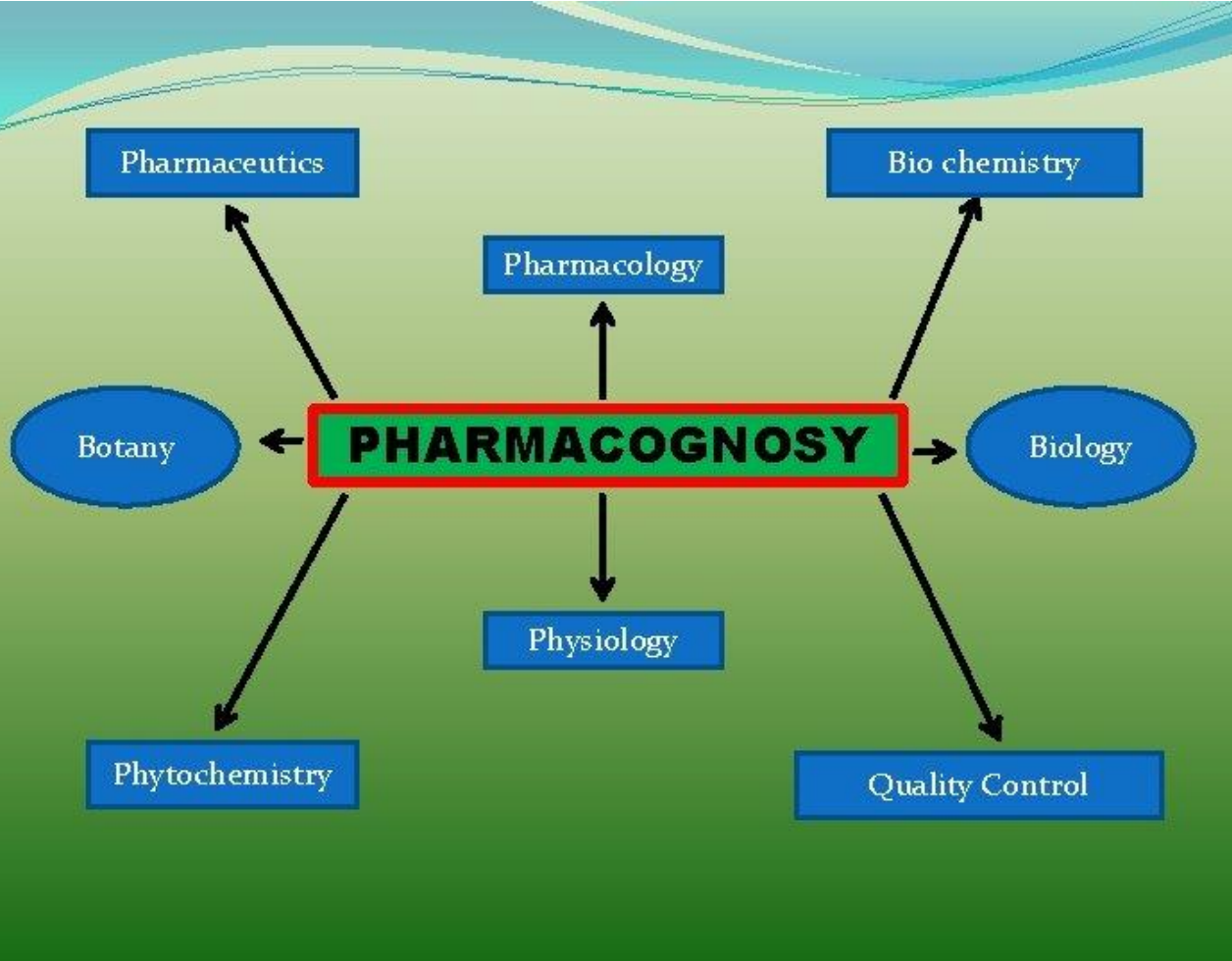
What matters to you personally, may not be what matters to the patient

# PHARMACOGNOSY

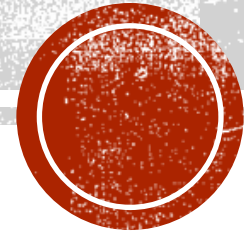


- **Definition**
- a branch of pharmacology dealing with medicinal substances of biological origin and especially medicinal substances obtained from plants





