

# GPSpeak

Summer 2019 - 2020



Is climate change a sacred cow?

| Spotlight on FASD

| Huge cost of mental ill health

| Sexting studied

| LHD aims high



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As GPSpeak went to press more than 600 homes (and some lives) had been lost in the NSW bushfires. Carol Duncan from Newcastle took the cover photo near Rappville (via Casino) and kindly contributed some of the photos on pages 14-15. Her elderly father John narrowly escaped the fire that destroyed his home. The impact of climate change on the unprecedented early fire season is concerning many experts, including health care practitioners.

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# Editorial

“Isn’t it hot?”

So said John McEnroe to a linesman in one of his early matches at the Australian Open. He was deemed by the umpire to be intimidating the linesman and lost a point. As one might expect of McEnroe he was not happy but he also went on to win the match.

This Spring North Coast residents have been confronted with a tremendous loss of property, livelihood and even lives from out of control fires. For many, the toll includes a lifetime of memories going up in smoke in minutes. For many the personal fire plan is to grab the photo album, and the pets, and head to the nearest evacuation centre.

Those not directly affected are reminded each day of the damage being done. Smoke is in the air and at times limits visibility to a few hundred metres. The dry earth cracks and shifts and the houses settle awkwardly. The lawns crunch underfoot and the flowers droop, turn brown and die.

As the flames rise so does the temperature of the discourse at local, state and national levels. Is it the right time to talk about the effect of climate change on the environment? Many of those directly affected are just thinking about how to get their lives back together, yet climate change is often mentioned.

Doctors traditionally focus on the patient in front of them. However, many put their energies into improving the environment in which we all live and work.

Sometimes this puts them at odds with society. Doctors support the “last drinks” lockout laws that have been successful in reducing alcohol related death and disability but has made **Sydney dull** in the process. They support **pill testing** to save the lives of young people at music concerts, although this remains strongly opposed by the NSW Government. They have **led movements** to limit the use and proliferation of nuclear power.

In this issue of GPSpeak (pages 14-15) we report on the recent fires and the response by charities and churches, counsellors and politicians to the disaster. Some of this medical response was co-ordinated by the North Coast PHN and the local fires have been an issue of great concern to many of the doctors at the PHN’s Mid North Coast Clinical Council. Dr Ashlea Broomfield, the RACGP co-vice chair (rural), NSW ACT faculty has clearly espoused the College’s position as showing “a link between

climate change and increasing drought as well as bushfires”. For the College, climate change is a public health issue.

The recently published and extensive **MJA-Lancet report on health and climate change** has been strongly endorsed by Doctors for the Environment for Australia (see report page 16). The report criticises “the lack of Australian national policy to address threats of climate change to health...” This, coupled with a failure to develop a national energy policy, a stagnant economy and a tight fiscal policy has led the **satirists to rename the Prime Minister** from ScoMo to SloMo.

For the elderly Summer can be a dangerous time even when the fires are distant. Decreased heat tolerance, an aversion to using the air conditioning, and a combination of disease and medications with a solitary existence, sets up a potential death trap for older patients struck by gastroenteritis. On page 22 Graeme Turner, Chronic Kidney Disease Nurse Specialist reminds us of the need to keep our patients informed of the risks and the value of a **Sick Day Action Plan** such as those found in HealthPathways.

As doctors we derive great professional satisfaction from curing our patients. However, it is the engineers that can take most of the credit for extending our lifespan and QALYs over the last two centuries. Improvements in water, sanitation, agriculture, transport and communication systems have been the key. In the last 30 years China has lifted 87% of its population (850 million) **out of poverty** with an accompanying increase in **life expectancy** from 43 to 75 years of age.

In more advanced western societies most of the loss in QALYs derives from lifestyle issues, often underpinned by adverse childhood experiences. Excess calories, illicit drugs, smoking and alcohol account for much of the disease we see every day.

Foetal alcohol spectrum disorder results from alcohol consumption in pregnancy. It is a tragedy for the child, the mother, the family and society in general. On page 7 local paediatrician Jackie Andrews outlines the features of the disorder. On page 8 we note that the Senate is holding an enquiry into FASD that is due to report in June

**Dr David Guest**

**Clinical Editor**



2020. This follows the Commonwealth 2012 report on FASD whose recommendations were never fully acted upon. On page 6 we report on the reticence of the alcohol manufacturers to use more prominent labelling about alcohol in pregnancy.

FASD is a tragedy in the Aboriginal community. Public health campaigners like paediatricians Dr James Fitzpatrick and Professor Elizabeth Elliott have spent much of their professional careers trying to raise awareness and find a solution (page 8). If we are serious about the social determinants of health we need a community based approach. As Fitzpatrick and Elliott argue, if this is not possible from industry and government it will be up to Aboriginal communities themselves to take up the challenge. .

“Less is more” is a principle in architecture and software development. Its lessons can equally be applied to medicine. A short walk each day is often better for back or major joint pain than analgesics and anti-inflammatories and the NCPHN’s **osteoarthritis screening clinics** have found they can delay the need for joint replacement in the short term by using simple principles. On page 29, Ballina District Hospital physician, Dr Tien Khoo outlines the approach we should all take for prescribing medication, and on page 23 community pharmacist, Alannah Mann, gives us some concrete examples in the case of UTIs in nursing home patients.

GPSpeak has been published in hard copy since 1995 and on the web since 2013. In the last few months we have added video to its media offerings by making the presentations from the 2019 Nordocs conference available online. Video meetings have the advantage over attending conferences and night time meetings in person in that they allow busy medical practitioners to fit in their learning and CPD requirements around their clinical and family responsibilities. It also gives Northern Rivers GPs a chance to see and

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## Editorial

continued from page 3

hear from their local specialist colleagues, to whom they refer the majority of their patients.

On page 21, specialist physician Jowita Kozłowska summarises her presentation at Nordocs 2019 on Advances in Stroke Management. Access for local clinicians to all the presentations from Nordocs is available through the Nordocs Facebook group.

In the last two years Regional Training Hubs have helped raise awareness of the advantages of training and ultimately settling in rural Australia. Many city based young doctors have come to the North Coast, enjoying the lifestyle and staying on. Developing our rural workforce was the subject of presentations at Nordocs by surgeon **Dr Sally Butchers**, and doctor in training, **Dr Zhi Kiat Sia**.

Dr Sia's mentor, surgeon Dr Sue Velovski, has been instrumental in promoting the Rural Hub in our area. The options for specialising are numerous and finding a path for a young doctor is difficult. On page 24, we report on her initiative to help navigate the maze with another modern communication technology. The **Destination Medicine podcast** is a series of eight interviews that can act as a guide to those young doctors looking to escape the city and opt for the rural lifestyle.

On page 5 NRGPN Chair Dr Nathan

Kesteven reviews the past 12 months of the NRGPN's activities. He sees a different future for the Network that extends its borders and broadens its membership. He suggests the Network refocuses its efforts on education and breaking down the silos between primary and secondary care. The ballot to enable this historic development will occur at the NRGPN Annual General Meeting on 19 December 2019 in the Education Centre of St Vincent's Hospital, Lismore.

GPSpeak depends on dozens of people and organisations for its regular publication. At the end of each year we acknowledge the help we have received from those groups.

Much of the essential but unglamorous work is done by Leanne Tully, our administrative assistant, and our financial officer, Luissa Everingham. They keep the lights on as the rest of us scurry in and out.

NRGPN is a registered charity. As such there are multiple requirements for the organisation to meet. Accountants and auditors, Thomas Noble and Russell, provide us with regular financial advice and help us maintain compliance with government regulations. I would like to extend particular thanks to Peter Morrow, Jessica Mitchell and Dorothy Chippingdale from TNR.

GPSpeak is indebted to Sullivan and Nicolaides Pathology for the distribution of GPSpeak each quarter. The magazine now goes out to over a thousand health care professionals on the North Coast and lower Gold Coast.

It is through the generous support of our major sponsors, Gold Coast Private Hospital and Thomas Noble and Russell, and minor sponsors, Dr Harald Puhalla, Coastal Vascular Group, Gold Coast Spine, North Coast Radiology, SNP, St Vincent's Private Hospital, Lismore, Southside Surgical, Genesis CancerCare and the University of Wollongong, that enables GPSpeak to publish each quarter and give an independent voice on the important issues that affect the health of our community.

Finally I would particularly like to thank the other members of the editorial team whose knowledge and skills make GPSpeak possible. Former editor and major contributor, Dr Andrew Binns has long experience of the medical issues in our area allows us to keep tabs on the issues of the day. Robin Osborne our editor has worked around the country in health journalism for over thirty years. It is through his skill that GPSpeak has matured and has the professional quality it has reached today. I also owe a special thanks to designer and artist, Angela Bettess, whose skills and application allows us to give GPSpeak a professional look, both in hard copy and on the web.

GPSpeak will continue in its current format for the next 12 months. Its direction thereafter will be shaped by its new Board. We look forward to reporting on the North Coast's health issues in these exciting times.

Best wishes for a happy and healthy holiday season 2019-2020.

## LBH North Tower completed

A major milestone in the \$322m Stage 3 redevelopment of Lismore Base Hospital has been marked by the completion, ahead of schedule, of the North Tower. To be known as 'F Block' this component of the hospital upgrade project includes two inpatient wards (one medical and one surgical), an ICU, pharmacy, imaging, day surgery and endoscopy units, hospital administration facilities, security office, and admissions department.

"The construction company John Holland and Health Infrastructure have done a fantastic job completing the project two months ahead of schedule," said Parliamentary Secretary for Health Natasha Maclaren-Jones MLC who inspected the eight-storey building in late November with other officials.

"The early hand-over gives hospital management and staff greater opportunity to familiarise themselves with the new building and carry out the necessary preparations before it opens to the public via a staged process beginning in February next year."

Construction work commenced in May 2018, with an average of 115 people working on the site each day, amounting to more than 305,000 workforce hours. Some 745 jobs on site were generated.

The \$322m redevelopment project is scheduled to be completed at the end of 2021.





## NRGPN Chair's Report 2019

by Dr Nathan Kesteven

The Northern Rivers General Practice Network has continued to support and advocate on behalf of general practitioners over the last 12 months. It has represented general practice through its membership of the North Coast Primary Health Network and from members' participation in the Northern Clinical Council of the NCPHN.

Areas of particular focus for the NRGPN in the Council have been information and communication technology, Aboriginal health, improved care of refugees and arguing for better integration of health care between the NSW State run local prison system and the better funded and organised Medicare system.

We have remained active in media. GPSpeak is published four times per year focusing on issues of greatest relevance to our community. The magazine's strap-line of "North Coast Health Matters" encapsulates our concern for all health issues in our area, at both primary and secondary care levels.

Our newsletters go out to over 200 subscribers, comprising local medical practitioners, health bureaucrats, politicians, the news media and health industry, in other words those wanting to keep tabs on the views of those at the coal

face in health care.

The NRGPN has also supported local medical education through its publications and online media presence. More recently it has added video to its services.

Nordocs, which has now hosted two symposiums, is a loose association of general practitioners, specialists and doctors in training in the Northern Rivers. It has grown in size over the last two years and now has more than 180 members.

A major focus of Nordocs has been its annual conference in June where local practitioners can present on topics of interest or importance to the health system and their colleagues.

Most of these talks have been recorded and are available through the GPSpeak website along with the accompanying slides and other resources. This is a great way for North Coast doctors to keep up with the latest in healthcare from local practitioners who can share their expertise and knowledge of how care can best be delivered in our area.

The Northern Rivers General Practice Network was formed in 1993 to support local general practitioners in improving the health of their community. Following changes in government policy it has been a self-funded, independent organisation since 2013.

The NRGPN has just over half a million dollars in assets and has managed to maintain its financial viability over the last six years. This, however, has been at the cost of severely restricting its activities and the relevance of the organisation to local general practitioners has been questioned.

To address this issue, it has been suggested that the NRGPN refocus its activity on education and improved liaison with other specialist colleagues.

To this end it is proposed that the Constitution be amended to include specialists and doctors in training as full members and that the organisation be renamed Nordocs. It is also proposed to widen the group's footprint to extend from the Tweed to Grafton, mirroring the footprint of the Northern NSW Local Health District.

The amendments to the Constitution will be voted using the GoVote online voting system and the results will be announced at the NRGPN Annual General Meeting on the 19th of December, 2019 to be held in the Education Room of St Vincent's Hospital, Lismore.

I encourage all current NRGPN members to vote on this resolution and recommend its passage as a way of continuing to improve the healthcare of our community.

## Aged care = 'shocking neglect', Commission finds

The Australian aged care system fails to meet the needs of its older, vulnerable, citizens, does not deliver uniformly safe and quality care, is unkind and uncaring towards older people and, in too many instances, it neglects them.

So reads the Interim Report of the Royal Commission into Aged Care Quality and Safety <https://agedcare.royalcommission.gov.au/publications/Pages/interim-report.aspx> a detailed document with the stark title of "Neglect". It was released on 25 November 2019, almost a year before the final report is due.

Commissioners Richard Tracey and Lynelle Briggs's investigation into Australia's aged care system led them to describe it as "a shocking tale of neglect",



and "far from the best that can be done. Rather, it is a sad and shocking system that diminishes Australia as a nation."

