

GEMS OF NEW ZEALAND

Primary Health Care Research

Higher risk of a first CVD event in Maori with diabetes quantified

Over 48 000 New Zealanders with Type 2 diabetes were followed for an average of 2.4 years to assess the time to a first cardiovascular event. Compared to European and other ethnicities, Maori had a 30% higher risk of having a first cardiovascular event over that time and East Asians a 27% lower risk. Pasifika and Indo-Asian ethnicities were similar to European and others. Aside from ethnicity, age, gender, SES, BMI, smoking, systolic blood pressure, serum lipids, glycated haemoglobin and urine albumin: creatinine ratios were also risk factors.

Kenealy T, Elley C, Robinson E, Bramley D, Drury P, Kerse N, et al. An association between ethnicity and cardiovascular outcomes for people with type 2 diabetes in New Zealand. *Diabetic Medicine* 2008;25:1302–1308.

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Exercise on prescription increases physical activity

This study involved 1089 women aged 40–74 attending 17 primary care practices in Wellington who were not undertaking 30 minutes of moderate intensity physical activity on at least five days of the week. The women were randomised to a control group or to an intervention consisting of a brief physical activity in-

tervention led by nurse with six-month follow-up visit and monthly telephone support over nine months. The intervention group showed increased physical activity and quality of life over two years, although falls and injuries also increased in this group. There were no significant differences in clinical outcomes including HbA1C levels, blood pressure, fasting lipids, weight or waist circumference.

Lawton BA, Rose SB, Elley CR, Dowell AC, Fenton A, Moyes SA. Exercise on prescription for women aged 40–74 recruited through primary care: Two year randomised controlled trial. *BMJ* 337:a2509, 2008.

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Self-knowledge can lead to strategies to manage panic attacks

This qualitative study of 10 patients with panic disorder found that self-knowledge in the form of understanding what was happening to them when they developed extreme anxiety led to a variety of strategies that helped them reduce the frequency and intensity of their panic attacks. Primary health care nurses are identified as practitioners who can teach patients about their body's response to stress and health anxiety, give supplementary health information, and refer on when required.

Hamer H, McCallin A, Garrett N. Searching for self: The layers and labels of panic

disorder: A New Zealand study. *Nursing & Health Sci* 2009;11:51–57.

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GPs commonly refer patients for complementary and alternative medicine (CAM) therapies

More general practitioners (GPs) are referring patients for complementary and alternative medicine (CAM) therapies, while fewer are using CAM in their practice. This is the main finding of a recent nationwide survey into attitudes to and use of CAM therapies. The postal questionnaire was sent to 500 randomly selected GPs from the 2358 listed on the New Zealand medical register as vocationally registered and holding a current annual practising certificate. Of the 300 GPs who responded (60% response rate), 95% referred patients to one or more forms of CAM, with the most common referral being for chiropractic manipulation. Many doctors indicated that an overview of CAM should be included in conventional medical education. This view is consistent with the findings of earlier New Zealand research on this topic.

Poynton L, Dowell A, Dew K, Egan T. General Practitioners' attitudes towards (and use) of complementary and alternative medicine: A New Zealand nation wide survey. *NZ Med J* 2007;119.

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Does physical activity combat depressive symptoms and functional impairment in the elderly?

Ngaire Kerse and colleagues are in the process of testing it out. They are recruiting NZ participants who are 75 years old or older in the community who are willing to participate in a programme of physical activity administered by a nurse. Meta-analyses of systematic reviews of the physical activity literature showed gaps in the quality of existing studies which destroys faith in the conclusions that physical activity does have beneficial effects on health. The present study is carefully designed to combat those criticisms so that evidence-based decisions about activity levels can be made.

Kerse N, Falloon K, Moyes S, Hayman K, Dowell T, et al. DELLITE. Depression in Late Life: an Intervention Trial of Exercise; Design and recruitment of a randomised controlled trial, *BMC Geriatrics* 2008, 8:12doi:10.1186/1471-2318-8-12.

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Insights into the experience of palliative care

Recent qualitative research interviewing women in hospice care highlights the uncertainty experienced by people throughout the diagnostic process and during treatment. This Dunedin study analysed the narratives of 10 women aged between 51 and 65 years of age dying of cancer. Findings reported provide insight into patients' experience of cancer care and confirm that people's sense of well-being and ability to direct their life is helped or hindered by the way their needs are met. All the women interviewed agreed that a follow-up call from their general practice when they were discharged from hospital would be of value.

McKechnie R, MacLeod RD, Keeling S.
Facing uncertainty: The lived experience

of palliative care. *Palliat Support Care* 2007;5:255–264.

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Patients on methadone maintenance treatment transferring from secondary to primary care

This study surveyed patients receiving methadone maintenance treatment from an Auckland specialised clinic and from authorised GPs, as well as clinic staff and GPs. It aimed to identify what helps and what hinders patients transferring from specialist to general practice care. Barriers to patient transfer included financial cost, attitudes of specialist staff who considered secondary care was better and patient distrust of GPs. Incentives for transfer included confidential, holistic and continuity of care, increased patient control, convenience and avoidance of contact with other opioid-dependent people. Progression from secondary to primary health care should be incorporated from the onset of specialist treatment, with specialist services staff reassured about the quality of primary care, an integrated transition period and exploration of funding options to assist transfer from publicly-funded secondary to privately-funded primary care.

Sheridan J, Goodyear-Smith F, Gohns A, Butler R, Wheeler A. Barriers to, and incentives for, the transfer of opioid-dependent people on methadone maintenance treatment from secondary to primary health care. *Drug Alcohol Review* 2008;27(2):178–184.

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Validation of the Case-finding and Help Assessment Tool (CHAT)

The short self-administered Case-finding and Help Assessment Tool (CHAT) has been developed in New Zealand for lifestyle and mental health assessment

of adult patients in primary health care. The CHAT case-finds for tobacco use, alcohol and other drug misuse, problem gambling, depression, anxiety and stress, abuse, anger problems and inactivity. It is well accepted by patients, general practitioners and nurses. This study validated the CHAT against reference standards for each lifestyle or mental health problem and found that this ultra-brief tool has excellent sensitivity and specificity.

Goodyear-smith F, Coupe N, Arroll B, Elley C, Sullivan S, McGill A. Case-finding of lifestyle and mental health problems in primary care: validation of the 'CHAT', *Br J Gen Pract* 2008; 58(546):26–31.

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No clear 'winner' when three electronic textbooks are compared

This study gave recruited NZ GPs access to three e-textbooks (DynaMed, MD Consult (including FirstConsult) and UpToDate) through a web portal. Access to specific texts was randomly allocated. GPs were later telephone interviewed and asked to use the e-textbooks to answer four randomly presented clinical questions, dealing with screening, diagnosis, treatment and prognosis. Seventy-seven GPs completed the telephone interview. They also completed an emailed feedback questionnaire and their utilisation time of each resource accessed through the portal was measured. There was no significant difference in their preference for, or usage levels of, the three e-textbooks. The e-textbooks performed similarly in terms of time to find the answer to the clinical question and the GPs' satisfaction with the answer they found.

Goodyear-Smith F, Kerse N, Warren J, Arroll B. Evaluation of three electronic medical textbooks: DynaMed, MD Consult and UpToDate, *Aust Fam Phys* 2008;37(10):878–882.

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