# A PRINCIPLED SCIENCE!





# A SCIENCE THAT HAS EVOLVED

---

Pharmacognosy

Alternative  
medicine

Complementary  
medicine

Integrative  
Medicine and  
Health

Doctrine of  
Signatures



# YOU ARE WHAT YOU EAT



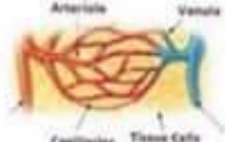
**Avocado - Uterus**



**Tomato - Heart**



**Ginger - Digestion**



**Ginseng - Veins**



**Celery - Bones**



**Onion - Cell Health**



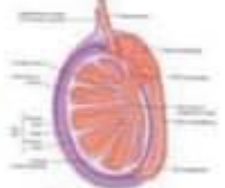
**Walnut - Brain**



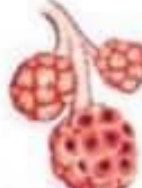
**Citrus - Breasts**



**Broccoli - AntiCancer**



**Figs - Scrotum**



**Grapes - Lungs**



**Mushroom - Ears**



**Carrots - Eyes**



**Rhubarb - Bones**



**Kidney Beans - Kidneys**





# 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



# 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



# 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



# 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



# PRINCIPLES OF USE #3

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





# 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



# PRINCIPLES OF USE #5

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



# HERBS CONSIDERED UNSAFE

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



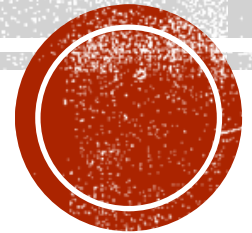
# HERBS CONSIDERED UNSAFE

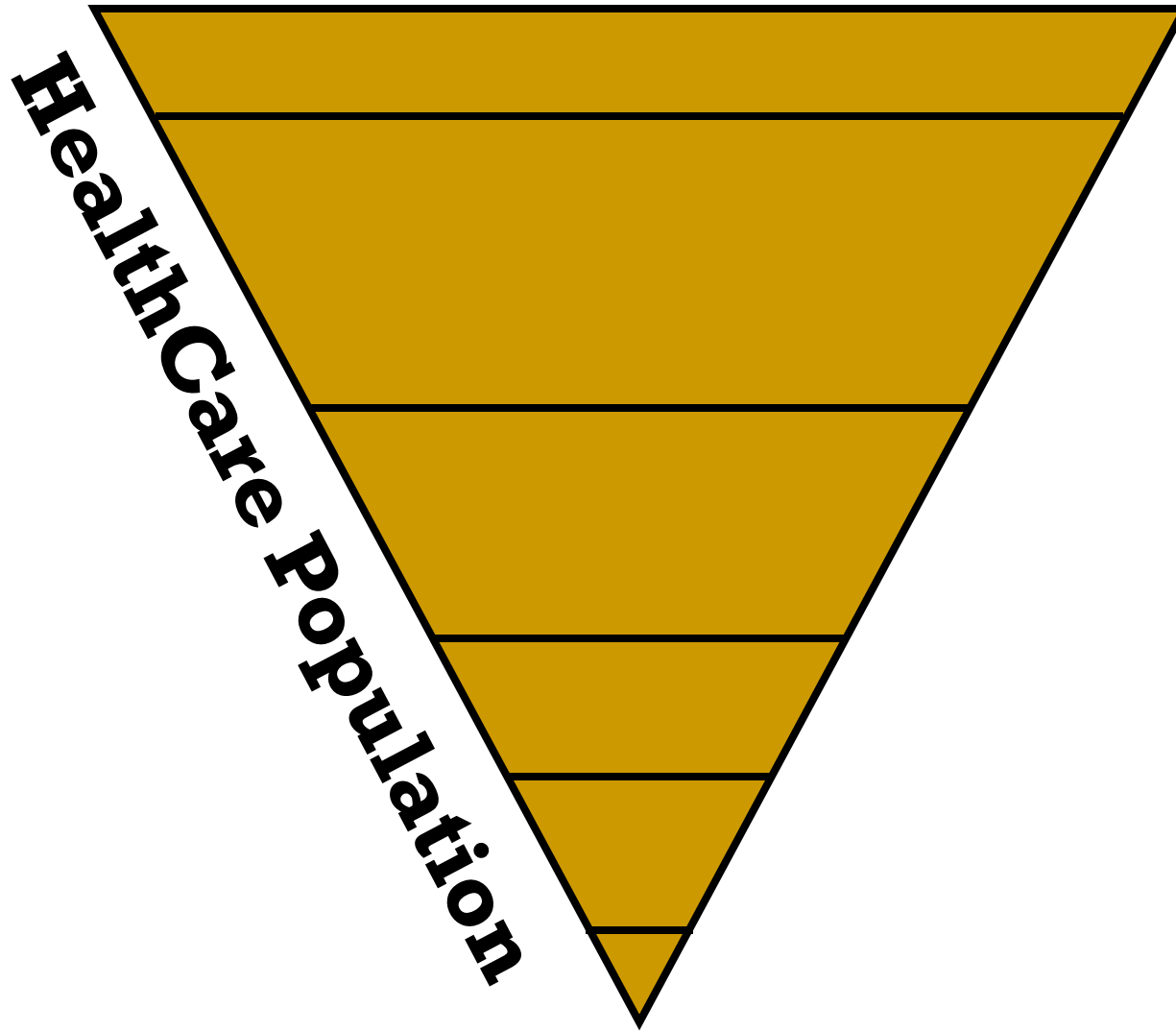
- Licorice (pseudoaldosteronism)
- Life root (hepatotoxic)
- Pokeroor (fatal in children)
- Sassafras (carcinogenic)