In the report tabled in Parliament the Commissioners identified three areas where immediate action can be taken:

providing more Home Care Packages to reduce the waiting list for higher level care at home; responding to the significant over-reliance on chemical restraint in aged care, including through the seventh Community Pharmacy Agreement; stopping the flow of younger people with a disability going into aged care; and speeding up the process of getting out those young people who are already in aged care.

On the day of tabling the report PM Scott Morrison told media he would not have called the Royal Commission if he had expected the outcome to be any different to what it has been, and announced a \$537 million package to boost home care, reduce the use of 'chemical restraints', and get younger people out of residential aged care.

# Drink makers resist warning of pregnancy risks

While the government considers mandatory bottle warning labels about the risks of alcohol to unborn babies, the alcohol lobby is reacting in a similar way to tobacco marketers more than twenty years ago.

Food Standards Australia and New Zealand (FSANZ) has released a draft label for alcohol bottles, with a graphic showing a silhouette of a pregnant woman and the message, "Health warning: Any amount of alcohol can harm your baby".

**Submissions to the FSANZ process** closed on 4 October 2019.

Both governments advise women not to consume any alcohol during pregnancy: "Exposure of the foetus to alcohol can cause a range of physical, cognitive, behavioural and neurodevelopmental disabilities, collectively known as Foetal Alcohol Spectrum Disorder (FASD)."

Simply put, "FASD is preventable by avoiding alcohol consumption during pregnancy."

Ministers at last year's forum on food regulation noted that pregnancy warning labels on packaged alcoholic beverages "can

raise awareness and prompt discussions about the risks of consuming alcohol during pregnancy. Warning labels may also support the establishment of cultural norms in relation to pregnant women not drinking alcohol".

Widespread concerns have been expressed about the current DrinkWise label, which does not include a written warning and directs shoppers to a website funded by the alcohol industry.

However, Alcohol Beverages Australia chief Andrew Wilshire said that while customers "have the right to know what they're drinking and what's in it" putting "too much information" on a warning label risked confusion... "You get this thing called label haze, where nothing gets taken in at all."

If the FSANZ recommendation is approved by Canberra all bottles of alcohol of 200ml or more will be labelled, with smaller bottles to carry only the silhouette image.

As crunch time approaches, the industry has been lobbying hard. Mr Wilshire told

The Sydney Morning Herald, "The great thing is, in the modern age, you can just do a, 'Hey, Google,' or, 'Hey, Siri,' and bring up a whole lot of information ... specific to you and your circumstances."

The suggestion was ridiculed by the Foundation for Alcohol Research and Education: "The key criteria for effective labelling is noticeability," adding it wants the labelling to be larger than the FSANZ design, and for a full written warning to appear on all bottles with a volume of 100ml or more. It also urged a one-year compliance period, rather than two years.

A Deakin University study found that most of the focus group participants reported they had never noticed the warning labels on alcohol before.

The National Health and Medical Research Council recommends women who are pregnant or trying to conceive do not drink any alcohol, which can impact on fertility and, if consumed during pregnancy, can cross the placenta and damage the brain and other organs of the embryo or foetus.



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# FASD is forever, so let's help make it never

by Dr Jackie Andrews

## Community Paediatrician

Foetal alcohol spectrum disorder (FASD) is a lifelong condition where diffuse brain injury is caused by antenatal alcohol use. It is thought that the prevalence of foetal alcohol spectrum disorder may be as high of 2 - 4% of the Australian population. The majority of people with the disorder have not been diagnosed. They are, however, accessing their GP regularly as well as seeing other health professionals due to their multiple difficulties. The Australian

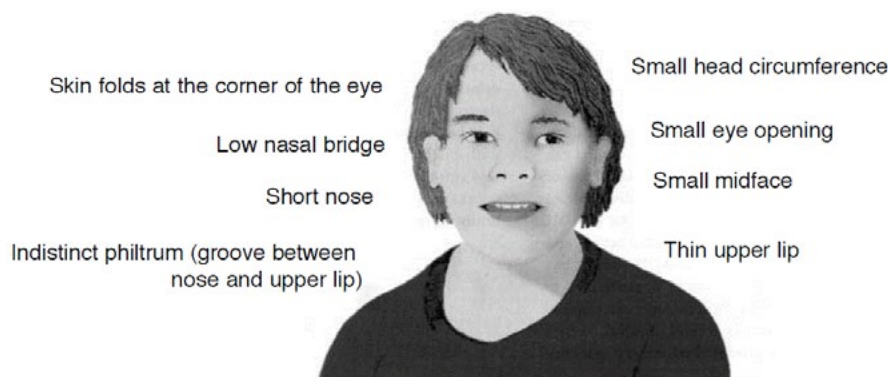
statistics indicate that 50% of pregnancies in Australia are unplanned ).

If the pregnancy was unplanned and some time elapsed from conception through to finding out they were pregnant then the clinician can ask “were there any lifestyle changes you made when you found out you were pregnant “ or “did you cut down on your smoking and drinking when you found out you were pregnant?”.

We cannot fix the brain of a person with FASD... most useful is having an “external brain”

## Craniofacial features associated with fetal alcohol syndrome

### Facial features of FAS



diagnostic criteria for FASD are now available online.

GPs should consider FASD particularly in children, young people and young adults who have difficulties in multiple areas. People with FASD present with learning and language difficulties and they may have a present or past diagnosis of ADHD and/ or Autism.

Depending on their age they are likely to have mental health conditions including depression and anxiety. There is a high risk of drug and alcohol use later in life as well as incarceration. The three sentinel facial features only occur in 15-20% of those with FASD. Growth retardation is now no longer in the diagnostic criteria but is noted as a possible effect of alcohol in pregnancy.

The initial part of the diagnostic criteria relies on there being a history of alcohol use in pregnancy. This history can be difficult to obtain. It is often difficult for mothers to answer questions about alcohol in pregnancy. A suggested way to ask is to first inquire about what gestation did they find out they were pregnant (current

It may well be that questions around alcohol in pregnancy need to be asked at different times over several years to get a candid response. Recording of alcohol use in pregnancy is vital and is something we could do better.

At this stage we do not think any level of alcohol consumption during pregnancy is safe and so the recommendation should be nil consumption, even if not every mother who drinks alcohol in pregnancy will have a baby that is affected.

The risks increase with high risk drinking i.e. binge drinking and drinking in the first trimester. If a pregnancy and the subsequent baby is felt to be at risk of FASD then this should be recorded in the notes. This child should have an increased level of growth and developmental monitoring and be referred for allied health assessment and support +/- a paediatrician if there are concerns.

Diagnosing adults that may have FASD is possibly more difficult. Assessments by a neuropsychologist can aid in the diagnosis. Assessments may also be possible in some



Dr Jackie Andrews

areas in the future. A diagnosis of FASD may be able to help a young person or adult accessing the NDIS and hence access support. It can also be important in the justice system where there has been an increased level of education and some FASD assessments occurring, especially in other states.

While we cannot fix the brain of a person with FASD we can help them to function at their best. The strategy that is most useful is if they can have an “external brain”. This means having another person supervising them, helping them with decision making and supporting them in their areas of difficulty, i.e. having a carer and other supports. Sometimes medication for ADHD can be helpful in reducing the ADHD symptoms if they are present.

Prevention of FASD is vital. Contraception is obviously a crucial part of this in that the majority of pregnancies where FASD ensues are not planned. Education is the key. While there is education provided in schools around this issue, repeated reminders when a young female is accessing a general practitioner is vital.

Prevention and support for those with FASD needs to come from health professionals as well as the entire community. Together we can make a difference.

Drs Fitzpatrick and Elliott have created some excellent online resources about FASD (See article next page).

## FASD under further parliamentary scrutiny

The November 2012 parliamentary report titled *FASD: The Hidden Harm Inquiry* into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders by the House of Representatives Standing Committee on Social Policy and Legal Affairs made 19 recommendations, which, if implemented, could have done much to reduce the incidence of this condition.

While the report was not consigned to a bottom drawer, the recommendations, which the MPs said “should constitute the Commonwealth Government’s National Plan of Action for the prevention, diagnosis and management of FASD”, have never been fully acted upon.

Outstanding items include implementing a general public awareness campaign which promotes not drinking alcohol when pregnant or when planning a pregnancy as the safest option; mandating specific health warning labels on alcoholic beverages; and mounting a comprehensive public awareness campaign.

The Committee also recommended that the government commission an independent study into the impacts of the pricing and availability of alcohol and the influence of these factors in the changing patterns of alcohol consumption, and an independent study into the impacts and appropriateness of current alcohol marketing strategies directed to young people.

The deadline for these and other actions was mid-late 2013.

In late 2019 we see another inquiry into “Effective approaches to prevention and diagnosis of FASD and strategies for optimising life outcomes for people with FASD” being conducted by parliamentarians, this time by the Upper House. The Senate Community Affairs References Committee Senate inquiry was announced on 11 September 2019, with submissions closing on 29 November, and the report due in June 2020.

The seven-member committee is examining the level of community awareness of risks of alcohol consumption during pregnancy and the prevalence of FASD as well as the current approaches to diagnose and support people with FASD. The Chair, Senator Rachel Siewert, said, the inquiry “will also look at the approaches to FASD in vulnerable populations, including children in foster and state care, migrant communities, and Aboriginal and Torres Strait Islander communities”.

The 16 terms of reference include a raft of topics – prevalence, diagnostic services available, social and economic costs etc - as well as an analysis of “progress on outstanding recommendations of the House of Representatives Standing Committee on Social Policy and Legal Affairs report, *FASD: The Hidden Harm*.” That is, the 2012 report.

It seems highly unlikely that the thrust of FASD inquiry Mark 2 will differ greatly from the version tabled seven years ago. In the meantime, many more women have continued drinking during pregnancy, a significant proportion being of Aboriginal and Torres Strait Islander backgrounds, and many more children have been stricken with this debilitating, lifelong affliction.

Most FASD sufferers will never make the headlines, although some will. In an in-depth report on the alleged shooting by police of young Aboriginal man Kumanjayi Walker in Yuendumu recently, *The Weekend Australian* quoted an elder saying the deceased had a “mental disability”.

“Others,” the report said, “describe it as a learning difficulty or, possibly, foetal alcohol spectrum disorder, an under-recognised condition in outback Australia, according to several submissions to an ongoing federal parliamentary inquiry.”

One term of reference in the Senate inquiry is to gauge “the prevalence of, and approaches to, FASD in vulnerable populations, including children in foster and state care, migrant communities and Indigenous communities.”

The final report may have no surprises but it remains uncertain whether concrete action will be taken to address this national, yet largely hidden, health crisis.

## Getting Serious about the Social Determinants of Health

Paediatrician James Fitzpatrick’s 2015 TEDx presentation outlines the terrible impact alcohol has on Aboriginal children and their parents in the remote Western Australian township of Fitzroy Crossing. He makes a powerful case for programs driven by the local Aboriginal community to address the culture of alcohol consumption within their community.

Order of Australia recipient, Professor Elizabeth Elliott, has been a pioneer in foetal alcohol spectrum disorder (FASD) in Australia. In her presentation she outlines the clinical aspects of FASD.

She also calls on Australia to change its



drinking culture for the sake of the next generation. Australia has made great strides in public health over the past 30 years from gun control to reducing smoking levels. The challenge is whether the same can be done for alcohol consumption.

In the face of vested commercial interests it is hard to drive this as a political process. The recent partial reversal of [Sydney’s lockdown laws](#), while welcomed by the hospitality industry, remains strongly opposed by those Emergency Department doctors who have to deal with the resulting morbidity and mortality from excess alcohol.

Elliott argues for a grassroots approach which has worked in the Aboriginal communities of the Kimberley. The challenge is to reproduce that success around the country.

Alcohol has terrible consequences for the children of many Australian families and there are early signs that the community and the kids aren’t going to take it anymore.



# Face-to-face not Facebook: Combatting loneliness with meaningful connection

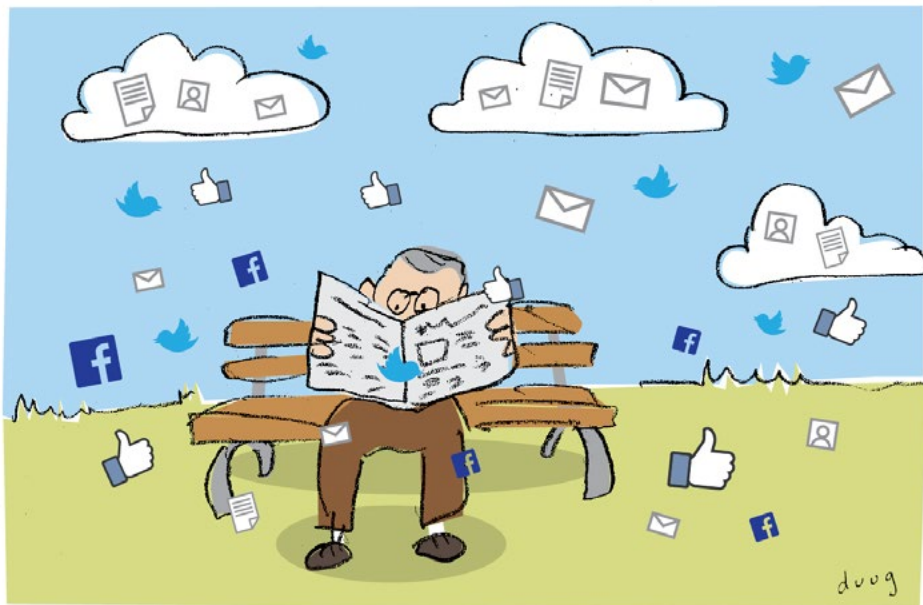
by Dr Andrew Binns

While in some ways we are more connected to each other than ever before, electronic communication is not a substitute for human contact. Facebook and other forms of social media are not for everyone, and, even for those that use such platforms, there is a limit to the emotional satisfaction one can gain from these 'fast' and often superficial means of communication.

