Responding to cellulitis in Pacific communities

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Cellulitis is a highly preventable bacterial skin infection commonly found in children, but it can also occur in other age groups. If left untreated, the infection can lead to severe complications, causing disability or death. In its severe stages, cellulitis requires hospitalisation for extensive surgical treatment.

Hospital admission rates for cellulitis in New Zealand are twice that of Australia and the United States. Pacific people are at least 1.5 times more likely to have a diagnosis of cellulitis compared to the total population and Pacific children are over four times more likely than other children to be hospitalised for serious skin infections (within which cellulitis is grouped). Factors that contribute to the high rates of hospitalisation for skin infections, such as cellulitis, include the cost of primary health care and treatment, lack of understanding of the importance of early presentation, perception of skin infections being normal, and poor personal management and treatment of skin infections.

There is limited research exploring the effectiveness of community-based interventions focused on reducing the incidence of cellulitis and other skin infections, and even less research in Pacific peoples. In New Zealand, some notable (but isolated) community-based projects have been undertaken in parts of Auckland and Wellington, including one specifically focused on Pacific communities.

These projects utilised a range of strategies, from health promotion and disease prevention, to treatment and management of skin infections in primary health care. A key area of activity was collaboration with local health providers and public health nurses, as well as organisations outside of the health sector, such as Housing New Zealand, local government and ACC. The projects took steps to address financial barriers to accessing primary health care, such as ACC or Primary Options Acute Care treatment. These projects often provided first aid resources, as well as information on basic hygiene and how to treat wounds. Other strategies focused on health promotion, including home visits, use of the media, community events, and church, sports club and school presentations.

Reduced rates of skin infections and/or improved early stage management of cellulitis were reported following implementation of these projects, but could not be directly attributed to their project activities. These findings nevertheless provide some indication of the potential of such community-based approaches. A key gap in these isolated pilot projects to date has been the absence of well-defined Pacific models of intervention, although in one project, active efforts were made to engage Pacific people through church-based activity. If cellulitis is to be effectively addressed in Pacific settings, the providers need to work directly with Pacific models that incorporate Pacific beliefs and values. These models highlight the importance of respect, relationships, the importance of working together and supporting one another, sharing of knowledge, as well as the importance that family, culture and spirituality have in everyday lives. Church-based approaches provide an important avenue, but not the only avenue, for health sector activity to address the health needs of Pacific people.

In Pacific families, cellulitis is often one health issue among many that they are dealing with, often including long-term conditions and their attendant impact. A key challenge is not to think of cellulitis as simply a single, treatable condition, but as part of ensuring integrated services to address the wider health care needs of Pacific people and their families.
Fish oil for concentration in ADHD

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There seems to be a groundswell in the use of fish oil in children with Attention Deficit Hyperactivity Disorder (ADHD) to improve concentration. Are there systematic reviews that support this practice?

**SOME AVAILABLE BRANDS:** Nutra-Life, Good Health, Thompson’s, Nature’s Own, Healtheries, Nordic Naturals, BioBalance, Ethical Nutrients, Clinicians, MICROGenics, Comvita, BioOrganics, Efamol, SANDERSON, Pro-Life, Deva Nutrition, Solgar.

**ACTIVE CONSTITUENTS:** Omega-3 fish oil (some Omega-3-6-9) with some preparations also containing glucosamine, vitamin D, red yeast rice, coenzyme Q10 and krill.

**EVIDENCE FOR EFFICACY:** A search for fish oil and ADHD appears in two citations in the Cochrane Register of Controlled Trials (Central). One is in the adult population and includes olive and flax oil. The focus of this study is on raising levels of fish oil in the body, based on an assumption that fish oil is positively correlated with neuropsychiatric health. The second is a placebo-controlled double-blind trial in children with ADHD (N=40). This study is interesting in that the intake was through foods rich in fish oil, rather than a prescribed dose/number of capsules. Attention deficit, hyperactivity and impulsivity; aggression; visual perception; development of visual-motor integration; impatience did not significantly differ between groups. The authors conclude that intake of fish oil-rich foods did not improve ADHD-related symptoms. Although treatment of ADHD with fatty acids deserves further investigation, careful attention should be paid to which fatty acid(s) is used.

There are no Cochrane Reviews on this topic. However, a systematic review published in 2011 by Bloch and Qawasmi...