# LET'S LOOK AT WELLNESS ANOTHER WAY

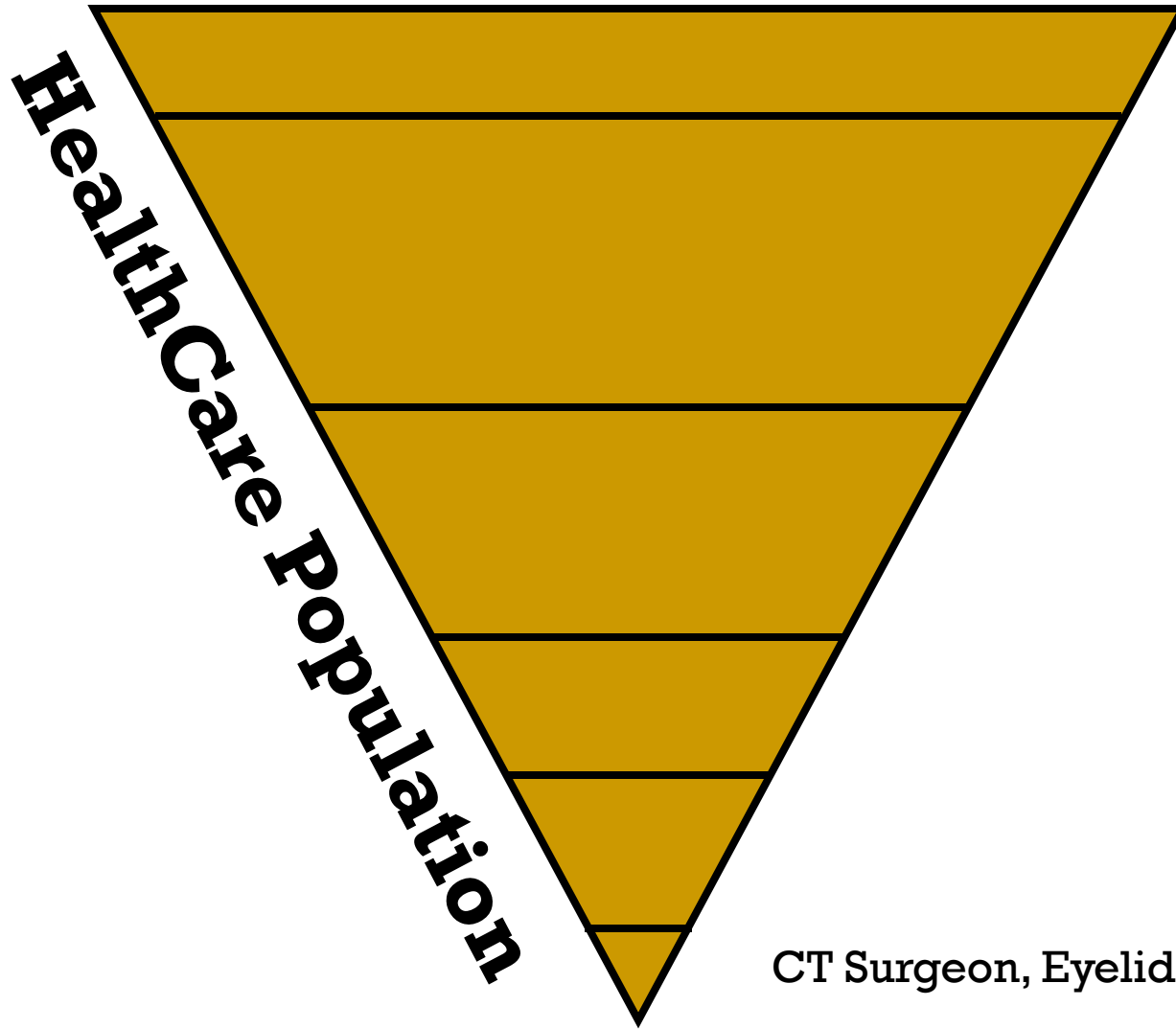
What about self-care?