In recent years, there has been a great deal of research into the effect of technological communication on mental health. Despite there being many positive attributes to these online modes (such as a more democratic representation of voices), they can lack humanity. Email does not conjure the same feeling as posting a letter; even handwritten aerograms sent overseas to loved ones a few decades ago seemed to have more meaning. Similarly, the user-experience of online mass media differs from reading printed copy, and quality journalism seems to have suffered across the board. In turn, as discussed recently on ABC radio, we are seeing a turning away from 'too-much-ness' and an 'attention economy' with a return to 'slow journalism' and more meaningful forms of communication.

So, what is it about these fast-paced forms of communication that have proven to be more alienating than connecting? We could argue that the speed of electronic communication loses something in translation. Social media can generate a sense of false reality, leaving people feeling left out, lonely, depressed, and anxious. The ease of communicating via a computer or smart phone can also be an increasingly introverted practice, and then there are those who don't have access to the internet at all, due to cost, geographical isolation, a lack of education, or fear of this technology.

And with more people living alone than ever before, genuine human connectedness is a social priority. Statistics show that there is an increase in one-person households, and whilst some like it this way and cope well (to be alone is not necessarily to be lonely), others can find this situation isolating. With 25 per cent of people living alone, one in three experience chronic loneliness. And although loneliness can occur at any age, it is more common in the 15 to 25-year age group and, not surprisingly, in an elderly demographic over 75 years of age.



Professor of Psychology and Neuroscience at Brigham University, Utah, Julianne Holt-Lunstad told the 125th Annual Conventions of the American Psychological Association in August 2017 that many nations around the world are facing a loneliness epidemic. She drew on data from two meta-analyses for her presentation. The first found that a greater social connection conferred a 50 per cent reduced risk of early death. The second examined 70 studies and concluded that social isolation, loneliness, or living alone posed risks for premature death that were as big or bigger than obesity and smoking less than 15 cigarettes per day. Solitary living is also associated with depression, inactivity, cardiovascular disease, and increased alcohol intake.

What can be done about this problem? There are many support services for people experiencing loneliness, but one I recommend is based in Western Australia. It is called the Act-Belong-Commit campaign initiated at Curtin University. This service encourages people to take action to protect and promote their own wellbeing, as well as encouraging organisations to focus on mentally-healthy activities, such as the Men's Shed Association.

These A-B-C guidelines for positive mental health are a simple way to get involved with other people in your community and reduce loneliness.

**ACT:** Keep mentally, physically, socially and spiritually active by doing things such as taking a walk, saying hello to people like

neighbours or local traders, read a book, do a crossword, dance, play cards, stop for a chat.

**BELONG:** Join a book club, sign up to an exercise class, take a cooking class, be more involved in groups you are already a member of, go along to community events. Keep up friendships and get involved with club and community events. If you don't know where to start, contact your local council for help.

**COMMIT:** Take up a cause, help a neighbour, learn something new, take on a challenge, volunteer. Committing to challenges or causes you believe in helps provide meaning and purpose — and beat loneliness.

The Act-Belong-Commit group says being active, having a sense of belonging, and having a purpose in life all contribute to good mental health and wellbeing. By creating a simple and achievable process, this service has found an approach to combatting loneliness that is driven by the individual, but quickly forms healthy and positive connections with others. This is vital, especially in Australia where remoteness, a reliance on technology, an aging population, and increasing workloads could be seen as factors that increase our chances of experiencing loneliness.

Article first appeared in Healthspeak (magazine of the North Coast Primary Health Network) in August 2019. Artwork by Doug Binns.



# Gold Coast

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## Phone apps can improve diabetes self-management

A study of mobile phone app usage by people with Type 2 Diabetes Mellitus (T2DM) has found that while recommended app usage improves self-management for most users only a minority of patients had practitioners involved in their app use. Further, all non-app users had never had the concept discussed with them by a health professional.

The findings of the study\* were said to be “significant for GPs, nurse practitioners and allied health professionals who may integrate apps into a holistic management plan that considers strategies outside the clinical environment.”

The research team from Western Sydney University, The University of Sydney and the University Centre for Rural Health, Lismore (Dr Jane Barker and Dr Sabrina Pit) noted that better incorporation of user-centred features would enhance patient self-management, a significant factor in glycaemic control: “Self-management is considered the most important factor in ensuring well-controlled blood glucose levels (BGL) and, thereby, preventing diabetes complications. It has the potential to ease the burden on the healthcare system by encouraging patient autonomy and allowing disease monitoring outside clinical settings.”

The study focused on Australians living in regional or remote areas who have higher rates of diabetes and experience worse health related outcomes than people living in urban areas.

“T2DM is a major contributor to higher

death rates outside major cities and accounts for 6% of excess deaths in all age groups. This is attributed to several factors, including decreased accessibility to health services (fewer health professionals and decreased financial accessibility), decreased testing for diabetes and possibly less effective management. Facilitation of self-management strategies may help to overcome these issues.”

Thirty participants from rural locations who possessed a mobile phone were recruited through a flyer to general practices, allied health clinics, Facebook groups and pages which were specific to either diabetes or rural communities, and diabetes support groups. Thirteen had never used an app, while none of the apps used by participants included all recommended self-management tasks.

Participants were aged 30-79, the commonest age bracket being 60-69. Interviews revealed that key features for future app development centred on improving the education provided by apps and increasing customisation features.

Barriers to engaging with diabetes apps related to a participant's lack of knowledge and awareness of apps as healthcare tools, perceptions of disease severity, technological and health literacy



or practical limitations such as rural connectivity.

Technical issues related to poor app design: the app failing to work as intended, not being user friendly and difficult to navigate. Three main user-specific barriers which prevented participants using apps were identified: feeling they did not need an app, a lack of knowledge of available apps and not having previously considered an app for self-management.

Those who felt they did not require an app also held the perception that their diabetes is “not bad enough” or that their current care is sufficient.

Although medication reminders were not used by participants, many felt that receiving weekly text-messages relating to their self-management would be appropriate.

“A notable conclusion is the importance of healthcare professionals being aware of apps as a self-management option and being involved in their use to facilitate improved patient outcomes and education. The findings may guide app developers in improving app design and usability,” the study concluded.

**Mobile phone applications and their use in the self-management of Type 2 Diabetes Mellitus: a qualitative study among app users and non-app users**

## Dangers lurk in the health app jungle

The proliferation of health related apps – more than 3 million available so far, with 200 new ones being created daily – has prompted a warning that the app jungle is almost impossible for consumers to negotiate safely. Moreover, many app products are ineffective or inaccurate, thus exposing users to major health complications as well as posing a privacy risk through personal data being hacked or misused.

According to the Health Informatics Society of Australia, the peak body for the digital health community, the huge number of apps is confusing for consumers who

often find it hard to decide which apps are evidence based. An app store search for diabetes apps delivers a plethora of choices that leaves most potential users uncertain and possibly feeling negative about the value of any apps in the self-management of their disease.

The head of the Digital Health Cooperative Research Centre, a government-universities collaboration, said the huge range meant a GP or clinician “couldn’t possibly keep track of everything that’s coming out.” A recent report in The Sydney Morning Herald cited research showing that doctors were recommending apps sparingly because of a

lack of knowledge about their effectiveness.

Unlike medicines and medical devices, TGA approval for apps is not mandated, with apps only needing to comply with app store privacy and content regulations. Data sharing, not uncommon in the app world, is seen as a major risk, with personal health information being amongst the most sensitive that people have.

One attempt to guide GPs through this maze is the Australian Digital Health guide. **As previously reported in GPSpeak** the North Coast Primary Health Network will facilitate North Coast GPs’ access to the guide in its development phase.

# Don't think you need life insurance? - think again

Ask people what their biggest asset is ... most will name their home, perhaps their superannuation or investment portfolio. But this mistake could cost people dearly.

For most people, the most important asset is their ability to earn income for the remainder of their working life.

The average 30 year old earning \$100,000 per annum can reasonably expect to earn over \$5.5 million by the time they retire at 65 (assuming income growth at a steady 2.5 percent a year).

Most people insure their car or home against loss or damage without a second thought. Unfortunately, many people leave themselves completely unprotected against accidents and illness. These events can happen to anyone and financial security could be lost overnight.

If your ability to go to work and earn an income suddenly disappears, then not only is the house and car likely to disappear, but everyday living expenses – such as putting food on the table, paying your utilities and other bills, providing schooling or care for your kids – are also put at risk.

For those who are unable to work for whatever reason, the right level of life insurance, as well as total & permanent disability (TPD), income protection (IP), and trauma cover, can help give them and their family protection and financial security.

Understandably, many people are put off by the idea of needing so many different kinds of insurance, and may feel a bit uncomfortable thinking about what might happen if something goes wrong.

It's therefore important to understand when and why life or income protection insurance should be considered.

The most common triggers for taking out this kind of insurance are:

- getting married
- starting or increasing a mortgage
- having kids
- sole income families
- big changes to finances, like a higher paying job or an inheritance.

For those who don't have life insurance at the moment, key questions to ask include:

- What impact would it have on my family's lifestyle and future if I could no longer earn an income?
- Could I afford to pay large medical and rehabilitation costs if I am in an accident?
- Could I keep paying off my mortgage if I stop earning an income for several months?
- What would happen if I couldn't pay school fees for the foreseeable future?

If you can't easily and comfortably find an answer to these questions, then it's time to think about life insurance.

**Please contact TNR if you have any queries from the above information or if you have other queries regarding your financial affairs.**



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## More than half young adults enjoy sexts (but unwanted sexting causes distress)

A study<sup>1</sup> including researchers based at the University Centre of Rural Health, aimed at gauging the impact of sexting<sup>2</sup> on the mental health of Australians aged 18-30 years has found that 53.1 per cent had sent a sexually explicit message in the past 12 months and 43.1 percent had sent a sexually explicit image. When asked about receiving such messages 61.2 percent of respondents said they had received a sexually explicit message and 55.1 per cent had received a sexually explicit image.

“Sexting seems to be common,” the researchers reported, adding that rates even higher were found in a study of a university population in the USA - 67.4 percent. Presumably where America goes Australia will eventually follow.

Moreover, a high ratio of respondents (73.1 per cent) thought that sexting can have a “positive impact”, with the majority saying that sexting had either nil or a positive effect on their mood.

The story was reversed when unsolicited or unwanted sexts were received, with 55.3 per cent of respondents reporting an elevated distress score of 12 or more on the widely recognised Kessler 6 (K6) psychological distress scale. They said the more sexts they received, the more likely they were to be distressed.

Women and LGBTQI respondents were the most distressed by unsolicited sexts, the latter almost twice as likely to be. Factors such as age, relationship status, rurality, study, and employment status appear to have no significant impact.

“It is acknowledged that it may not be the sexting practices per se, but the degree to which these practices are consensual that matters”.

The data collection for the study was undertaken over four days at a music festival in northern NSW. A total of 776 respondents completed the survey in private, with 63.7 percent being female. The highest proportion (49.4 per cent) of respondents were 21–24 years of age, 85.3 per cent lived in urban areas, 49.0 percent were in a relationship, and 89.4 percent identified as heterosexual. Some 56.6 percent reported studying part-time or full time, and 91.9 per cent reported some level of employment.

The results indicate clearly that



receiving unsolicited sext messages can be a significant predictor of distress, with respondents who had received between three and five unsolicited sexts in the previous 12 months being twice as likely to be distressed, and those who had received more than five unsolicited sexts being 2.4 times more likely to be distressed.

The study also looked at the linkage, if any, between alcohol consumption and the likelihood of being affected by sexting. They found that respondents who had consumed more than six standard alcoholic drinks on one occasion at least once a month were less likely to be distressed than those who had not.

(A previous study by some of the same researchers of sexual behaviour by attendees at another local music festival (see GPSpeak, 17 November 2016: [Young condom users too cocky about their skills](#)) found that those consuming alcohol before sex were less likely to use condoms, or to fit them properly).

“Drinking more than six drinks on one occasion was predictive for reduced distress, with participants who drank that amount monthly... or weekly having a lower likelihood of being distressed than those who binge drank rarely or never,” they noted.

The study said “the prevalence of sexting in younger age groups (e.g. 13-17-year-olds) and its impact on mental health is a potential area for future research, especially given the impact of factors such as sexual identity on mental health, and the increasing prevalence of serious mental illness in young people...”

“Further research could explore the impact of unsolicited sexting and include coercion measures. Policymakers and program developers should be aware of the positive and negative impact of sexting.”

