

GEMS OF NEW ZEALAND

Primary Health Care Research

Women with diabetes less likely to use hormonal contraception

This study compared women aged between 15 and 44 years with either Type 1 or Type 2 diabetes with women with no diabetes. Women with diabetes were less likely to use hormonal contraception (combined pill, progestogen only pill or the injectable contraceptive Depo Provera) than women without diabetes. It is now recognised that hormonal contraception is a safe and effective option for women with uncomplicated diabetes. Possibly there are significant numbers of young women with poorly controlled diabetes or other risk factors for cardiovascular disease that have influenced clinicians in avoiding the use of hormonal contraception. Paradoxically it is these women who are at most risk from unplanned pregnancy.

Shawe J, Mulnier H, Nicholls P, Lawrenson R. Use of hormonal contraceptive methods by women with diabetes. *Prim Care Diabetes* 2008;2(4):195–9.

Corresponding author: J. Shawe
Email: J.shawe@surrey.ac.uk

How do patients contribute to health care errors?

Research on health care error emphasises system and clinician error, and tends to exclude how patients create errors. This paper identified types of errors that patients can contribute and reduce, especially in primary care. Eleven group in-

terviews of patients and primary health care professionals in Auckland 2007 reported and helped to classify types of potential error by patients. The resulting taxonomy identifies action errors (attendance errors, assertion errors and adherence errors) and mental errors. The taxonomy is an early attempt to understand how patients can err and what it is that clinicians should seek to influence to help patients act safely. An important next step is to understand how patients, clinicians and systems can interact to co-create and reduce errors.

Buetow S, Kiata L, Liew T, Kenealy T, Dovey S, Elwyn G. Patient error: a preliminary taxonomy. *Ann Fam Med* 2009;7:223–231.

Corresponding author: S. Buetow
Email: s.buetow@auckland.ac.nz

Are the differences between doctors' and patients' roles shrinking?

This narrative review discusses how modernisation has apparently led to role convergence and reduced social distances between doctors and modern patients. Mechanisms include consumerism and increased patient literacy, socio-technological changes, values convergence, increased licence for doctors to express their emotions in patient care and changes in how modern health care is organised. On balance, modern patients have gained more than they have lost, and more than have non-modern patients. These changes have contributed

to a form of reprofessionalisation among doctors. Key challenges are to extend the benefits of modernisation to as many patients as possible while minimising their risk of harm, and to support doctors as they redefine their own professional role identity.

Buetow S, Jutel A, Hoare K. Shrinking social space in the doctor-modern patient relationship: a review of forces for, and implications of, role convergence. *Patient Educ Couns* 2009;74:97–103.

Corresponding author: S. Buetow
Email: s.buetow@auckland.ac.nz

Missed opportunities for immunisation

Missed immunisation opportunities are a significant barrier to achieving high immunisation coverage. This study audited over 10 000 primary health care visits made by 616 Auckland children aged under two years. Missed opportunities were identified in nearly a third of the children and these increased the risk of both incomplete and delayed immunisation. The risk of both increases with the increasing percentage of visits that are missed opportunities.

Turner N, Grant C, Goodyear-Smith F, Petousis-Harris H. Seize the moments: missed opportunities to immunize at the family practice level, *Fam Pract* 2009. doi:10.1093/fampra/cmp028.

Corresponding author: N. Turner
Email: n.turner@auckland.ac.nz



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Social networks and physical homes in older people

A sense of belonging to place is believed to help maintain a sense of identity and well-being, and to facilitate successful adjustments in old age. This qualitative study explored how 83 community-dwelling older people in Auckland relate to their social and physical environments. Their 'social space' includes both their geographical location, their home and neighbourhood, and also the people they interact with. Participants ascribed meaning to apparently similar circumstances in very different ways. A person with a large active social network and high level of spatial mobility could nevertheless feel desperately alone, while someone confined by health and poverty to a very small network and physical space might feel highly connected and involved.

Wiles J, Allen R, Kerse N, Palmer A, Hayman K, Keeling S, Kerse N. Older people and their social spaces: A study of well-being and attachment to place in Aotearoa, New Zealand. *Soc Sci Med*. Available online: doi:10.1016/j.socscimed.2008.11.030 2008.