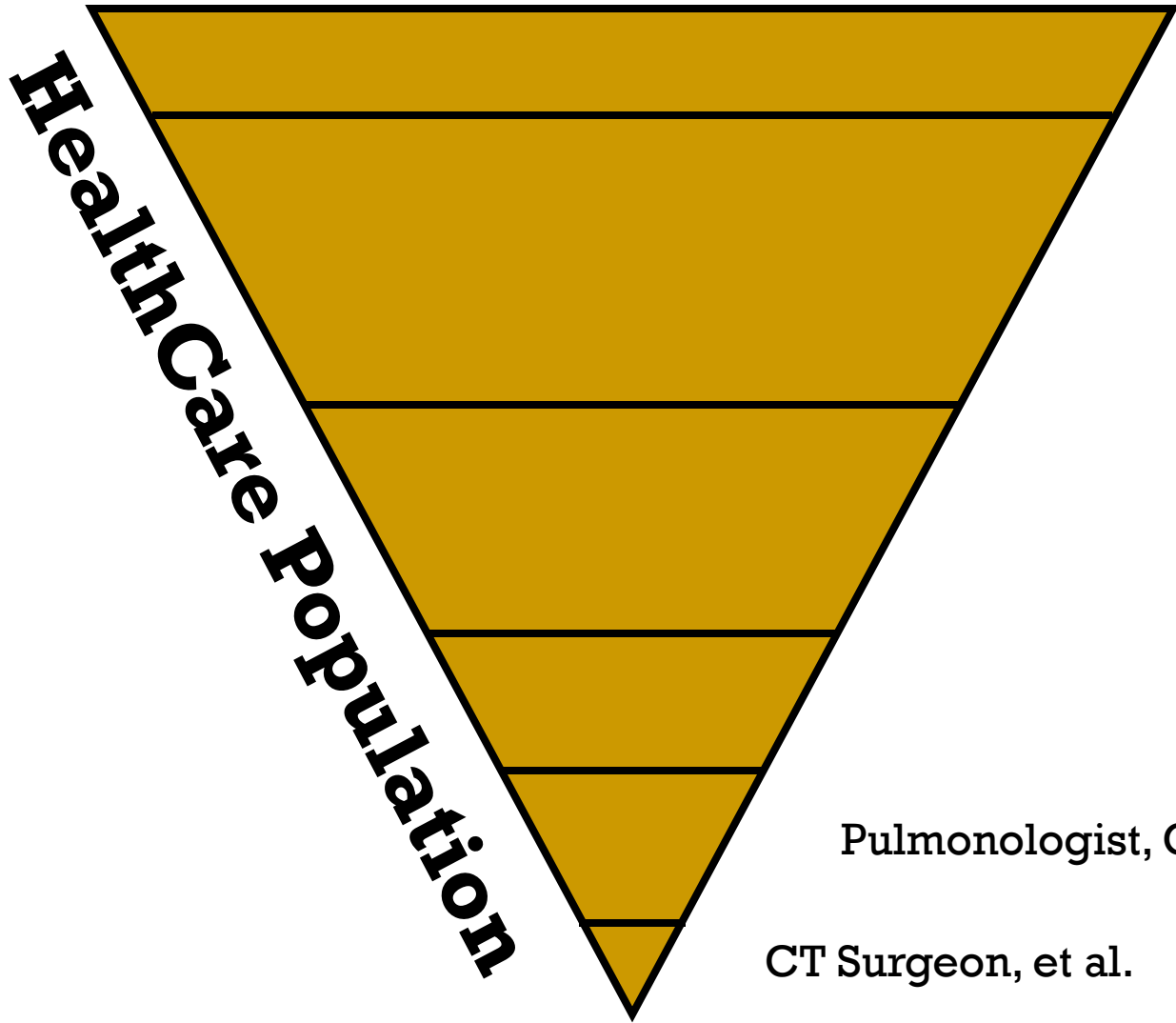
How pharmacists can lead the self-care revolution. The Pharmaceutical Journal, February 2019; Online:DOI:10.1211/PJ.2019.20206015