### References

1. Sexting and Mental Health Among Young Australians Attending a Musical Festival: A Cross Sext-ional Study - Sally Valiukas, MacKenzie Pickering, Thomas Hall, Nilasi Seneviratne, Amy Aitken, Franklin John-Leader, and Sabrina W. Pit (School of Medicine, University Centre for Rural Health, Lismore, Western Sydney University, in *CYBERPSYCHOLOGY, BEHAVIOR, AND SOCIAL NETWORKING* Volume 22, Number 8, 2019 Mary Ann Liebert, Inc. DOI: 10.1089/cyber.2018.0671

2. ‘Sexting’ means sending or receiving messages, photographs or videos of a sexual nature on any platform, for example, text, Facebook, Snapchat, or Tinder, and is prevalent among young adults.



# Early season fires rock northern NSW

by Robin Osborne

At the end of the first week of October, after three dry months and days of wind, the rain came but there was too little and even a deluge would have been too late to save around 50 homes in the Rappville-Busby's Flat-Drake area from burning to the ground.

The fire event, called North East NSW's worst-ever, destroyed houses, businesses, livestock and farm equipment in and around the rural villages. It left more than 200 people, many of them uninsured, homeless and without possessions, even clothing. In Drake two elderly residents died.

Soon the media attention lapsed, apart from ongoing stories about "how dry it is", and then "how unseasonably hot", and arguments over whether the conditions were a direct result of climate change, and if so then who should do exactly what?

Then came November, bringing even hotter weather and a spate of what were soon described as "unprecedented" bushfires, ranging from S-E Queensland down the northern parts of the state – especially the drier hinterland areas – and as far south as Sydney and beyond.

In mid-November the NSW Premier declared a week-long state of emergency and every fire crew available was mobilised. Alas, 50 homes were destroyed, lives were lost, and hundreds of people went to evacuation centres such as Nimbin and Taree showgrounds, carrying whatever they could grab before fleeing. Animals were a high priority, with dogs, cats, goldfish, a ferret or three and even a pet snake being taken to safety. Livestock, especially horses, were rescued from the threatening fire fronts that turned the sky orange and clouded the region with smoke.

Within days most evacuees could return home, at least to assess the damage, if not to re-occupy their properties. Government support was regarded as excellent, as was the work of the main charities, Red Cross, the Salvos, Samaritans and Vinnies, which provided food, clothing, and referral to appropriate agencies. However, the support effort will need to continue for many months to come, according to Deacon Vince Ryan from the Taree area, a trained emergency counsellor and Vinnies volunteer.

"People have been very traumatised by these fires and even those whose



These remarkable photos by Carol Duncan show her 83-year-old father John gazing at the remains of his Rappville home after it was consumed by fire the night before. Carol, who is a Newcastle City councillor, saved John and his partner Cassie, who were hiding in a steel shed, by sending an emergency tweet to the Rural Fire Service



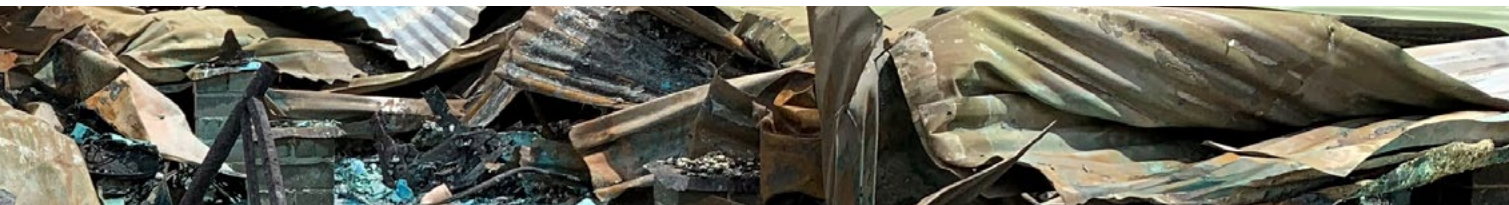
homes were saved will require significant assistance and personal support into the longer term," he told GP Speak.

North Coast Primary Health Network (NCPHN) and NSW Health have offered mental health support through access to Healthy Minds counselling through Connect to Wellbeing (on 1300 160 339).

Rural Adversity Mental Health Program Coordinator, Steve Carrigg said that, "Feeling distressed or overwhelmed is normal following a natural disaster... We encourage people to reach out for the support on offer, and take some simple steps to look after their mental health."

These included spending time with





Deacon Vince Ryan with one of the pets evacuated from the Taree hinterland in the November fires.



PM Scott Morrison with Federal MP for Page Kevin Hogan meeting a Rappville local during the October 13 visit to the fire zone.



family and friends, trying to get back into a routine as soon as possible and not pushing yourself too hard, taking time out and not isolating yourself, and accepting help and support when it is offered.

NCPHN's CEO Julie Sturgess added, "Free face-to-face counselling with a mental health practitioner, such as a psychologist or mental health social worker, will provide people with strategies and techniques to manage their mental health."

Vinnies, supported by the Channel 9 network, is one of various charities running Bushfire Appeals. Donations (tax deductible) can be made at its op shops, by phone on 13 18 12 or at [www.bushfireappeal.com.au](http://www.bushfireappeal.com.au)

## ***Speaking of climate change...***

"The RACGP's position is pretty clear, we see there's a link between climate change and increasing drought as well as bushfires, and climate change is a public health issue. People in my local area and rural people are also concerned about the impact of climate change."

- Dr Ashlea Broomfield, co-vice chair (rural), NSW ACT faculty council of the Royal Australian College of GPs.



# Enviro-Docs welcome Lancet report

Describing the recent **MJA-Lancet report** on health and climate change as a “wake up call [for]... all levels of Australian government”, the group Doctors for the Environment Australia (DEA) has warned of major challenges to the healthcare system, including children being particularly susceptible to extreme weather and higher temperatures increasing the likelihood of illness and death in people over 65 years of age.

Calling heat “a serious health threat in Australia,” the DEA spokesperson Dr Arnagretta Hunter said the 2019 report of the MJA-Lancet Countdown on health and climate change: a turbulent year with mixed progress is “an extraordinary collaboration of 35 global institutions... The health community will not be silent on the greatest threat humanity has ever faced.

“The level of concern among doctors is high, and DEA is running a petition with medical doctors calling for Parliament to declare a climate emergency. We urge the Government to heed the health voice and address the challenges posed by climate change.”

The article explored a wide range of

climate-related impacts on Australia, noting the bushfires (or ‘wildfires’) already under way and saying that, “Increases in heat continue to present as a leading source of climate change-related health risk... This trend is likely to continue and, despite uncertainties created by the large variability in daily and seasonal temperatures, there has been a striking upward trend in the rate of increase in maximum temperatures over the past two decades.”

**“As a direct result of this failure, we conclude that Australia remains at significant risk of declines in health due to climate change”.**

The health risks caused by large increases in heatwave intensity will be felt “particularly among people experiencing underlying vulnerability and disadvantage...”

Additionally, hot years, in terms of both maximum and minimum annual temperatures, continued to be associated with higher suicide rates.”

Given these identified consequences the article’s authors, from a raft of Australian

universities and institutions, voiced concern at finding “little evidence to suggest Australia is acting effectively to mitigate these multiple heat-related risks for physical and mental health.”

They concluded that while “there has been progress in renewable energy generation, including substantial employment increases in this sector... there continues to be no engagement on health and climate change in the Australian federal Parliament, and Australia performs poorly across many of the indicators in comparison to other developed countries.”

They added, “The lack of Australian national policy to address threats of climate change to health - and the consequent failure to realise the enormous opportunities that doing so would afford our nation - is disappointing to say the least...”

“As a direct result of this failure, we conclude that Australia remains at significant risk of declines in health due to climate change, and that substantial and sustained national action is urgently required in order to prevent this.”

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## Nation's mental health bill tops \$50b

by Robin Osborne

The Commonwealth's highly regarded Productivity Commission has launched a two-volume **draft report** on Australia's mental health status, the prevention and early detection of mental illness, and treatment for those who have a diagnosed condition.

As might be expected the picture is anything but rosy, with the commissioners noting that, "The treatment of mental illness has been tacked on to a health system that has been largely designed around the characteristics of physical illness."

Disturbing statistics justified their findings: in any year approximately one in five Australians experiences mental ill-health, with the cost to the economy of mental ill-health and suicide being put, conservatively, in the order of \$43 to \$51 billion per year.

Additionally, there is a cost of approximately \$130 billion associated with diminished health and reduced life expectancy for those living with mental ill-health.

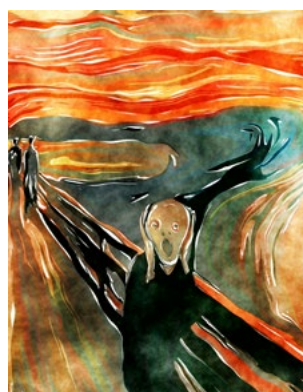
In a 50-page section of draft recommendations and findings the

commissioners listed five "substantial" reform areas that would "set Australia on a path for maintainable long term reform of its mental health system."

These are: Prevention and early intervention for mental illness and suicide attempts; Close critical gaps in healthcare services; Investment in services beyond health [including long-term housing solutions]; Assistance for people with mental illness to get into work and enable early treatment of work-related mental illness; and, Fundamental reform to care coordination, governance and funding arrangements.

Noting that, "Almost half of all Australian adults will meet the diagnostic criteria for a mental illness at some point in their lives," they said, "the inquiry is about a generational change. Community awareness about mental illness has come a long way, but the mental health system has not kept pace with needs and expectations of how the wellbeing and productive capacity of people should be supported."

Progress, they added, "has been patchy",



with the right services often not being available when needed, leading to wasted health resources and missed opportunities to improve lives.

Commissioners on the inquiry are Professor King from Monash University, Ms Julie Abramson, Council Member and Chair of the Regulatory Risk Committee of the Photography Studies

College, and Professor Harvey Whiteford, Fellow of the Royal Australian and New Zealand College of Psychiatrists and a previous Director of Mental Health for the Australian Department of Health and a National Mental Health Commissioner.

Written submissions or comments on the draft report are invited by 23 January 2020 and/or by attending a public hearing (the last of which is on 9 December 2019 in Launceston).

The final report will be prepared after further input has been received and will be forwarded to the Australian Government by the end of May 2020.

## Doctors informed about new abortion law

In a "Dear Doctor" letter to the state's medical practitioners the NSW Health Secretary Elizabeth Koff has advised that the Abortion Law Reform Act 2019, passed on 2 October after criticism by objecting MPs and their supporters, means that terminations are now legal but must be reported within 28 days of the procedure.

The **single-page notification form** requires information on the LHD in which the woman resides, the gestation of the foetus - ranging from under 9 weeks to 22 weeks, after which special conditions apply - where the termination took place (public or private hospital, or non-hospital facility), the postcode of the provider, and perhaps more controversially, whether the termination was carried out "for the sole purpose of sex selection", unless the foetus had medical conditions.

During the acrimonious debates that preceded the bill's passing a number of critics suggested that certain ethnic communities preferred male children and would seek to abort girls.

The Act repeals the provisions of the Crimes Act 1900 relating to termination of pregnancy and abolishes the attendant common law offences. Getting it through NSW State parliament was one of the most divisive political events of recent times.

Health Secretary Koff told practitioners the Act establishes a health centered approach for termination of pregnancy, supports a woman's right to health, including reproductive health and autonomy, and provides clarity and safety for registered health practitioners providing terminations of pregnancy.

"The Act enables a medical practitioner to perform a termination up to 22 weeks, provided informed consent has been obtained. After 22 weeks, except in emergencies, only a specialist medical practitioner can perform a termination.

"There are additional requirements in the Act relating to terminations after 22 weeks, including that a termination of pregnancy on a person who is more than 22 weeks

pregnant must, except in an emergency, be performed in certain public hospitals or other facilities approved by the Health Secretary."

Further information is available from Tish Bruce, Executive Director, Health and Social Policy, Tish.Bruce@health.nsw.gov.au or (02) 9461 7434.



Dear Practice,

To ensure you are kept up to date with the latest developments at The Ballina Day Surgery, it has now been acquired through Ramsay Health Care JV.

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Warm Regards

**Naomi Copas**

GP Liaison Officer- John Flynn Private Hospital

Mobile – 0447 323 228 Email [CopasN@ramsayhealthcare.com.au](mailto:CopasN@ramsayhealthcare.com.au)



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## LHD aims high amidst strong demand growth

In advance of an annual general meeting postponed for several weeks because of the region's bushfires the Northern NSW Local Health District, covering the area from Tweed to the Clarence, released a yearly snapshot of its achievements for 2018-19

Declaring the ambitious goal of working towards being the "leading regional local health district in Australia" the LHD said it provided healthcare for more than 300,000 people in Northern NSW. It added that significant growth meant the region's population is projected to grow by eight per cent over the next decade.

In the past year the LHD's total staff of 5761 people handled 213,992 emergency presentations, 96,623 hospital admissions, performed 30,534 elective surgeries and provided 938,483 community health services.

Despite considerable publicity about low vaccination rates, 91% of all children are fully immunised at 5 years (96% for Aboriginal children), with life expectancy at birth being 85 years for women and 79 years for men.

Compounding the challenge of delivering timely and quality care to residents is the appeal of the area to tourists: an astounding 6.9 million domestic and international visitors come to the region each year.