Corresponding author: J. Wiles
Email: j.wiles@auckland.ac.nz

Raised HbA1c is an independent risk factor for cardiovascular disease

This large NZ prospective cohort study included 48 444 people with Type 2 diabetes. During the study period (median follow-up 2.4 years), 5667 (11.7% of cohort) had first cardiovascular disease events (ischaemic heart disease, cerebrovascular accident, transient ischaemic attack or peripheral vascular disease). After controlling for traditional risk factors (age at diagnosis, duration of diabetes, gender, ethnicity, socioeconomic status, smoking, blood pressure, serum total cholesterol, high-density lipoprotein ratio, body mass index and urine albumin to creatinine ratio), increased HbA1c was confirmed to be an independent risk factor.

Elley CR, Kenealy T, Robinson E, Drury PL. Glycated haemoglobin and cardiovascular outcomes in people with Type 2 diabetes: A large prospective cohort study. *Diabet Med* 2008;25:1295–1301.

Corresponding author: C.R. Elley
Email: c.elley@auckland.ac.nz

Good blood pressure reduction and lipid management in Maori and Pacific but poor glycaemic control

This study looked at changes in clinical measures and achieving guideline targets for 7782 people who had data recorded at baseline in 2002–2003 and at follow-up two years later within the diabetes programme in New Zealand. A large proportion of Maori (47%) and Pacific (69%) patients had poor glycaemic control at baseline and only small improvements were made over the two years. Significant improvements were made in all the ethnic groups in blood pressure and lipid management at two-year follow-up. By the two-year follow-up, over 75% of Maori and Pacific patients received appropriate treatment with anti-hypertensive and lipid lowering medication and many of the ethnic disparities in risk factors for complications were reduced.

Agban H, Elley CR, Kenealy T, Robinson E. Trends in the management of risk of diabetes complications in different ethnic groups in New Zealand primary care. *Prim Care Diabetes* 2008;2:181–186.

Corresponding author: C. R. Elley
Email: c.elley@auckland.ac.nz

Older people with depression need strategies to prevent falls

Depression and falls are common and co-exist for older people. This cross-sectional study examined medication use associated with injurious and non-injurious falls in 21 900 community-dwelling adults, aged 60 years or over. Falls and injury from falls,

medication use, depressive symptoms, clinical morbidity, suicidal ideation and intent, health status, demographic and lifestyle information was reported in a standardised survey. Antidepressant use (particularly SSRIs) was strongly associated with falls regardless of presence of depressive symptoms. Strategies to prevent falls should become a routine part of the management of older people with depression.

Kerse N, Flicker L, Pfaff JJ, Draper B, Lautenschlager N T, Sim M, Snowdon J, Almeida O P. Falls, depression and antidepressants in later life: a large primary care appraisal. *PLoS ONE* 2008;3(6):e2423. doi:10.1371/journal.pone.0002423.

Corresponding author: N. Kerse
Email: n.kerse@auckland.ac.nz

No recurrence of tinea unguium following prophylactic topical miconazole

This is a case report about a man with a 27-year history of recurrent onychomycosis affecting his right great toenail, starting at aged 34. *Trichophyton rubrum* was cultured from nail clippings. Oral Griseofulvin for six months would result in a clinical and mycological cure, but the condition would relapse. This was considered to be due to self re-infection. Four years ago, following treatment with oral anti-fungal medication, he began once-weekly miconazole cream application to the toenail and webspaces of his right foot. Although not proved, it appears likely that this long-term remission resulted from use of prophylactic topical miconazole, and has prevented the need for further potentially hazardous oral treatment.

Arroll B, Oakley A. Preventing long term relapsing tinea unguium with topical anti-fungal cream: a case report. *Cases Journal* 2009;2:70.

Corresponding author: B. Arroll
Email: b.arroll@auckland.ac.nz

Simple dressings and prescribing pentoxifylline in appropriate patients for leg ulcers

Patients enrolled in the usual care arm of a randomised controlled trial assessing use of honey to heal venous ulcers had their ulcer management compared with guideline recommendations. Use of compression, both during an episode of venous ulceration and after healing, was generally consistent with recommendations in the *Guideline for Care of People with Chronic Leg Ulcers*. However, simple dressings were used less frequently than more complex, expensive options and pentoxifylline was almost entirely absent from the armamentarium of care. Increasing use of simple dressings and prescribing pentoxifylline in appropriate patients represent opportunities for cost saving and improving rates of healing in patients with venous ulcers. Compliance with use of compression hosiery after healing may benefit from attention.

