

Relevant research: will this confirm or change my practice?

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Welcome to our second volume of the *Journal of Primary Health Care*. This issue exemplifies the journal's aim of being an interdisciplinary publication to meet the needs of primary health care practitioners and the patients and communities we serve. The authors of the scientific papers represent a broad range of disciplines, diverse conditions are addressed, and a number of specific populations—including smokers, NZ Asians, the hard-to-reach, and rural patients—are catered for. Contributions come from the United Kingdom, the Netherlands and the United States as well as New Zealand (NZ). The common thread is the focus on moving research into practice and practice into research. The research papers all address important issues relevant to primary health care, with the goal of either confirming or changing practice for optimal health care delivery.

Watson and colleagues report on a simple intervention involving a personalised letter from general practitioners (GPs) advising their patients who are smokers to quit, together with an exchange card for one month of nicotine gum, which has the potential to increase the number of smokers making supported quit attempts.¹

The hypothesis that root canal treatment is associated with higher levels of inflammation has led to the suggestion that patients should consider having their root canal teeth removed. A study that found no relationship between C-reactive protein as a marker of inflammation and the presence and number of root canal treatments in primary care patients indicates that there appears to be no justification for systemic removal of teeth with root canal treatment.²

A Dutch study has found that while GPs may be cognisant of nutritional problems of patients with head and neck cancers late in their disease process, they were less likely to be vigilant about

acting on early warning signs of weight loss and falling body mass index.³

Research from family practice in the United States confirms that maintaining the correct inhaled corticosteroid to bronchodilator ratio, perhaps by a dedicated asthma visit, is associated with improved asthma control.⁴

A NZ study of patients with no prior thyroid dysfunction tested for thyroid dysfunction and found to have laboratory results suggesting sub-clinical hypothyroidism, reveals inconsistent follow-up and management when assessed against guideline recommendations.⁵

Older people with possible disabilities such as being unable to get in and out of the car or carry hot drinks from one room to another need to have their quality of life and function assessed. NZ research has found that two tools previously used face-to-face (WHOQOL-BREF and the Nottingham Extended Activities of Daily Living scale) are valid when administered by telephone. This provides a more efficient approach to measurement, important because older people are high users of health services.⁶

Asians in NZ appear to be under-served by the Accident Compensation Corporation (ACC). A qualitative study of Chinese, Korean, Indian and South East Asian participants identifies cultural, environmental and institutional barriers that NZ Asians face in accessing ACC's injury-related services and compensations.⁷

Point-of-care (POC) testing technology has become increasingly sophisticated over the last decade and, in theory, should be of most use to health care providers without close access to central laboratory services. A study in rural New Zealand finds that POC testing is readily accepted by rural doctors and results in substantial

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changes to their practice, principally by improving diagnostic certainty.⁸

Methadone maintenance should be recommended for opiate-dependent pregnant women because it reduces the risks of the obstetric and foetal complications and contracting blood-borne diseases during pregnancy, but these are hard-to-reach patients. A study by Chan and Moriarty finds that although primary care is better placed than secondary care to coordinate maternity and community support services, few of these women have a regular GP. They may have perceived or actual barriers to access to care such as perceived stigma and fear that services will judge them and report them to child protection services. The researchers conclude that a fresh look at services to the hard-to-reach may be beneficial.⁹

While ear suctioning or syringing is commonly performed in general practice to remove ear wax causing symptoms such as discomfort, tinnitus or hearing loss, a case review from the United Kingdom warns us that even the most common and benign of medical interventions can have serious or fatal adverse effects.¹⁰

This issue's *Charms and Harms* deals with the herbal remedy black cohosh, which has inconclusive evidence of efficacy but real safety issues with regard to potential liver toxicity. Our *Cochrane Corner* outlines that antidepressant medications are effective for treating depression in primary care, although most of the benefit seen clinically is through the placebo effect and only a minority of patients get a chemical benefit from their medication. The *String of PEARLS* summarises seven Cochrane reviews on various aspects of the effectiveness of exercise. In our *Pounamu* section, David Tipene-Leach and Sally Abel describes the place of the wahakura (woven flax bassinet) in preventing sudden infant death.

The *Back to Back* debate this issue deals with the public health question of whether New Zealand should have mandatory fortification of bread with folic acid. Paediatrician Rosemary Marks argues strongly for this position while epidemiologist John Potter reasons equally robustly the contrary.¹¹

Ethicist Tim Dare explores the dilemma for medical professionals faced with a decision about whether

Erratum

In the December 2009 issue Laurence Malcolm, Professor Emeritus and Consultant, Aotearoa Health, Christchurch was erroneously designated as being affiliated with the Department of Community Health, University of Otago, Christchurch (Malcolm L, Barnett R. Variation in Partnership Health general practice enrolment data related to need and hospital and national records on ethnicity. *J Primary Health Care*. 2009;1(4):297–301).

to deceive third parties such as parents, partners, insurers or agencies charged with providing benefits to patients, or perhaps even other health care professionals, when acting on a patient's behalf.¹²

This issue also has reviews of relevant NZ books, *Gems* (brief summaries of NZ primary health care research published in other journals) and letters to the editor from our readers. There is a thoughtful letter from Amanda Wheeler and colleagues on non-medical prescribing. Correspondence is welcomed and allows for continued debate on the diverse issues raised in the *Journal for Primary Health Care*. We look forward to hearing from you.

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