Large scale hospital infrastructure spending, from Tweed Heads to Grafton



Tweed Hospital Auxiliary members Pat Hall and Marie Gaardsted, Obstetrician Dr Steve Abbey, Auxiliary Secretary Annette Alexander, Dr Bianca Bryce and Auxiliary member Jenny Pearce, with the GE-Voulson E6BT19 Ultrasound Machine donated to the hospital at a cost of \$74,730. The machine offers both 3D and 4D technology, gives better picture detail during ultrasound, and can perform umbilical artery Doppler studies for babies who are small for their gestation age.

and inland to Bonalbo, were either begun or completed, with a range of innovations being implemented. These included the piloted 'Improving the Patient Experience in the Emergency Department' at Lismore Base Hospital, routine domestic violence screening in EDs across the District, and

various healthy communities programs.

NSW Health's annual report is at

<https://www.health.nsw.gov.au/annualreport/Publications/annual-report-2019.pdf>

### Notice of NRGPN AGM

The Annual General Meeting of the Northern Rivers General Practice Network (NSW) Limited ACN 062 273 036 will be held at St Vincent's Hospital Education Centre on the 19th day of December 2019 at 6.15 pm.

It will be followed at 6.30 pm by a Special General Meeting of the NRGPN for consideration of and, if thought fit, passing of the special resolutions for the amendment of the Constitution.

The aim of the of amendments is to widen the membership to include all medical practitioners in the region from the northern NSW border to Grafton. This will bring it in to line with the Northern NSW Local Health District.

Voting for the AGM can be done at the meeting or by downloading the voting pack from the NRGPN website.

NRGPN members wishing to direct their vote can use the proxy NRGPN Secretary, David Guest. The proxy form should be attached to the voting instructions and be sent to [info@nrgpn.org.au](mailto:info@nrgpn.org.au) or faxed to 02 6624 4406 by 17 December 2019.

Should the resolution be passed it will become effective immediately and there will be a subsequent call for Directors from the expanded membership.

It is anticipated that this new meeting will be held in February / March 2020.

# Shakespeare steps the global stage

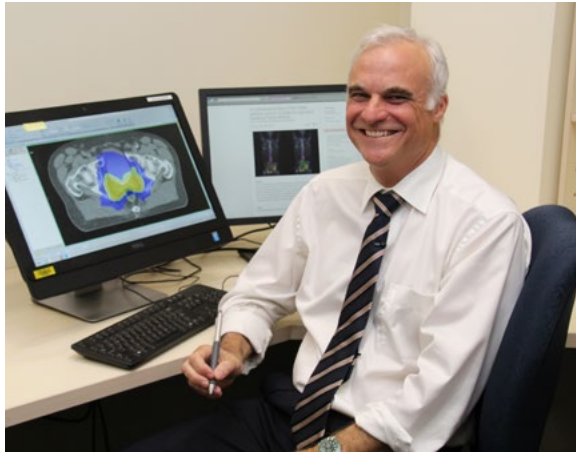
Associate Professor Tom Shakespeare, Radiation Oncologist with North Coast Cancer Institute Lismore, has introduced 10,000 international colleagues to the ground-breaking work in prostate cancer treatment being undertaken in local facilities operated by the Northern NSW Local Health District (NNSWLHD).

A/Prof Shakespeare presented two papers at the American Society for Radiation Oncology's (ASTRO) recent annual meeting in Chicago.

The gathering heard A/Prof Shakespeare speak on world-first programs that are improving healthcare for regional patients.

"The first paper was an evaluation of patient involvement in choosing their cancer treatment through shared decision-making with their oncologist," A/Prof Shakespeare said.

Patients involved in the research were provided with a decision aid to help them choose between two radiation therapy options in the cure of prostate cancer.



Associate Professor Tom Shakespeare

"This high degree of patient involvement is a world first, putting the patient at the centre of their care planning alongside their treating specialist."

The second presentation discussed the outcomes of research involving men from the North and Mid North Coast areas using PET scans to help target radiation therapy to the prostate and lymph nodes.

"In the past, men with prostate cancer which has spread to the lymph glands were thought to be incurable, but modern advances in radiation therapy and PET scan imaging mean we can offer curative radiation."

"The early results show that after two years, 100 percent of patients had their prostate cancer controlled, with minimal side-effects. It brings new hope for men whose prostate cancer has escaped from the prostate, that there is a potential for a cure," A/Prof Shakespeare added.

The Northern NSW Local Health District (NNSWLHD) has a strong focus on clinical trials and quality assurance programs, building on its research and innovation capacity since NCCI first opened in 2010.

"Everything that we do in research is about helping the people in our community by providing world-class locally-based services," A/Prof Shakespeare said.



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# Advances in the modern management of ischaemic stroke

*In recent years breakthrough advances have occurred in the management of ischaemic stroke, greatly improving clinical outcomes. Along with the availability of clot retrieval for acute management of stroke there have been advances in stroke secondary prevention. The following article summarises the highlights of the talk given on the Modern Management of Stroke at the Nordoc conference in June 2019 and focuses on recent updates in the field.*

by Dr Jowita Anna Kozłowska  
Specialist Physician, LBH

## Facts about stroke:

Stroke is one of Australia's biggest killers and a leading cause of disability, killing more women than breast cancer and more men than prostate cancer (1). Even when patients survive, most suffer a disability that impedes their carrying out the activities of daily living unassisted (2). Therefore, it is of utmost importance to look for new ways and strategies to reduce the detrimental consequences of stroke.

## Endovascular therapies:

One of the breakthrough advances has been the implementation of clot retrieval in the management of stroke caused by a large vessel occlusion. A series of clinical trials published in 2015 showed consistently that endovascular treatment, in combination with best practice medical treatment, was superior to the latter treatment alone for patients suffering acute occlusion of the internal carotid artery or the main stem of the proximal middle cerebral artery. The number needed to treat in most studies ranges between 3 to 7 to achieve a positive outcome and functional independence (3,4,5,6,7).

It is now standard clinical practice that all patients presenting with acute ischaemic stroke be urgently assessed and considered for endovascular therapy within 24 hours of symptom onset or last being seen well. As life saving therapies are available it is important for GPs to recognise and educate patients on the urgency of action when stroke symptoms develop.

## Standard investigations for stroke:

It is routine practice to perform imaging of the brain during clinical investigations of stroke patients.

A non-contrast CT scan is used to exclude a haemorrhage, while CT angiography and CT perfusion are important to further assess the aetiology of stroke before any therapies are initiated. Subsequently, patients will

also undergo an MRI of the brain to determine the extent of the stroke if no contraindications exist. Other routine investigations include carotid ultrasound, which looks for carotid artery stenosis, 24 hour holter or telemetry monitoring to look for atrial fibrillation, an echocardiogram used to exclude cardiac thrombus and screening for diabetes mellitus and hyperlipidaemia.



## Stroke in younger patients and patent foramen ovale:

Although the risk of stroke increases with age, mostly related to atherosclerotic disease, we also see younger patients (60 years of age or younger) without traditional risk factors presenting with stroke. In this group the alternative causes of stroke such as thrombophilia or paradoxical embolism through a patent foramen ovale (PFO) need to be explored.

Several studies have demonstrated that in selected patients a PFO closure reduces the risk of stroke recurrence (8,9). This procedure is often beneficial in younger patients with stroke after thorough investigations were completed and alternative causes ruled out.

## Standard medical therapy for secondary prevention in ischaemic stroke:

Antiplatelet therapy is an effective secondary prevention strategy in stroke patients without an identifiable cardioembolic cause and guidelines recommend aspirin within the first 48 hours of symptoms onset (10).

Direct oral anticoagulants (DOAC's) are preferred to Warfarin for secondary management in patients with proven cardioembolic stroke.

Blood pressure control is a very important

modifiable risk factor for stroke. All stroke and TIA patients, with a clinic blood pressure of  $>140/90$ mmHg, should have long term blood pressure lowering therapy initiated or intensified. Preferred agents for blood pressure lowering therapy include angiotensin-converting-enzyme inhibitor, angiotensin II receptor antagonists, calcium channel blocker and or thiazide diuretics. Beta-

blockers should not be used as first-line agents unless the patient has ischaemic heart disease (13).

All patients with ischaemic stroke or TIA with a possible atherosclerotic component and who have a reasonable life expectancy should be prescribed a high-potency statin, regardless of baseline lipid levels. (14)

## Is there a role for dual antiplatelet therapy (DAPT) in ischaemic stroke?

In special circumstances such as high-risk TIA and minor stroke, a short duration for 3 to 4 weeks of dual antiplatelet therapy has proven to be a safe and effective secondary prevention therapy. It is imperative that following this period DAPT is stepped down to a single antiplatelet agent for long term prevention, as the risk of bleeding increases with time and outweighs the benefit (11,12).

## Conclusion

New advances in acute management of stroke, along with secondary prevention, have led to improved patient outcomes. It is of vital importance that health professionals keep up to date with those changes so that we can apply this knowledge in our clinical practice. The main message however remains the same: time is brain and the education of patients on how to recognise symptoms of stroke and call urgently for an ambulance is vital.

## References on website.

# Don't let kidneys face a summer drought

by Graeme Turner

Summer is approaching and that means dehydration and gastroenteritis may affect some elderly patients or patients with multiple comorbidities. To help them self-manage their care and to prevent possible hospitalisation a Sick Day Action Plan (SDAP) can (and should) be implemented.

A SDAP supports the patient to temporarily suspend medications, such as metformin, diuretics, SGLT2 inhibitors, ACEis and ARBs when there is a risk of hypovolemia. The patient should stop taking these medications for 24 to 48 hours and should also contact their GP for further advice and treatment.

The SDAP should be developed in collaboration with the patient and the "teach back" technique is a useful method in this situation to make sure that the patient understands what is being implemented. The HealthPathways website has some SDAP templates that can be used to guide the health professional when prescribing a SDAP.

Patients with diabetes, cardiac failure, cancer and pre-existing reduced kidney function are all at risk of developing an Acute



Graeme Turner

Kidney Injury (AKI). This is characterized by a rapid reduction in kidney function and is associated with longer lengths of stay in hospitals and the increased requirement for Renal Replacement Therapy (RRT). Prevention is the key to avoiding AKIs and this can be done in primary care through the use of SDAPs.

In the Clarence/Richmond area of the Northern NSW Local Health District, Graeme Turner, Nurse Practitioner – Chronic Kidney Disease (CKD), has been

working with general practices for over 10 years to implement SDAPs and educate practice teams about maintaining healthy kidneys. Due to the success of this work the Tweed/Byron area has employed a Transitional Nurse Practitioner (TNP) – Chronic Kidney Disease to replicate this service in their region.

Kylie Wyndham is the CKD–TNP for the Tweed Byron Network. She comes from a general practice background and is passionate about preventing the complications of chronic disease. Both Graeme and Kylie are available to help assist general practices in the implementation of SDAPs. This can be through staff education or through direct referral for patients with known CKD or indicators of CKD. The referral process for both are below.

There is evidence that Sick Day Action Plans reduce hospitalisation and support patients to self-manage their care. Those at greatest risk are the elderly and patients with comorbidities.

By using **HealthPathways templates**, together with assistance from the CKD specialist nurses, GPs can reduce the incidence, morbidity and mortality of acute kidney injury.

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# Treating UTIs in aged care residents

by Alannah Mann

Australia has high levels of antibiotic usage compared to similar high income countries and antimicrobial resistance is now a significant issue for healthcare workers and their patients(1). Urinary tract infections (UTI) are the most common indication for antibiotics in nursing homes and whilst they are mainly used to treat cystitis, they are often used for asymptomatic bacteriuria (ASB) and pyelonephritis(2).

The 2017 Aged Care National Antimicrobial Prescribing Survey (acNAPS) found continuing high rates of inappropriate antimicrobial use in aged care homes(2), presenting an opportunity for all health care professionals to use antimicrobial stewardship practices to optimise antimicrobial usage in nursing homes(1). Furthermore, addressing antimicrobial usage in nursing homes will contribute to an overall reduction of antimicrobials within Australia and reduce the risk of antibiotic resistance.

An Australian study in 2012 showed that nursing home patients >65 years were more likely to be resistant to commonly used antibiotics for UTI compared to community patients, for example, resistance to trimethoprim was 29.6% versus 16.2%, amoxycillin/clavulanate was 27.1% versus 19.8% and multi-drug resistant Enterobacteriaceae was 12.4% versus 6.1% in nursing home patients compared to in community patients respectively(3).

Incorrect diagnosis of UTI in aged care facilities is also a common finding, with a 2018 report from Australia showing only 7 of 119 diagnosed UTI met appropriate definitions(4). The McGeer et al definition

for UTI in aged care facilities was updated in 2012 and requires patients to have both bacteria present in their urine as well as signs or symptoms of UTI such as fever or acute dysuria(5).

Although ASB is highly prevalent in nursing home residents with or without specific or non-specific symptoms(6), it is not recommended to screen for or treat ASB in these patients(7). Even in the presence of ASB, patients with functional or cognitive impairment who experience falls or increased delirium without signs of infections should be investigated for causes other than infection(7). Whilst giving antibiotics for ASB does lead to a bacteriological cure, it does not reduce symptomatic UTI, complications or death(8).

Typical bacteria in nursing home patients include Enterobacteriaceae (such as Escherichia Coli, Proteus or Klebsiella), Pseudomonas and Enterococcus species. Compared with community patients, nursing home residents are more likely to be colonised with Proteus or Pseudomonas(3).

