An eclectic issue

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While New Zealand adopted information technology (IT) early, too often we have retained our data in silos and failed to harvest their potential value. Finally we are reaping the benefits, and have entered the era of data integration. In one of this issue's two lead papers, Thornley and colleagues combined national datasets of drug dispensing, outpatient attendance, laboratory tests and hospital diagnoses with primary care based data to estimate the prevalence of diagnosed diabetes.[1] In his guest editorial, Emeritus Professor Mike Pringle acknowledges the value of these complex data-matching methods but awaits the day when they are superseded by the a sole clinical record which he says will inevitably reside in general practice.[2]

Our other lead paper is a small randomised controlled trial with promising results. The researchers looked at using community-based group games to promote increased regular physical activity in Pacific adults compared with no organised activities.[3] As our other commentator Professor Martin Dawes points out, our patients will only take up and maintain physical activities that they like to do.[4] For Pacific patients this may be engaging in informal 'small-sided' team sports rather than individualised exercise such as running, cycling or working out at the gym.

Back to Back addresses the issue as to whether saturated fats are really the villain we have come to believe. Petousis-Harris presents evidence that saturated fat intake is not associated with cardiovascular disease events or deaths, and moreover that replacement of saturated fats with carbohydrate (low-fat options may have a significantly higher sugar content than conventional products) probably increases heart disease and contributes to the development of metabolic syndrome. There is evidence to support the use of polyunsaturated fat (from food such as nuts) over saturated but not monounsaturated fats. In other words, butter is not so bad![5] Skeaf and Jackson beg to differ.[6] They argue that a causal relationship between saturated fat consumption and heart disease is undeniable and that we should wipe butter from our diet. Read the articles, consider the evidence and decide for yourselves whether it is better not to eat butter.

New Zealand general practices can give themselves a pat on the back. Research by Turner et al. shows significant improvements in managing the cold chain for national schedule vaccines.[7] This has resulted in less wastage and equates to an estimated health dollar saving of nearly $NZ4 million a year. Increasing Vote Health income through taxes can also produce health gains. A study shows that following the 2010 increase in tobacco tax, there were more smokers making an attempt to stop and more smokers identified cost as a motive for quitting.[8]

A number of this issue's original scientific papers report on specific primary care innovations. There is evaluation of a Pacific immersion programme whereby University of Otago medical students spend a weekend with a local Pacific family to experience Pacific life and learn about factors that influence the health of Pacific peoples.[9] McMenamin and colleagues report that a colour-coded Dashboard introduced into the electronic medical record by a Primary Health Organisation increased the meeting of key performance targets by practices.[10] A further paper discusses nurses' perceptions around their running healthy lifestyle clinics which target Maori, Pacific and people living in high deprivation areas.[11] The views of GP clinical teachers are canvassed on what they consider would assist them in this role.[12]

In our *Ethics* column, Northland GP Stephen Main describes two personal end-of-life expe-

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riences.[13] One had a 'good death'. The other suffered a slow, painful death in which he argues the ethical principles of autonomy, beneficence and non-maleficence were violated, even though her professional carers would have believed they were doing their best for her. Treatments that prolong life may also prolong suffering. When is it acceptable to withhold these?

In *Pounamu*, Maori GP Lance O'Sullivan describes the recently launched throat-swabbing programme aimed at eliminating rheumatic fever in Te Tai Tokerau,[14] and *Vaikoloa* outlines the Pacific version of Whanau Ora, the holistic model of care O Le Aiga ma le Fanau ia Ola developed by Alliance+.[15]

For busy GPs, our regular columns supply distilled evidence. This issue's *String of PEARLS* summarises six Cochrane reviews about myocardial infarction, and *Cochrane Corner* indicates that pronating rather than supinating the forearm might be more successful in reducing subluxation of the radial head in a child. *Potion or Poison?* points out that while topical aloe vera might sometimes be beneficial in skin conditions, there is no place for its oral use, and our *Nuggets of Knowledge* column indicates that gout sufferers may be receiving suboptimal doses of allopurinol and it is safe to use serum uric acid concentrations, not renal function, to monitor up-titration.

We reproduce a short article to let all doctors and other health professionals know that about 140 000 lives could be saved globally every year if trauma patients with significant bleeding were treated with tranexamic acid within three hours of injury.[16] Lastly we round off the issue with our *Letters to the Editor*. Correspondence from the United Arab Emirates relates to a study published last issue[17] and indicates that the Journal is attracting international readership.[18]

Clearly this December issue is an eclectic mix. However, some themed issues are planned for 2012. The June issue will be featuring a number of articles relating to evidence-based practice and in September the issue largely will be devoted to transdisciplinary collaboration/cooperation. The call for papers is now out for studies on interprofessional education and practice. These might be about shared care, clinical pathways, integrated health centres, primary care IT initiatives and increasing intersectoral collaboration. We plan to finish 2012 with a Christmas issue featuring articles and studies that are funny, quirky or satirical in nature. Please consider taking these opportunities to submit your work to the *Journal of Primary Health Care*.

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