GEMS OF NEW ZEALAND Primary Health Care Research

Non-prescription supply of oseltamivir for influenza

Oseltamivir became available without prescription in NZ in 2007 with complex conditions of supply. This qualitative study found pharmacists largely were happy with non-prescription availability and used the provided educational material. Some conditions for supply were frustrating for pharmacists, particularly the need for the influenza sufferer to have to present in person in the pharmacy. Use of protocols at point of sale (which was common) would help avoid inappropriate supplies from difficulty in recalling conditions of supply. Pharmacists reported turning down requests outside the conditions of supply. Overuse was not a problem with most pharmacists being conservative in their approach.

Gauld N, Kelly F, Shaw J. Is non-prescription oseltamivir availability under strict criteria workable? A qualitative study in New Zealand. J Antimicrob Chemother. 2011;66:201–204. **Corresponding author:** Natalie Gauld; Email: n.gauld@auckland.ac.nz

Organisational aspects of a practice may influence immunisation rates of children

Some of the key determinants for good immunisation coverage and timeliness are organisational characteristics of practices such as the age at which a child is enrolled in a practice, the type of practice management system used and stability of staffing.

Grant C, Turner N, York D, Goodyear-Smith F, Petousis-Harris H. Factors associated with immunisation coverage and timeliness in New Zealand. Br J Gen Pract. 2010;60(572):180–186. **Corresponding author:** Cameron Grant Email: cc.grant@auckland.ac.nz

Initial screening for depression with the PHQ-2 is a valid option

The first two questions of the PHQ-9 can be used as a screen with progression to the full PHQ-9 only when there is a positive response to the PHQ-2. Determination of the cut-off point score for when PHQ-2 proceeds to PHQ-9 is a trade-off between not missing any depressed patients and the numbers of people required to complete the PHQ-9.

Arroll B, Goodyear-Smith F, Crengle S, Gunn J, Kerse N, Fishman T, Falloon K, Hatcher S. Validation of the Patient Health Questionnaires 2 and 9 in the primary care. Ann Fam Med. 2010 8(Jul):348–353.

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The media may use both errors of fact and errors of logic: reader beware!

Arguments against (and occasionally for) immunisation found in the media may use both errors of fact (completely false statements, errors of omission or errors of commission) and errors of logic (involving faulty reasoning which renders the argument invalid). Such errors of logic include non-sequiturs, circular reasoning, false attributions, red herrings, straw man arguments and *ad hominem* attacks.

Petousis-Harris H, Goodyear-Smith F, Kameshwar K, Turner N. Fact or fallacy? Immunisation arguments in the New Zealand print media. Aust NZ J Public Health. 2010;34(5):521–526.

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Asthma associated with lower achievement in reading for school entry

Two hundred and ninety-eight schoolentry children were recruited into the study including 55 with asthma. For those entering school, asthma was a significant predictor on low achievement in reading at the 12-month follow-up. This was independent of asthma severity, high absenteeism, or other covariates of low achievement including parental socioeconomic status.

Liberty K, Pattemore P, Reid J, Tarren-Sweeney M. Beginning school with asthma independently predicts low achievement in a prospective cohort of children. Chest. 2010;138(6):1349–1355.

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