Empirical treatment for cystitis includes trimethoprim 300mg daily, cephalexin 500mg every 12 hours, amoxycillin/clavulanate 500/125mg every 12 hours, nitrofurantoin 100mg every 12 hours(9). Nitrofurantoin should be used with caution in elderly patients as renal impairment may reduce its effectiveness and increase risks of toxicity(9).

If bacteria is likely to be resistant to these antibiotics, use norfloxacin 400mg every 12 hours(9). Guidelines recommend treating women with 3-5 day courses and men with 7-day courses of antibiotics for cystitis(9).



Alannah Mann, Alstonville pharmacist

Treatment of acute pyelonephritis requires amoxycillin/clavulanate 875/125mg every 12 hours, cephalexin 500mg every six hours or trimethoprim 300mg for 10-14 days(9). If bacteria is likely to be resistant to the above drugs, it is recommended to use norfloxacin 400mg or ciprofloxacin 500mg every 12 hours for 7 days(9). Choice of antibiotics may be driven by the patient's history, patient's allergies or local susceptibility patterns.

To further optimise antimicrobial therapy in nursing home patients, it is recommended that all antibiotics for infections are documented with the indication and a review or stop date for the antibiotics(2).

Other strategies include educating staff, residents and their families about appropriate antimicrobial usage and following infection control guidelines. Pharmacies delivering services to RACF can provide their RACF with a National Prescribing Service (NPS) Medicinewise Report if they use the Webstercare® program. This process involves the pharmacy completing an audit of antibiotic usage for UTI in the RACF. The Medicinewise Report provides feedback to the RACF about their antibiotic usage for UTI and how it compares to other RACF.

[References on website.](#)

## Get tested - let's eliminate HIV transmission

### Earlier HIV testing urged

Northern NSW Local Health District is encouraging people at risk who have never been tested for HIV or who haven't had a test for more than a year to get one done.

The campaign was launched during the recent HIV Awareness Week with the Manager of HIV and Related Programs, Jenny Heslop, saying there are now a variety of HIV tests available, including free tests and stressing that HIV testing is simple and confidential.

"You can get tested at your local GP or sexual health service. Or, if you want to test yourself at home, the Dried Blood Spot testing kit can be delivered to you

and results are sent back by text, email or phone."

Ms Heslop added that, "People at risk of HIV, particularly men who have sex with men, can now use a combination of prevention methods to reduce their risk including taking HIV PreExposure Prophylaxis (PrEP) and using condoms, which are available for free."

NSW has made significant progress towards the goal of virtually eliminating HIV transmission by 2020, with a 13 per cent drop in the number of new diagnoses in NSW between January and September this year, compared to the previous five-year average.

In this period 159 men who had sex with men were diagnosed with HIV in NSW. Of these, 45 per cent had not had a test in the past 12 months and 18 per cent had never had an HIV test.

"A late HIV diagnosis can be life-threatening and increases the chances of passing on HIV to sexual partners," said NSW Chief Health Officer, Dr Kerry Chant. "Early diagnosis means you can receive treatment, live a long, healthy life and prevent transmission to others."

For information on HIV testing, visit [www.health.nsw.gov.au/hiv-test](http://www.health.nsw.gov.au/hiv-test) or call NSW Sexual Health Infolink on 1800 451 624.



## Destination Medicine – new podcast series

Navigating the path from medical school to fully-fledged doctor can be a maze of choices and options, with many forks in the road. With over 23 specialties, 81 fields of speciality practice and 86 speciality titles, young medical trainees must, at some point, choose what area of medicine is for them.

To help make this choice, the Regional Training Hubs network has launched a new podcast, Destination Medicine. The initial series of eight episodes includes a range of conversations, featuring current doctors, specialists and medical students discussing career choices, what they enjoy about their area of expertise and why they've chosen to work in various locations.

"The podcast is a great source of information and inspiration, presented in a creative way to help our emerging doctors make informed career decisions,"



Dr Sue Velovski, Clinical Director Northern NSW Regional Training Hub, Lismore, said.

"It is important to allow trainees to realise that their training in regional and rural centres does not jeopardise their career in medicine. In fact, in many cases, it will enhance their future prospects in their chosen field."

The network of Regional Training Hubs was created in 2017 by the Federal

Government to promote and help organise specialist training in regional areas.

"We work across the organisations involved in medical education and training, from university to various workplaces; including public and private hospitals," Dr Velovski said.

"We are all working to improve the coordination of all stages of medical training, from medical student to fellowship, so our future doctors can maximise their opportunities and hopefully gain as much of their medical training as possible within our regional and rural areas. Destination Medicine is just one of those initiatives."

'Destination Medicine' was officially launched today at this year's Rural Medicine Australia Conference on the Gold Coast.

Search **Destination Medicine** in your favourite podcast client to subscribe.

## Varian Edge with AlignRT arrives at Southport



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# Young children learn ancient games



A new education program, Yulunga Traditional Indigenous Games - Yulunga means 'playing' in the language of the Kamilaroi people of North-western NSW - has been taught to local primary school teachers and early-years educators in workshops across the region this year. In turn, the ancient skills are now being passed on to students who have enthusiastically been learning how to throw a Kolap, roll a Koolchee and keep a Kai in the air.

The program, developed in collaboration with the NSW Office of Sport, is designed to get kids active while also connecting with indigenous culture, explained Health Promotion Manager, Jillian Adams.

With permission from traditional owners the Indigenous games have been collected from around Australia, including the Torres Strait Islands. The program resources were developed by the Australian Sports Commission.

"Local Bundjalung Elders took part in the launch of our training sessions, and shared insights into how games have been played in this region," Ms Adams said.

"The traditional Indigenous games have been adapted to be played with modern equipment - for example, using tennis balls and foam noodles instead of woomeras and spears.

"Close to 400 teachers have attended the Yulunga Traditional Indigenous Games workshops in the Northern Rivers and they have proved so popular that extra sessions have been added this term to meet the demand," Ms Adams said.

Along with ball games, the activities include boomerang throwing, jumping, running, climbing, hitting, throwing, and water games.



Teachers learning traditional Indigenous games at a recent workshop.

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## Meet your local pathology team



**Dr Sarah McGahan** MBBS FRCPA

sarah\_mcgahan@snp.com.au  
(02) 6620 1203

Dr Sarah McGahan is Pathologist-in-Charge of SNP's Lismore laboratory. A graduate of The University of Queensland, she trained in pathology at Royal Prince Alfred Hospital, Sydney. In 1995 she moved to northern NSW, where she worked at Lismore Base Hospital for 13 years, joining SNP in 2008. She has expertise in a broad range of histopathology including dermatopathology and gastrointestinal pathology, and has a particular interest in melanoma.



**Dr Andrew Mayer** MBBS(Hons) FRCPA

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(02) 6620 1204

Dr Andrew Mayer has expertise across a broad range of general surgical pathology with particular interests in breast, gastrointestinal and dermatopathology. He graduated with honours from the University of Sydney in 1989 and went on to one year of forensic pathology training at the NSW Institute of Forensic Medicine, followed by five years in anatomical pathology training at the Institute of Clinical Pathology and Medical Research (ICPMR), Westmead Hospital.



**Dr Patrick van der Hoeven** MD FRCPC FRCPA

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(02) 6620 1202

Dr Patrick van der Hoeven is a general pathologist with extensive experience in surgical, breast and gastrointestinal pathology and dermatopathology. He graduated in Medicine from Queens University, Canada and gained his Fellowship of the Royal College of Physicians and Surgeons of Canada in 1994. He moved to Australia soon after and worked for Gippsland Pathology Service in Victoria where he became Deputy Director of Pathology and a partner. He joined Sullivan Nicolaides Pathology in 2019.

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Meridio 322441 September 2019



## Could dogs be science's new best friend?

by Mike Fitzgerald,  
Alstonville Veterinarian.

Ageing in dogs bears many similarities to ageing in humans. They start to lose hearing, vision, mobility, can get cancer, arthritis, heart disease, renal failure and brain ageing (doggy dementia). The differences in the way dogs age may be illuminating for our human species as well.

For example: why do smaller breeds of dogs tend to have longer lifespans (up to 16 years or more) compared to larger and giant breed dogs who may only live 8 to 10 years?

The Dog Ageing Project is a longitudinal observational study being conducted by University of Washington and Texas A&M, funded jointly by a grant from the US National Institute on Ageing as part of the National Institutes of Health and private donations.

In developed nations, the most important risk factor for every major cause of death is age. Most of the research into the ageing process has been conducted using laboratory studies on fruit-flies, yeasts, worms and laboratory mice. The days to months lifespan of these species allows for more rapid progress and many ageing relevant genetic pathways and environmental factors have been identified using these methods, but a sterile controlled laboratory environment has its limitations as a model for human ageing.

"No other species allows us to study the impact of environment and lifestyle on health in all its detail and complexity".

Companion dogs on the other hand, provide an opportunity to investigate more



Mike Fitzgerald with someone's best friend.

closely how genetic background and life-experiences affect ageing. Think about it! Your dog shares the same environment, including variation in climate, toxin exposure, infectious disease exposure and even mealtimes and exercise in many cases.

Dogs acquire diseases in this natural and diverse environment and are treated as individuals over a long period of time. Dogs have a sophisticated health care system, including lifelong relationships with veterinary general practitioners, and have access to 40 different veterinary specialists. In fact, no other species allows us to study the impact of environment and lifestyle on health in all its detail and complexity.

This citizen science project aims to follow 10,000 dogs throughout their lifespan. Like other longitudinal observational studies, e.g. the Framingham Heart Study, the Baltimore Longitudinal Study of Ageing

and the Women's Health Initiative, the power of the Dog Ageing Study comes from following a large sample of 10,000 dogs, measuring many different variables (physical, genetic, behavioural, lifestyle and environmental data), and evaluating how these variables change over time.

Insights drawn from this research will be used to find ways to increase health-span (the period of life spent free from disease), hopefully leading to increased quality of life for dogs and their owners.

The Dog Ageing Project is an open data study which means anyone can collect and analyse the data. About 100 terabytes of data will be collected each year! This will include all kinds of information about each dog and its environment. In addition to all the usual stuff about breed, size, age, postcode, medical records, number of humans and other animals in the house, diet and exercise etc, they will sequence each dog's genome, measure hundreds of different molecular markers in the blood, levels of pollutants in the dog's neighbourhood, the diversity of the gut biome and accelerometer measurements of activity and rest.

There is also a small interventional study run in parallel on a subset of 500 dogs within the larger study. This is a double-blind, placebo-controlled study of pharmaceutical Rapamycin (aka Sirolimus), a drug which has shown to increase lifespan and health in mice. Somewhat surprising for an immune suppressive drug which interestingly was isolated from a soil *Streptomyces* on Easter Island of all places!

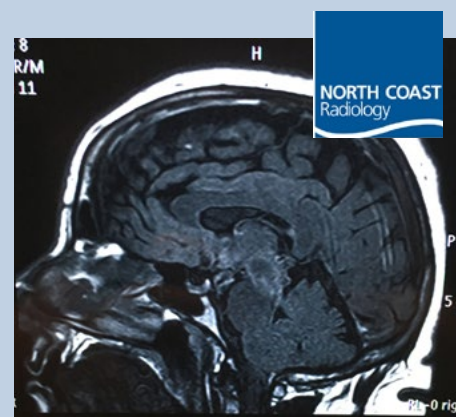
It will be fascinating to follow this study and discover what we can learn from our canine companions.

## Medicare rebatable MRI now available in Ballina

North Coast Radiology is pleased to have secured a 12 month MRI license for our Ballina clinic. This means locals will be able to access fully bulk-billed MRI services for all Medicare eligible GP MRI item numbers effective from 10th November 2019.

After this 12 month period, the Federal government will re-assess local services to determine if the license will retain permanency. We are optimistic that this will be possible with the backing of our medical fraternity, in particular local General Practitioners, and we look forward to receiving your support in this regard.

North Coast Radiology is pleased to be able to offer this improved access to service our local community and reduce the out of pocket costs for patients.





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**Asst Prof. Mario Zotti  
Orthopaedic surgeon (spine)**

Assistant Professor Mario Zotti MBBS, MS (Orth), FRACS, FAOrthA is now welcoming outpatient appointments at the **John Flynn Medical Centre**.

Asst Prof. Zotti is an orthopaedic surgeon specialising in the treatment of spinal disorders. He joined Gold Coast Spine following completion of his PFET accredited fellowship in spine surgery under Assoc Prof. Matthew Scott-Young in 2018.

Asst Prof. Zotti has clinical interests in:

- neck and back conditions (degenerate & deformity)
- radiculopathy/sciatica (arm & leg pain)
- sacroiliac joint dysfunction
- urgent spinal conditions (trauma, tumour, infection).

Also an honorary adjunct professor at Bond University, Asst Prof. Zotti visits Pindara Private Hospital, Gold Coast Private Hospital and John Flynn Private Hospital.

Please direct all enquiries to our Southport clinic.