CT Surgeon, Eyelid specialist, orthopedic specializing in feet



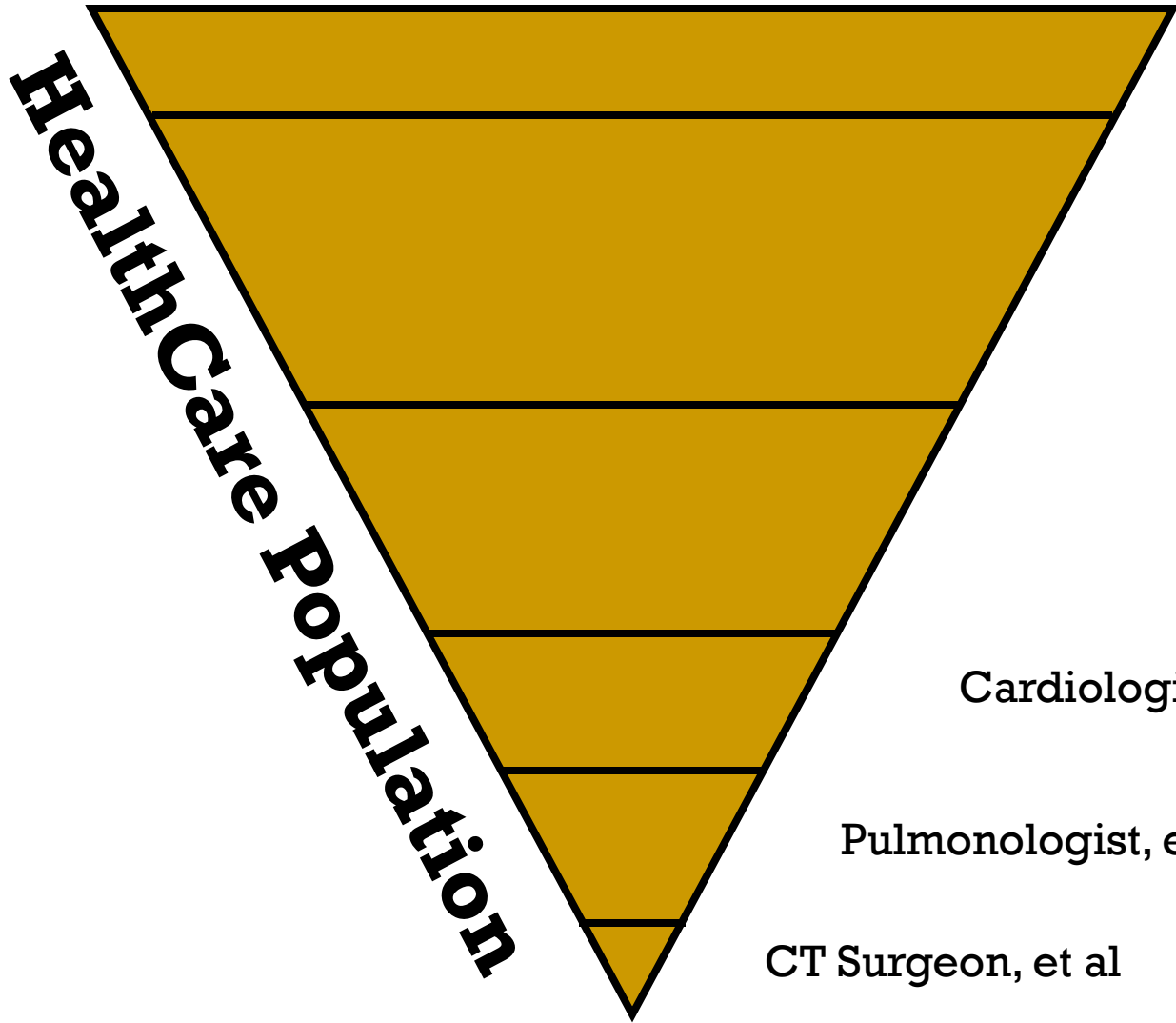


Pulmonologist, Gastroenterologist, Hematologist

CT Surgeon, et al.





