

A practical issue

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This issue has a wide range of research on a variety of topics, but the common thread is that these studies address practical issues relevant to New Zealand primary health care. The lead paper by Robinson et al. reports on the locally developed PREDICT-based risk model which is more accurate in predicting cardiovascular risk than the adjusted Framingham equation.¹ In his accompanying commentary, Dr Kamlesh Khunti, Professor of Primary Care Diabetes and Vascular Medicine at the University of Leicester, points to the need for studies on the impact of use of risk prediction models with outcomes such as patient adherence to medication or increased understanding before the use of these models becomes routine practice.²

A study of routine pre-call of infants at four weeks to alert parents to the need to present their babies to general practice at six weeks to start their immunisation schedule has found that this increases the coverage and timeliness of the immunisation series.³ However, the most significant finding of this study is the importance of enrolment of newborn babies with a general practice. Making an early connection with a practice means that an infant is much more likely to be immunised fully and on time, as well as the other likely health care gains that may result from engagement with their general practitioner (GP) or practice nurse.

Controversy around prostate-specific antigen (PSA) screening continues. A study of GPs in the Waikato found a high likelihood of them PSA testing asymptomatic men including those aged 70 years or older, despite there being no evidence of benefit in this activity.⁴ A qualitative study suggests that, in Wellington at least, GPs may not be screening and intervening sufficiently with patients around alcohol misuse.⁵ While some GPs may be ignoring Ministry of Health

recommendations regarding prostate and alcohol screening, it appears that best practice guidance on management of acute otitis media in children is being followed. A cohort study of nearly 20 000 New Zealand children shows a significant decline in the use of antibiotics in treatment, in concordance with accepted best practice.⁶

There are two studies on primary mental health initiatives for Maori and other underserved populations. Mathieson and colleagues report on a Maori adaptation of a brief intervention involving cognitive behavioural therapy and guided self-management,⁷ and a research team in Hawkes Bay describe an integrated, holistic tikanga Maori-based programme targeting Maori, Pacific and quintile 5 populations aimed at reducing mental health inequalities.⁸

Callaghan explores factors that might influence GPs' decision making and finds that clinical information and the probability of disease are rated as highly important and desirable by 'standard setters' in general practice academic departments and The Royal New Zealand College of General Practitioners.⁹ Lillis and Murton explore the provision of online resources to GP registrars in training and conclude that they are only likely to access the top four in the list, underlining the importance of prioritising and possibly limiting provided resources.¹⁰ A study by Kljakovic finds that patients from both Australian and New Zealand general practices performed poorly in correctly locating body organs in line drawings, and health professionals achieved this only moderately better than their patients.¹¹

On an even more practical bent, two viewpoint papers offer specific clinical tips. Leung extends the concept of the World Health Organization analgesic ladder to that of a platform, providing a broad range of pain relief interventions in a

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stepped-up manner,¹² and Lee and Loh review the facts around bone mineral densitometry.¹³

Our regular columns provide practical tips on the use of topical antibiotics in acute conjunctivitis (*Cochrane Corner*), best practice evidence for managing a number of musculoskeletal conditions (*String of PEARLS*), the potential harm and lack of evidence of benefit for use of colloidal silver (*Potion or Poison?*), strategies to identify cognitive impairment from statin use (*Nuggets of Knowledge*) and possible actions to address hearing loss among Pacific peoples (*Vaikoloa*).¹⁴

Callaghan writes, 'it is not possible to divorce the practice of medicine from the society in which it is practised'.⁹ The papers in this issue are about primary health care practice in our New Zealand communities with our own patient populations. No longer do we need to rely on international research conducted in secondary care settings to inform our practice—the breadth and depth of New Zealand primary care research means our discipline has come of age.

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A tribute to Professor Marjan Kljakovic

Just as this issue is going to press we have received the very sad news that Marjan, the author of one of the papers in this issue (Kljakovic M. The anatomical placement of body organs by Australian and New Zealand patients and health professionals in general practice. *J Prim Health Care*. 2012;4(3):239–241), died today, having suffered a major myocardial infarction on 29 July.

A New Zealand academic general practitioner, Marjan relocated across the ditch seven years ago as Professor at the Academic Unit of General Practice and Community Health, Australian National University Medical School, Canberra. However, he remained a Kiwi at heart. Marjan was highly regarded as an inspirational thinker and an innovative teacher who contributed extensively to philosophical debate in the general practice arena. He will be sadly missed.

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