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## Polypharmacy is here, but needs careful use

*Elderly patients are frequently admitted to hospital as the result of polypharmacy. Medications are reviewed and many are able to be stopped.*

*The list of medications that can cause problems is long. Anticholinergics, antispasmodics, antidepressants and anti-parkinsonian medications are frequent offenders. So too are sedatives and narcotics.*

*Unfortunately for the GP when patients return after hospital discharge they reportedly find life intolerable due to pain and/or severe insomnia. Despite the warnings medication is often restarted and the cycle begins again.*

*Dr Tien Khoo, staff physician at Ballina District Hospital, sees this cycle all too frequently. In this article he recommends the "7 step medication review" plan to break or at least slow the cycle.*

by Dr Tien K Khoo

Concurrent with the evolution of modern medicine practitioners are increasingly caught up in a career that is rife with guidelines and recommendations. Though well-meaning, many of these are led by specialist groups and institutions that focus (understandably) on a particular condition. Things are then left to the astute clinician involved in the decision-making process of clinical management, often followed by safe prescribing.

The commencement and continuation of medication on the basis of *primum non nocere* ('first do no harm') requires careful consideration of the information at hand. Ideally, information that feeds into our clinical reasoning processes should involve core components of the clinical history, examination, investigation results, intended benefit and most importantly, patient preferences. In addition, I suggest reflecting on the available evidence and the patient's time horizon.

Polypharmacy is a common outcome in today's medicine; the use of multiple medications in the quest to help our patients. Polypharmacy can be deemed as appropriate or inappropriate. It is the responsibility of both, treating health professional(s) and patient, to help determine if intended benefits of treatment outweigh the risks and adverse effects.

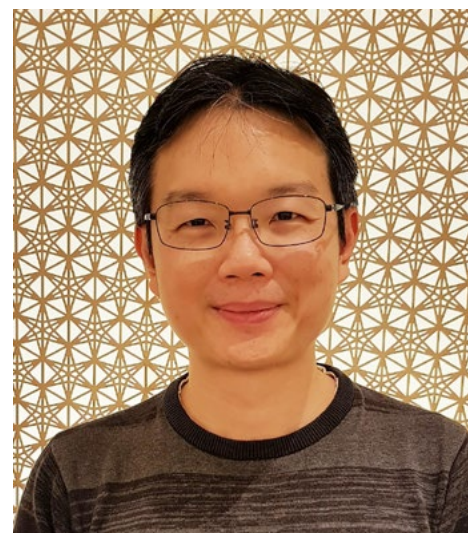
'Polypharmacy is here' in our everyday practice and the ageing population in the region will be more susceptible to inappropriate prescribing. A recently published Australian study found at least

one-in-three of older Australians are subject to polypharmacy, with figures rising to almost 50 per cent in the oldest of the old<sup>1</sup>. Another recent article in GP Speak highlighted the benefits of deprescribing that led to both patient and staff satisfaction, following sedative reduction in residential care<sup>2</sup>. With strategic reduction in sedatives such as benzodiazepines and antipsychotics, patients were more able to participate in activities of daily living and were more likely to have a better quality of life.

To help us reduce inappropriate prescribing and achieve appropriate polypharmacy (i.e. 'safe prescribing'), the Scottish government has recommended **"The 7-steps medication review"**, which comprises the following<sup>3</sup>:

- **Step 1: (Aim)** What matters to the patient?
- **Step 2: (Need)** Identify essential drug therapy
- **Step 3: (Need)** Does the patient take unnecessary drug therapy?
- **Step 4: (Effectiveness)** Are therapeutic objectives being achieved?
- **Step 5: (Safety)** Is the patient at risk of adverse drug reactions (ADRs) or suffers actual ADRs?
- **Step 6: (Efficiency)** Is the drug therapy cost effective?
- **Step 7: (Patient-centred)** Is the patient willing and able to take drug therapy as intended?

Other worthy steps that I suggest considering when prescribing include ensuring an ideal medication dose



Dr Tien K Khoo

and remembering the basic sciences (e.g. pharmacology, physiology, pathophysiology) that may influence the likelihood of an intended benefit.

We are practicing medicine in exciting times. The pace that medical knowledge advances has provided us with a myriad of treatment options in various ailments while causing textbooks to be nearly obsolete! Thinking laterally beyond the hardcovers, I am also conscious that safe prescribing practice is especially important in an ever-increasing litigious environment that continues to take the hide off those in the pharmaceutical industry without always sparing the prescriber.

[References on our website.](#)

# UOW celebrates 10 years of medicine in Clarence Valley

## HIGH PROPORTION OF GRADUATES OPT TO WORK IN REGIONAL AREAS

The University of Wollongong (UOW) School of Medicine has celebrated its ongoing 10-year presence in the Clarence Valley.

The first cohort of long-stay medical students arrived in July 2009 through the North Coast Medical Education Collaboration, a joint program of UOW, the University of Sydney and Western Sydney University.

Head of School and Dean of Medicine, Professor Paul de Souza was part of a delegation to Grafton, where UOW representatives met with the Chamber of Commerce, clinicians, policymakers, Council representatives and health care administrators to discuss the future of UOW's presence in the area. The delegation included Associate Dean and Director of Community, Primary, Remote and Rural Medicine Professor David Garne, Associate Professor Rowena Ivers and Belinda Smith.

Professor de Souza said the medical program appears to be working well, since doctors graduating from UOW are opting to work in rural or regional areas, including towns like Grafton.

"Wollongong is a leading university as far as that success is concerned," Professor de Souza said.

"Roughly 70 per cent of our students who enter the medical program each year come from rural areas and 60 per cent of our graduates end up working in rural and regional areas."

Three quarters of UOW medical students undertake a long-term placement of 12 months clinical training in a rural areas of NSW, with many students training rurally for much longer.

Dozens of medical students who have undertaken placements at the hospital and GP clinics over the years have felt at home in Grafton.

"They're made to feel very welcome, from what I understand, and a couple of them have started going back to complete elective placements in Grafton, even before graduating," Professor de Souza said.

"The medical students really get to know the GPs, families, and the community. Some of them start to put down roots, which is a drawback to attracting them back."

In addition to the medical student program, UOW, in partnership with the University Centre for Rural Health in Lismore, also operates the Clarence Valley arm of the North NSW Regional Training Hub. This program has the aims of developing increased opportunities for post-graduate training in the region as well as supporting medical students in their future career decision-making.

Professor de Souza said there were still not enough incentives for doctors to move to regional areas.

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## New service for managing elderly dementia patients at home

The second recommendation of Neglect, the Interim Report of the Royal Commission into Aged Care Quality and Safety emphasised the importance of reducing sedative medication in the elderly. It is a difficult area for GPs and staff attending patients in Aged Care facilities and the final report will suggest more concrete solutions to the problem.

Managing dementia patients at home can be an equally difficult issue for GPs. However, local clinicians are now able to get advice via a new service provided by Dr Jedda Schutz.

Dr Schutz consults at the Northern Rivers Psychiatry rooms in Bangalow approximately once per month and now offers one-off psychiatric assessments for patients over 65 year of age.

MBS item number 291 is suitable for patients with any psychiatric condition who can be appropriately managed by GPs without the need for ongoing long term input from a psychiatrist, but would find benefit from a one-off review with a specialist. The referral should come from the patient's usual GP.

Such opinions are useful for issues such as:

1. Whether to continue psychotropic medications longer term, reviewing psychotropic medication doses and assessment for possible alternative medications/treatment modalities and reviewing any potential side effects.
2. In the older population, assessments also take into account increasing physical comorbidity, which can impact on management of psychiatric conditions.

Additionally, it can be useful to undertake a formal psychiatric assessment when the patient is proving treatment resistant or not responding to standard first line treatments. This can be done annually under the regulations since Medicare limits 291 assessments to once per year.

A 291 includes a comprehensive report of the consultation outlining the psychiatric opinion and creates a personalised and detailed management plan for the patient. The management plan covers both short term and long term recommendations to assist with the ongoing care of the patient. The report should get to the GP within two weeks of the consultation.

As with care plans it is important to check that the item has not been claimed in the previous 12 months and the referral should include all the appropriate information for the consultant psychiatrist to form an opinion at the first consultation.

Further caveats are that the patient is not in an acute crisis situation or delirium, does not have ADHD, is not covered by WorkCover or is a first responder presenting with mental health difficulties relating to military, ambulance service, fire service and/or police employment.

### Contact Details

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2018-2019 Phase 3 students Jack, Felix, Keiran and Matthew



Phase 1 student Chanelle



2019-2020 Phase 3 students, Harriett, Rebecca, Alex, Billy and Tollan



Phase 4 students Carly and Jack



# Book Reviews

by ROBIN OSBORNE

## *Fentanyl Inc.*

Ben Westhoff  
Scribe 325pp

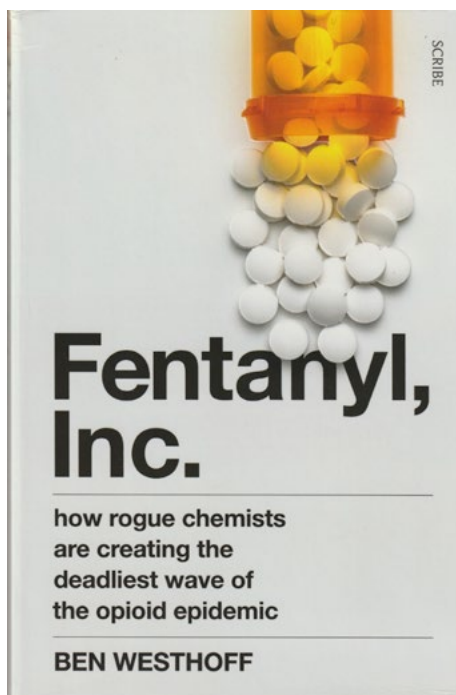
Illicit drugs are always in the news. On the day I wrote this review the SMH page one story read, “Scrap drug use offences: lawyers”, with the team of barristers assisting the Royal Commission into the Drug ‘Ice’ recommending the decriminalisation of the personal use of currently illicit substances.

Two pages in came a report about a criminal syndicate with “advanced skills in chemistry” that was caught importing half a tonne of ice, worth \$300 million, by suspending crystals of the drug inside bottles of chilli sauce. The saucy crims had despatched the shipment from the USA. In all likelihood, according to the distribution patterns described in this book, the drug has been smuggled from Mexico after being synthesized from precursor chemicals obtained from China.

Investigative reporter Westhoff’s prime focus is on the drug of the title, widely used in anaesthesia, widely abused by drug takers, one that “As recently as 2015, very few Americans [and Australians] were familiar with”. However, he casts a wide net, largely because those who manufacture, smuggle and, alas, consume illicit drugs seldom restrict themselves to a single product.

Notably, there has been a marked shift from “natural” drugs like cannabis, magic mushrooms, cocaine, opium and heroin to “new drugs”, or to use the fancier name, novel psychoactive substances, or NPSs. This, he explains, is the most significant evolution in the drug trade ever.

While concurring with the DEA’s summation that fentanyl is “the game changer... the most dangerous substance in the history of drug trafficking”, Westhoff notes that, “In addition to fentanyl, a whole new generation of chemicals is radically changing the recreational drug landscape... they include replacements for known drugs like ecstasy, LSD and marijuana, as well as



heroin.

“These new drugs aren’t grown in a field – or grown at all. They are synthetic, made in a laboratory... and they are much more potent than traditional drugs.

“These new drugs – fake heroin, fake marijuana, fake heroin and fake ecstasy – represent the harshest drug challenge in our history. And yet, ironically, most of them were “born” in legitimate laboratories, created by medical scientists. Long before they were hijacked by drug traffickers, they were designed to benefit society.”

In pursuit of this Frankenstein monster the author speaks with current and former drug users, many in less than salubrious circumstances, the families of overdose victims, users of the Dark Web where a myriad of drugs is openly listed on sale, and in a heart stopping journey to “The Source” visits Chinese labs, ranging from the seedy to the pristine, where everything is on offer, including fentanyl analogues and precursors, in any quantity.

“Yuancheng lists its address on its websites and invites interested customers to come by for a visit. In January 2018... I did exactly that... I claimed to be interested in chemicals including a steroid called nandrolone decanoate, which is illegal to

possess in the US without a prescription.”

Its price was \$1800 per kilo, other drugs cost much more. The company’s sales staff occupied two floors of the factory, speaking with distant potential customers “on just about any app or platform they desired”.

As quickly as China schedules compounds and precursors, making them illegal to be sold domestically, chemists throughout the country invent new analogues likely to remain legal for a year or more, although not in the destination countries.

“Just like Britain’s East India Company two centuries ago, today the world’s biggest superpowers are producing opioids by the tonne. The US generally does so legally, as medicine, while China also does so illicitly, as drugs... neither is taking sensible means to stop it... the contagion continues to spread around the globe.”

It seems miraculous that his undercover work did not result in the author’s death, that being the fate of many a drug user, largely because the cutting and packaging of drugs by dealers, notably in Mexico, is often a haphazard affair.