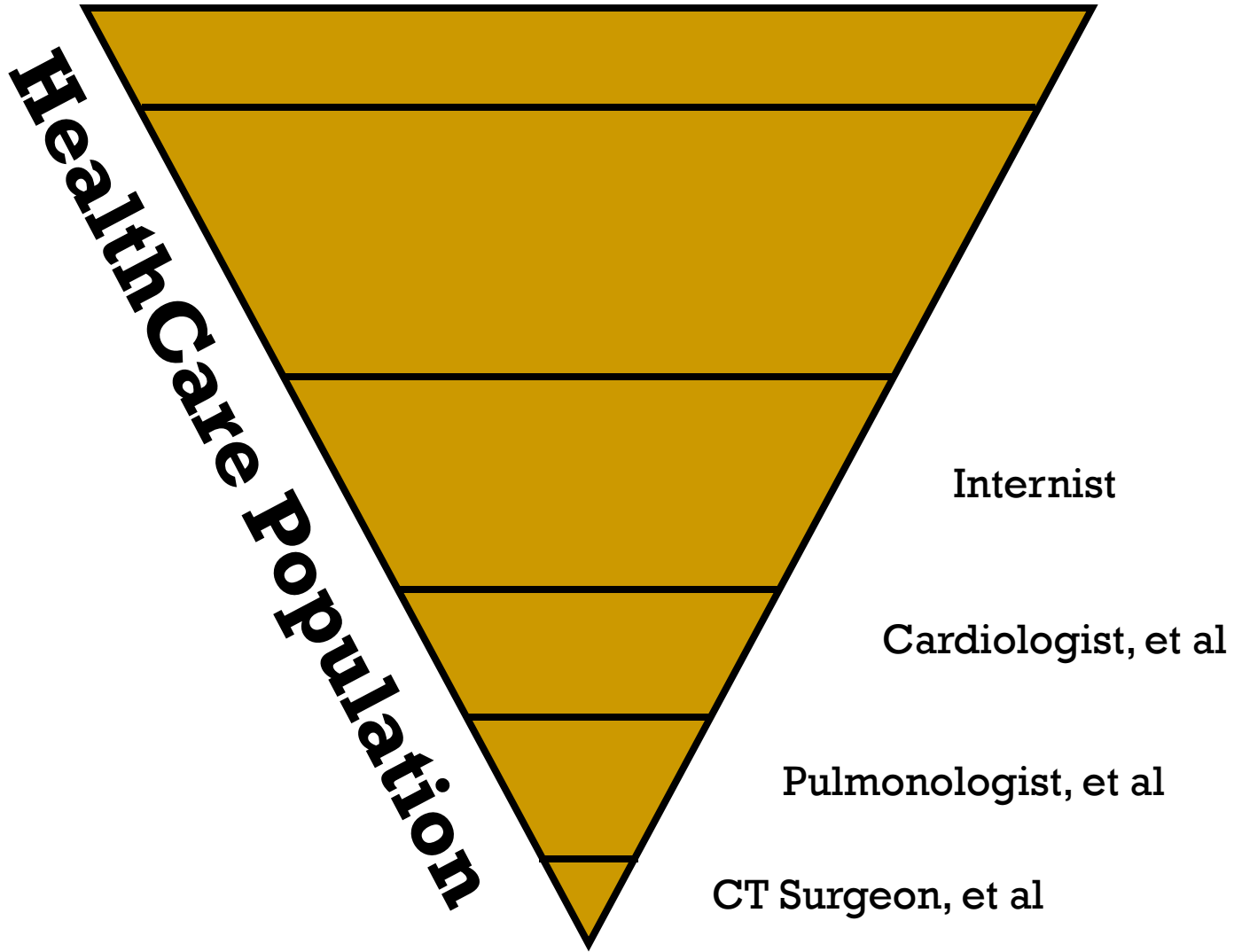


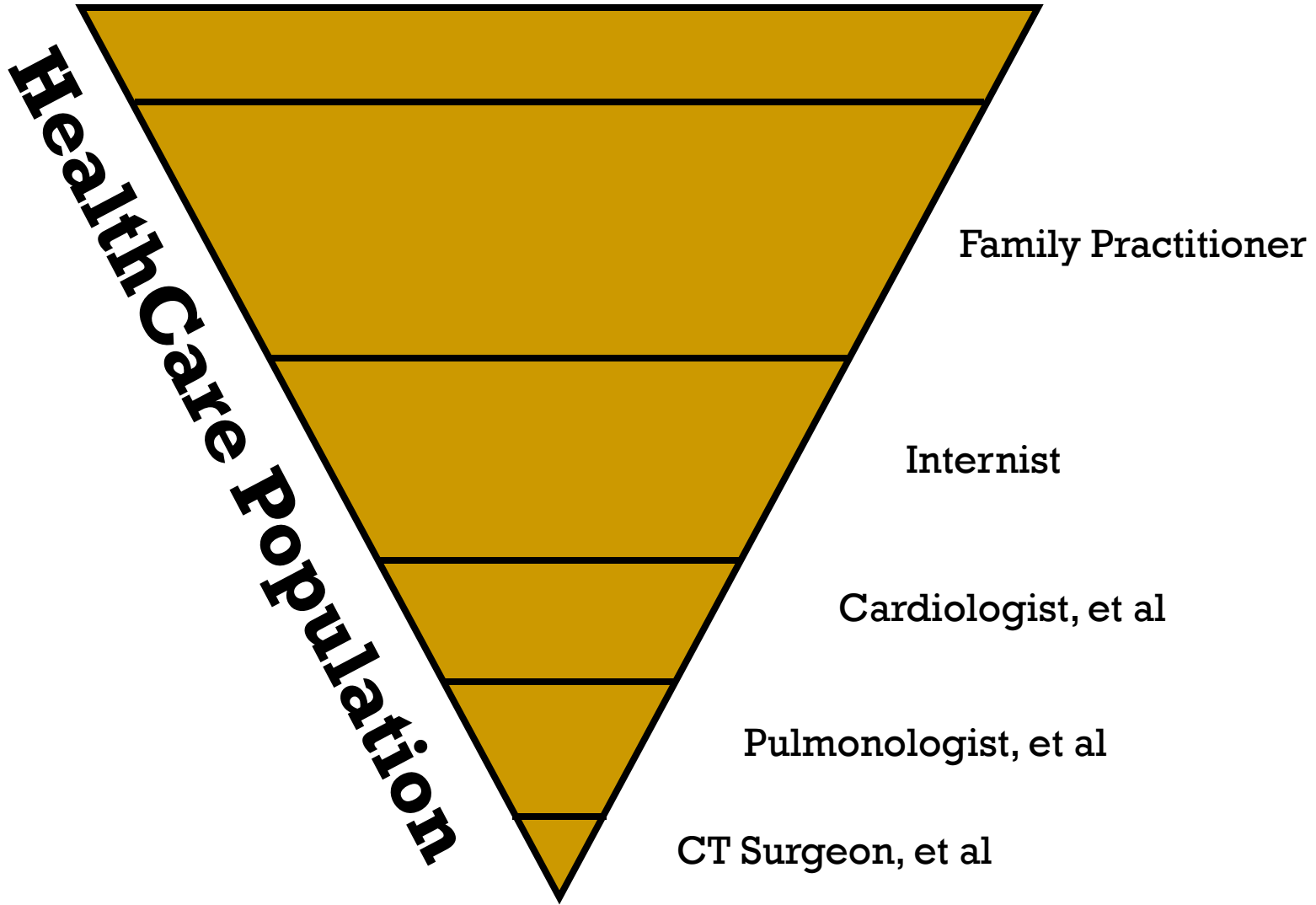
Cardiologist, Orthopedics, Urologist

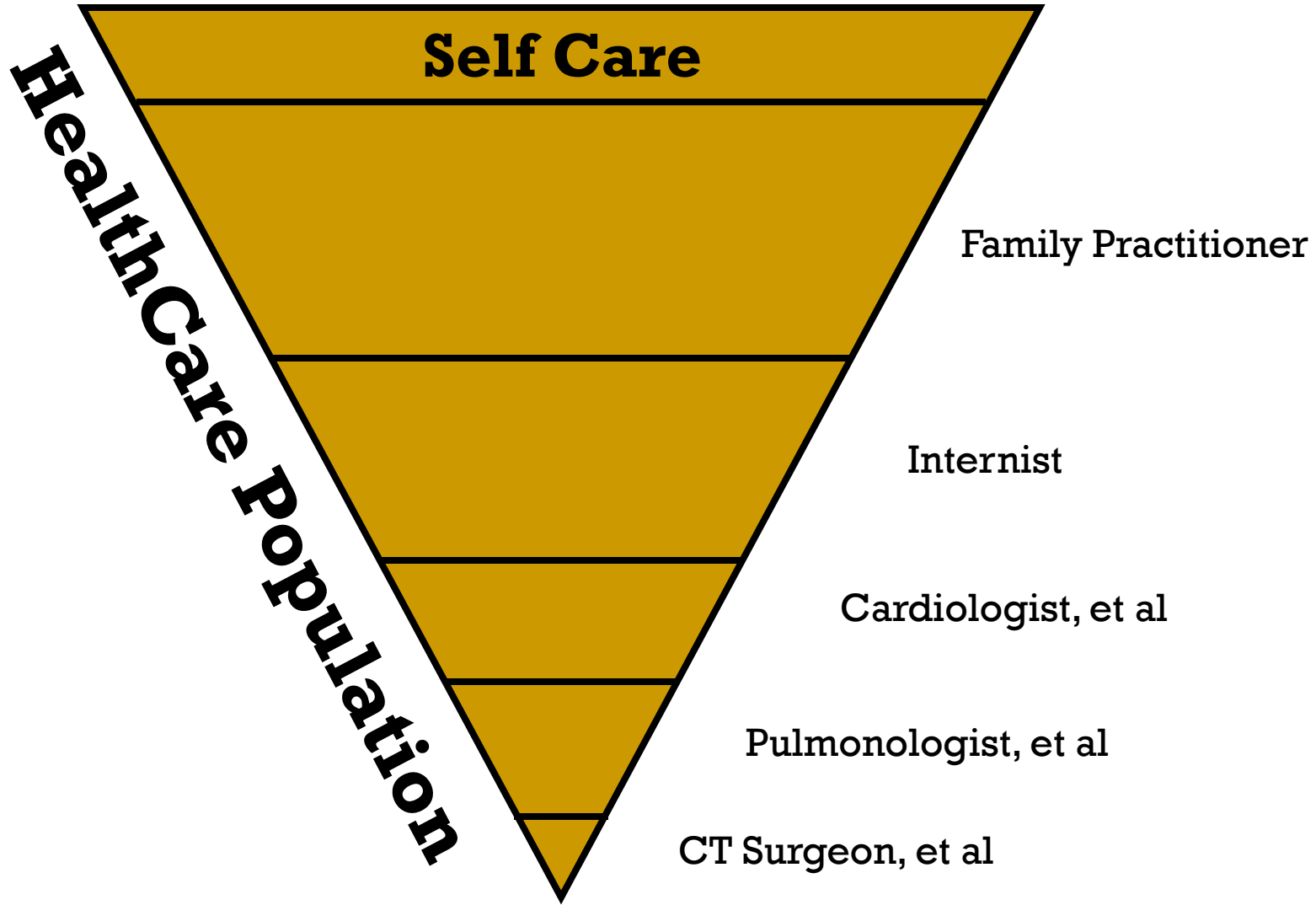
Pulmonologist, et al

CT Surgeon, et al









# 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!



# 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



# 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?



# 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!







# 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



# TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

---

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

ASCVD assessment



# TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

---

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

ASCVD assessment



3G 10:55



# ASCVD RISK

## Pooled Cohort Equations

Gender  Male

Age  years

Race  Non-Black

Total Cholesterol  mg/dL

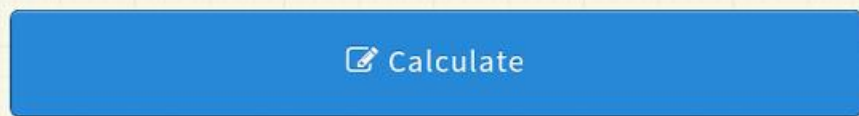
HDL Cholesterol  mg/dL

Systolic BP  mmHg

Receiving treatment for high blood pressure (if SBP > 120 mmHg)  Yes

Diabetes  No

Smoker  Yes

 Calculate

 More Info 

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

Internet: Goggle “Pooled Cohort Equation”