Jull A, Walker N, Parag V, Molan P, Rodgers A on behalf of the Honey as Adjuvant Leg Ulcer Therapy (HALT) trial collaborators. Venous ulcer management in New Zealand: usual care versus guideline recommendations. *NZ MJ* 2009;122:1295:9–18.

Corresponding author: A. Jull
Email: a.jull@auckland.ac.nz

Barriers to pharmacy moving forward

Pharmacy is under pressure to deliver a range of services as a multidisciplinary team member. In 2004 the Pharmaceutical Society of New Zealand launched a vision document. A national survey suggests a high level of awareness but low readership of the document by pharmacists. Consultation was adequate. Barriers to implementation include human factors, systems of care, inadequate remuneration, lack of appreciation of skills, lack of research support, current expertise and a lack of pharmacist voice. These barriers need to be recognised and addressed if pharmacists are going to

realise their potential value in improving patient outcomes in primary care.

Scahill S, Harrison J, Sheridan J. The ABC of New Zealand's 10 year vision for pharmacists: awareness, barriers and consultation. *Int J Pharm Pract* 2009;17(3):135–142. DOI: 10.1211/ijpp/17.03.0003.

Corresponding author: S. Scahill
Email: s.scahill@auckland.ac.nz

Maori and Pakeha have different perspectives regarding access to personal health information

This study used group interviews to explore Maori and Pakeha perspectives on access to personal health information. Maori and Pakeha differed in their concept of autonomy and relied on distinct moral codes when considering questions of access. Western values and moral codes were notably less relevant to Maori who described distinct, collectivist means of ensuring social care of the sick and dying. Pakeha often used hypothetical situations to reach an abstract determination of 'who should know'; whereas Maori used personal experience to decide case-by-case. Generational differences were also evident, particularly in Maori. Culture should be considered in access to personal health information in New Zealand.

Menkes DB, Hill CJ, Horsfall M, Jaye C. Perspectives on access to personal health information in New Zealand/Aotearoa. *Anthropology & Med* 2008;15(3):199–212.

Corresponding author: D. Menkes
Email: menkesd@waikato.govt.nz

Case of vitamin D deficiency in five-month-old baby

A five-month-old black infant presenting to the Emergency Department in the spring with generalised seizures was found to have severe vitamin D deficiency and hypocalcaemia. The baby had been born healthy in the autumn at

45.5° south to parents of African extraction, fully breast-fed since birth and spent time in day care over the winter. His mother was a professional working woman who had taken no vitamin nor nutritional supplements during pregnancy or lactation. While many Northern Hemisphere countries have routine vitamin D fortification of foods this is limited in New Zealand, making routine screening and treatment of pregnant women, and supplementation of breast-fed infants of dark skinned or veiled women, important considerations.

Wallis K. Severe vitamin D deficiency presenting as hypocalcaemic seizures in a black infant at 45.5 degrees south. *Cases Journal* 2008;1(12).

Corresponding author: K. Wallis
Email: Katharine.wallis@otago.ac.nz

Screening and brief intervention for alcohol consumption by community pharmacists

Auckland community pharmacists were surveyed about screening and brief intervention for alcohol consumption. The response rate was 39%. Respondents were generally well-motivated towards undertaking this role, but lacked knowledge (such as alcohol content of drinks and recommended safe drinking limits), skills and confidence. The authors conclude that there is potential for involvement of community pharmacists in New Zealand in screening and brief intervention for problem drinkers. With appropriate training this is an area where community pharmacists can further their professional scope of practice.

Sheridan J, Wheeler A, Chen L, Huang, A Leung, I, Tien K. Screening and brief interventions for alcohol: attitudes, knowledge and experience of community pharmacists in Auckland, New Zealand. *Drug & Alcohol Rev* 2008;27:380–7.

Corresponding author: J. Sheridan
Email: j.sheridan@auckland.ac.nz