A profusion of ways to improve health care

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Pacific peoples in New Zealand have a high rate of smoking, with many first trying cigarettes in pre-adolescence. A cross-sectional study by Nosa et al.[1] of Pacific intermediate schoolchildren aged 10 to 13 years found 15% had smoked by Year 7 and 23% by Year 8. Risk factors included being male, of Cook Island ethnicity, having been exposed to smoking in a car or at home in the past week, and receiving more than $20 weekly pocket money. As our guest commentator Professor Alexander Prokhorov identifies, smoking prevention needs to focus on children and youth to avert them progressing to a lifelong smoking career.[2] Educational programmes targeting Pacific parents to keep their cars and homes smokefree and to limit their child's discretionary spending may help address the high Pacific prevalence of tobacco smoking.

Rheumatic fever is another significant health risk for our youth, in this case particularly for Māori. A Northland study has found that group A streptococcal pharyngitis was managed appropriately in over 98% of children in school-based programmes, but in only 80% in general practice.[3] The authors suggest a range of measures that might help address this. These include strategies to improve general practitioner (GP) prescribing patterns, but also low or free consultation costs to all under–18-year-olds, the waiving of prescription charges, and greater use of Medical Practitioner Supply Order medications to provide free 'in-the-hand' antibiotics.

Both these studies suggest interventions that might help prevent young people developing long-term conditions and hence reduce the health burden of chronic disease. Other research addresses ways to mitigate chronic diseases once these have occurred. Gilmour et al.[4] look at the increasing role primary health care nurses play in supporting self-management and lifestyle changes in patients with heart failure. Claridge et al.[5] report GP opinions on weight management interventions, with some expressing disillusionment with their ability to help their obese patients lose weight. Another study outlines a patient-centred clinical approach to diabetes care leading to a sustained reduction in HbA1c.[6]

An online decision support tool developed by Ram and McNaughton shows promise in providing primary care practitioners with skills and knowledge to assess patients with asthma at the point of care, in accordance with current clinical guidelines.[7] This includes equipping patients with self-monitoring skills and may lead to improved outcomes, including better symptom control and reduced emergency room visits and hospitalisations. Another respiratory condition is obstructive sleep apnoea, a condition that leads to daytime sleepiness and fatigue and is also a risk factor for cardiovascular disease and accidents. Continuous positive airway pressure (CPAP) is an effective treatment, but many patients experience barriers to CPAP use. A qualitative study by Bakker et al.[8] identifies mechanisms that may enable patient self-management of this condition.

However, providing appropriate education to enable patients to self-manage their care is a complex undertaking. It requires patients to access, understand, remember and use health information. Patients not only have varied health needs, they also have varying health literacy. Research by Honey et al.[9] suggests that a variety of strategies are needed to ensure diverse health needs are met.

One of the biggest health challenges facing us is the growing number of people living with dementia. This is an incurable disease that places a huge load on family and carers, as well as the health system overall. In the United Kingdom (UK), the government offers free Health Checks for all adults aged 40 to 74 years,[10] although evidence indicates that such composite screens

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might produce numerous false positives and false negatives, not be cost-effective and may cause harm.[11] Nevertheless, last year Health Checks were expanded to include dementia awareness and signposting to local memory clinics, for adults aged 65 to 74 years.[12] In this issue's *Back to Back* column, two UK experts in the field of dementia present differing perspectives on dementia screening in primary care. Dr Jill Rasmussen argues in favour of targeting screening for dementia in the 65 to 74 age group, on the basis that early diagnosis will improve patient care.[13] On the other hand, Professor Steve Iliffe counters that current evidence does not support screening for dementia because the required criteria (available primary prevention interventions, a simple valid test, effective treatment and a cost-effective screening programme) are not met, and harms may outweigh benefits.[14] Once dementia has been diagnosed, however, a book favourably reviewed in this issue offers over 2000 tips and strategies for carers of those with dementia.[15]

Finally, our *Pounamu* column this month describes a practical approach to applying Hauora Māori principles of patient engagement (the Hui Process) and a holistic model of health (the Meihana Model) in the undergraduate training of medical students in medical interviewing.[16] This article includes excerpts from a student case study encompassing six facets of health: physical, family, mental, spiritual, environmental and the wider health system context.

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