# 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



## 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**



# **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



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





# 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????



# 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



# **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



# TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

ASCVD assessment



# 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 showed the weight loss maintenance was NOT achieved
- Drop-out rates were 8%-79%



# 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



# TRY AND BE INVOLVED WITH THESE LIFESTYLE MEASURES?

Weight and diet suggestions

Exercise advice

Sleep hygiene

Smoking cessation

Alcohol moderation

ASCVD assessment



# 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)





**IMMUNIZATION**

**OUR  
BIGGEST  
RECENT  
SUCCESS!**



# 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.”*





# MEDICATION OPTIMIZATION

Moves Jazz into melody

# 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



# 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)



# 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)



# 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)



# 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)





# 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)



# **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.

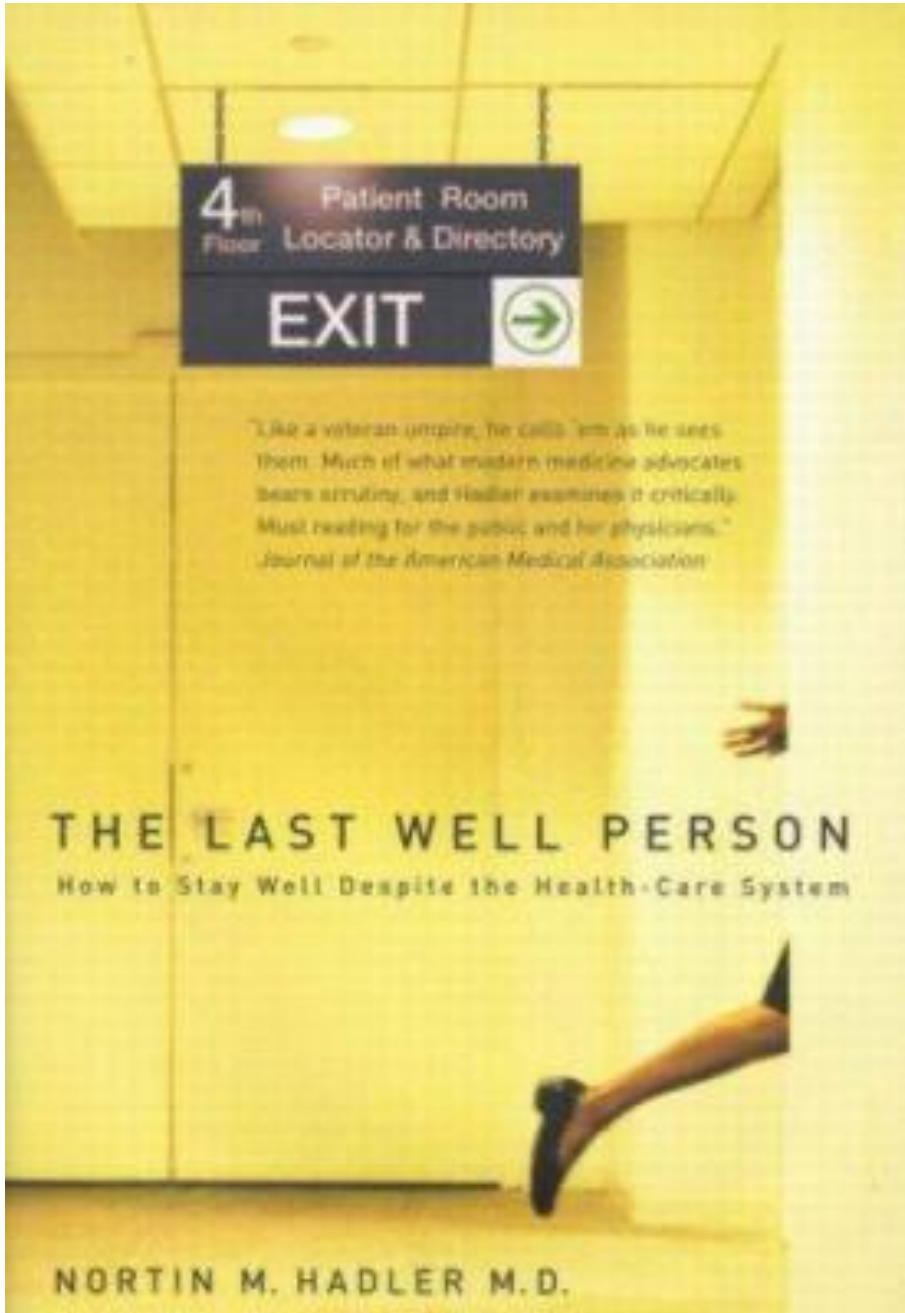


# **INVOLVE THOSE IN YOUR CHURCH!**

- **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.**





# BOOK RECOMMENDATION



# OVER-DIAGNOSED

MAKING PEOPLE SICK IN  
THE PURSUIT OF HEALTH

**DR. H. GILBERT WELCH,**

DR. LISA M. SCHWARTZ, AND DR. STEVEN WOLOSHIN

## BOOK RECOMMENDATION

- Is this Wellness?





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