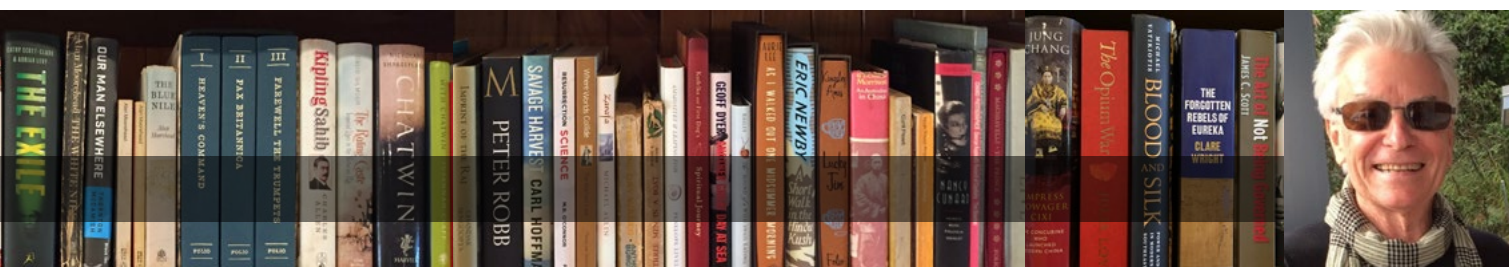
“It’s not like they’re in a laboratory and measuring how much is in it,” says a DEA source, “they just take the fentanyl and stir it with a spoon. So you may take one hit with 1 milligram of fentanyl, and next you take a hit with 7 milligrams...”

Notes the author, “There’s an old saying in toxicology – the dose makes the poison”.

Australia get some mentions, for instance the bust of one tonne of Chinese meth in 2017, part of the “increasingly creative” importing methods that include garden hoses, kayaks and porcelain toilets. Premier Gladys Berejiklian is cited for her unwillingness to countenance drug testing at festivals (“a dozen rave deaths have occurred since 2013”), a stance that puts her at odds with successful strategies in various European countries, including Slovenia, the birthplace of a certain President’s wife.

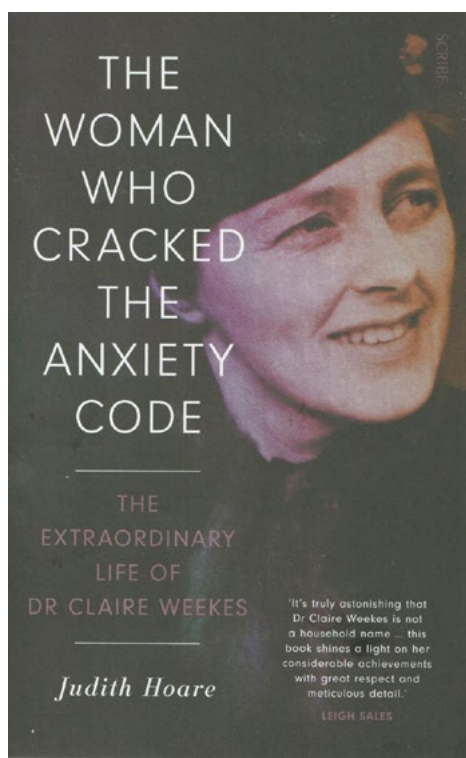
This is a fascinating exploration of greed, wealth, weakness, ingenuity and corruption by an investigator who argues that the global drug challenge could be far better handled than it presently is.





## ***The Woman Who Cracked the Anxiety Code***

By Judith Hoare  
Scribe 400 pp



A short review does scant justice to Judith Hoare's wonderful biography of an Australian clinician who should be a household name but is barely discussed, despite her best-selling books, notably *Self-Help for Your Nerves*, having changed many people's lives.

Dr Claire Weekes was a star student at school and university, becoming the first woman to gain a science doctorate at The University of Sydney – in the birthing patterns of lizards. This quest alone is worthy of a book.

She came to the medical profession via an unpredictable route, falling extremely ill and being diagnosed, incorrectly as it turned out, with TB, the scare disease of the day.

"It started with a sore throat, followed by a botched operation on septic tonsils resulting in a haemorrhage... Being highly contagious, TB meant isolation from family and friends, with quarantine in sanatoria strategically placed far from cities and communities... 'Of course, I believed I had TB', she said later, with exasperation."

The misdiagnosis was compounded by the doctor-husband of a good friend who pinpointed a cardiac problem. In fact, "There was nothing wrong with Weekes' heart. She was to live for another 60 years."

And how!

The condition she actually suffered from, which was characterised by a racing heart (Darwin had a similar issue), was extreme anxiety and it was her inspired focus on developing a strategy, although not a 'cure', for managing this common disorder that would become her life's work and the reason for international acclaim.

"By the time Weekes eventually came to understand the mind-body connection – that her unrelieved fear was firing her nervous system, which in turned fired her heart – she had endured two years of extended suffering, inhabiting a state of permanent anxiety in such distress that she no longer recognised herself."

In a notable example of a doctor self-healing – she would return to university, complete a medical degree, and become a practising GP and physician – she developed a remarkably simple, and successful, formula for cultivating the inner voice when panic returned: Facing... Accepting... Floating... And Letting Time Pass.

Initially derided by much of the psychiatric profession for over simplifying people's response to fear, and for penning 'self-help' books that replaced consultations, Dr Weekes would be hailed for her insights, invited to conferences around the world, and praised by countless anxiety sufferers who said her advice had quite literally rescued their lives.

This inspiring life story is an ideal 'stocking filler' for the holiday season.

## ***Perfect Motion***

Jono Lineen  
Ebury Press 271pp



Mao's long march and Hannibal's crossing of the Alps are about the only historical walks not mentioned in Jono Lineen's account of how bipedal movement is both a pinnacle of human physical evolution and a wonderful pathway to creativity and emotional balance. His famous walkers of times past include the Buddha, Beethoven, Aristotle, Charles Darwin, Muhammad, Wordsworth, Mahatma Gandhi and many others whose journeys short or long, but regular, led to great awareness of themselves and the human condition.

Into this tradition steps the author, a man of diverse background, including cross-country ski racing, forestry and relief work with Médecins Sans Frontières, who now works as a senior curator at the National Museum of Australia. With a similar enthusiasm for walking and recording historical titbits and local observations as

continued on page 34

# Happy health reporting season... or is it?

by Robin Osborne

In advance of festive season we have reporting season, at least for government agencies, with two reports on health system performance being issued in late November, one by **the NSW Auditor-General**, the other by **the Health Care Complaints Commission**.

For the figure-fond the Health 2019 Audit Office report states that the budgeted expense for the 15 local health districts, one being the Northern NSW LHD, and two speciality networks, increased from \$18.3 billion to \$19.4 billion in 2018–19. However, “The 15 health entities recorded unfavourable variances between actual and budgeted expenses.”

A major problem is that health workers – totalling 105,105 clinical staff, and 16,466 other staff – aren’t using all their leave entitlements: “Managing excess annual leave remains a challenge for NSW Health,” the report notes, “36.9 per cent of the workforce have excess annual leave balances”, and this should be addressed in the 2019-20 year.

It added, tantalisingly, that “staff who perform key control functions” should be encouraged to take at least two consecutive weeks’ leave a year in order “to mitigate fraud risks.”

Next comes the clinical performance of the public health system. In 2018-19 there were an astounding 2,926,425 attendances in NSW emergency departments, up 3.3 per cent on the previous year. As the state’s

population is around eight million, this suggests almost one-third attend an ED each year, although sicker, and perhaps poorer, people would attend more than once.

As a tribute to hard-working staff, 81 per cent of patients’ clinical care in EDs is completed within 4 hours (averaging out the triage categories).

Credit, too, to the Ambulance Service, where demand also rose, perhaps explaining why staff were paid more overtime than other health entities – nearly ten per cent of total salaries and wages. The Auditor-General recommends the service further reviews the “effectiveness of its rostering practices.”

Sentinel events, relating to a public hospital admission that results in the death of, or very serious harm to, a patient is described in media-speak as “medical mistakes” and they always grab headlines: “Highest in three years” (SMH 23 Nov 2019). There were 22 sentinel events in 2018–19, four more than the previous year and eight more than in 2016–17. Putting this in context, “On average, 1 sentinel event occurred in 86,931 patients discharged (1 in 104,049 for 2017–18).”

Into this space steps the Health Care Complaints Commission whose annual report notes that “the year continued the historical pattern of an increasing volume of complaints received”, with a total of 7,299 complaints in 2018-19, more than double that of a decade ago.

“Based on the average growth of more than 10% per year, the number of complaints is projected to reach around 8,000 complaints in 2019-20,” said Commissioner Sue Dawson.

Complaints relating to general medicine were the commonest, accounting for 47.2 per cent, with surgery at 10.3 per cent.

A total of 398 complaints were resolved during assessment, well up from the previous year and “a very positive improvement in the use of early intervention. The Commission will be looking for ways to further increase the number of complaints addressed in this manner in 2019-20.”

However, the timeliness of completing investigations continues to be an issue, with more than 40 per cent taking over a year, at an average of 335 days each. The HCCC has a larger budget and more staff than before, although as Commissioner Dawson noted, there is “a continuing picture of complaint complexity that is apparent throughout this report.”

Unregistered practitioners, from naturopaths to cosmetic therapists and much in-between, were noted as problematical, while the Commission had received “multiple complaints regarding misleading and unsafe practices by anti-vaccination (“anti-vax”) campaigners and the potential risks that such persons and associations pose to the public health and safety.”

## Book Reviews

...cont from P33

the author Bruce Chatwin (Songlines etc), Lineen begins with an account of his solo trek of 2700 kms through the Western Himalayas.

Prompted by the accidental death of his brother Gareth, he sets out to do... what? Until the journey is over he will be unaware of its purpose, although the insights gained would help resolve his deep personal loss.

“To move, to activate this charged body, is to take control,” he writes.

“To be dynamic and engaged is to create my own reality. Footstep after footstep, each piece of walking’s moving puzzle is laboured and dangerous... [yet] These elegant steps - and every one of them is a masterpiece - are a portal into our antiquity... the thought that our distant ancestors decided it was a good idea to stand on two legs, shift their

weight and move forward shimmers with brilliance.”

For this reason, the evolution of Homo erectus plays a significant role, a process that passes along to the sapiens version of the human family, albeit in the space of a single year, rather than hundreds of thousands.

He observes his son Liam as he faced “the ultimate challenge, placing one foot in front of the other in the most graceful and complicated series of balancing acts his young mind could imagine.”

Before long he’s upright and moving, although time will tell whether he becomes as globally mobile as his father whose tales of working with MSF teams in the Sierra Leone civil war and the Maoist controlled area of Nepal are nothing less than

harrowing. Both entailed lengthy walks in and out:

“My legs had carried me to freedom... it struck me, thinking about that year

later, that in the ecstasy of independent movement, there had been a connection to our earliest ancestor rising high on two legs to reach some distant fruit... [and] to my gleeful, bouncing son – to all children – doggedly rising and falling and rising again to take their place among the walkers.”

Despite the derring-do and the author’s disclaimer that, “In truth, I am not an introspective person,” the book is satisfyingly reflective, and for that reason and more is well worth reading.





## Glorious way to give up the day job

*Robin Osborne meets local cabinet maker Colin Fardon, a master craftsman in the making.*

A chance meeting at a party in Brisbane has resulted in Casino-born woodworker Colin Fardon selling his milestone creation for the astounding sum of \$68,000 and in the process deciding to become a cabinet maker full-time.

“Now I can give up the day job and follow the dream,” Colin joked as he carefully handled one of the beautifully crafted drawers from his inlaid collector’s cabinet titled “Three Little Birds”.

The work is part of the exhibition *Chesta Drawz* and the *LowBoys* that ran recently at Lismore Regional Gallery. The other works, less ambitious in scale but also superbly executed, were by passionate locals – including former Lismore City councillor Brian Henry - who had studied with nationally acclaimed cabinet maker and local resident Geoff Hannah. His latest masterpiece was in the show, while in a nearby room stood his million-dollar (literally) creation the ‘Hannah Cabinet’, the subject of an intensive fundraising effort aimed at keeping the piece in Lismore.

Colin said he had trained with Geoff for one day a week for 16 years (Colin is now aged 31). The master had never raised his voice or expressed a cross word.

Shortly before the exhibition opened Colin was enjoying a drink at a Brisbane party and chatting to Queensland man John Dunne.

“I told him my day job was at Casino Joinery but I’d just finished making a large inlaid cabinet with a range of exotic timbers, and it was about to go on show



Master cabinet maker Geoff Hannah with former student Colin Fardon and the latter’s creation, *Three Little Birds*, sold for \$68,000.

down in Lismore,” Colin said.

“He said it sounded interesting and promised to come down. True to his word, John came to the opening and bought the piece straight up, for the asking price of \$68,000. The Gallery has his cheque and when the exhibition closes (1 Dec.) we’ll be transporting it up to him in Queensland.”

Very carefully, one assumes.

If the price seems high it is important to see it in context: Colin spent 1137 hours making the cabinet, so the hourly rate is hardly excessive.

His inspiration for the title came from regular bird sightings on his parents’ farm at Greenridge, between Casino and Coraki. He chose his favourites - finches, a Willie wagtail and a kingfisher, adding other local features such as river rocks, the Richmond River rainbow fish caught by the kingfisher, a casuarina branch.

The 15 species of timbers include Brazilian Mahogany, East Indian Rosewood and Ivory wood, with 40 hand dove-tailed drawers and three secret compartments, the whole work French polished with orange shellac to give it almost holy glow. Another feature is the set of decorative corner pillars made from Serpentine stone from Lightning Ridge, sourced by Colin at Lismore’s GemFest fair. To work the stone correctly he did a course in lapidary.

Not surprisingly, Geoff Hannah is impressed by Colin’s work – “It’s not too bad eh?”, he said with a typically broad smile, obviously pleased to be passing on the baton - elaborately carved of course – to another local boy with a passion for timber, and with immense patience and a steady hand.

What should be another long and distinguished career seems to have been born.

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