The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

EDITORIAL
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Food, farming and neuro-inflammation

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The words in the title of this editorial are seldom found together like this but, inspired by the content of this issue's papers, it occurred to me that they reflect the breadth of primary health care clinical practice. Unusually for scientific journals, the Journal of Primary Health Care is 'generalist' in its scope. Guiding publication decisions are considerations that include relevance to the Journal's owners, members and fellows of the Royal New Zealand College of General Practitioners, and usually advice from at least a couple of those members and fellows regarding publication. We rely on involvement from College members and fellows so if any are reading this editorial and would like to contribute your advice in anything from occasional reviews to associate editor roles, please do contact me. I would love to hear from you.

Another key consideration is the Journal's name – its scope is wider even than the broad medical scope of general practitioners (GPs) and extends to issues relating to a wide range of other primary health care providers, including pharmacists, nurses, physiotherapists, social workers and others. I extend the same invitation to readers from other primary care disciplines.

Back to this title. Food and farming somewhat go together, but usually not quite in the way we have them here. A Viewpoint article presents a GP's reflection on diet. In it he regrets having followed emphatic recommendations from the past to advise patients to follow a low fat, low cholesterol diet and tells how he decided that this was the wrong advice for most people.[1] Over decades of reading medical research I have come to the conclusion that we still have very little reliable information about the constituents of a 'healthy diet' other than it differs by age and what one is doing with one's body. It seems likely to me that dietary recommendations are about to do a U-turn, as health fashions do from time to time. These GP reflections may in the future be confirmed as an 'Emperor has no clothes' moment. Conversely, it has been many decades since the evidence of harm from cigarette smoking gave clear directions on the health advantages of quitting – yet still too many people smoke. Houghton's team discuss New Zealand's latest smoking statistics, and updates us on emerging technologies for 'dissuading' people from smoking.[2]

'Farming' in the title relates to an analysis of data from the Midlands Trauma Registry comparing injuries from farm work- and farm non-work-related activities that happen on farms.[3] This paper makes clear some of the ways that health care in rural settings is, and must be, different from healthcare in urban settings. Implicitly it supports specific training needs for rural healthcare workers.

In this issue is a compelling paper written by a sufferer of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) about his personal health journey, his efforts to understand the origins of the condition and his hopes for the future.[4] It is a rare privilege to receive such a thoughtful, reasoned manuscript from a patient. You may not agree with the neuro-inflammatory model that he proposes (just as you may not agree with the diet reflections of our other essayist[1]) but I guarantee this will give you something to think about. Our guest editorialist backgrounds the history of ME/CFS and summarises current approaches to treatment.[5]

Among the research papers in this issue are a paper comparing GPs' and patients' perceptions of patient portals (before they were widely implemented)[6] and another asking patients if they had received the information they would like about the medicines they were being dispensed.[7] Both papers found that patients would like more information than they currently receive but GPs were less enthusiastic than patients about their having full access to all their clinical records,[6] and no one was sure about where the responsibility should lie for providing the information about their medicines that patients would like.[7] Patients are unlikely to complain about

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these things, but the general message seems to be that one should not under-estimate patients' appetite for health information from their trusted sources in primary care.

A sobering paper from two community mental health teams reports that in an audit of referrals over a 4-month period, 40% of referrals were not accepted.[8] This is important (although anecdotal because of the research design) because it shows that nearly half of the patients who GPs thought needed their specialist mental health services did not get them. Patients lose. Five years after proposals to revolutionise the New Zealand referral system it still seems to be dangerously dysfunctioning.[9]

On more clinical matters, we have a short report reminds readers that some patients with diabetes face obstacles in disposing of their diabetes-related 'sharps'.[10] Two qualitative research reports explore issues relating to how patients feel about doctors disclosing their own health problems[11] and how Asian immigrant gay men regard pre-exposure prophylaxis to protect them from HIV.[12] Wrapping up the issue we have the Potion or Poison and Cochrane Corner columns and two case reports, one highlighting a rare condition[13] and the other condition that is difficult to diagnose: both from primary care.[14]

At the end of another very busy year I would also like to take time to thank our team of Associate Editors, the many people who have completed reviews for the Journal in 2019, our authors who wrote all the material you read and our publication team at CSIRO who produce the issues that you read. Please know that your efforts are greatly appreciated.

References

1. Hawkins M. Pork scratchings, cheese and kaimoana: a general practitioner's commentary on low carb, healthy fat eating. J Prim Health Care. 2019;11(4):308–310.
2. Houghton F, Duncan B, Houghton S, et al. Responding to health inequities in New Zealand: the potential of dissuasive cigarettes. J Prim Health Care. 2019;11(4):311–314.
3. Amey J, Christey G. Farm injury resulting in hospital admission: a review of farm work and non-farm work-related injury. J Prim Health Care. 2019;11(4):342–350.
4. Mackay A. A neuro-inflammatory model can explain the onset, symptoms and flare-ups of myalgic encephalomyelitis/chronic fatigue syndrome. J Prim Health Care. 2019;11(4):300–307.
5. Vallings R. Chronic fatigue syndrome. J Prim Health Care. 2019;11(4):295–299.
6. Wells S, Mahony F, Huang Y, Day K. Perspectives of New Zealand patients and GPs at the beginning of patient portal implementation. J Prim Health Care. 2019;11(4):315–326.
7. Young A, Tordoff J, Moore S, Smith A. Patients' views of general practitioners' provision of medicine information leaflets. J Prim Health Care. 2019;11(4):359–366.
8. Allwood C, O'Brien A, Glue P. Referrals from primary care to community mental health teams. What's missing? J Prim Health Care. 2019;11(4):334–341.
9. Gu Y, Warren J, Orr M. The potentials and challenges of electronic referrals in transforming healthcare. N Z Med J. 2014;127(1398):111–18.
10. Ashraf S, Roe C, Bansal N. Green diabetes mellitus: a pilot project. J Prim Health Care. 2019;11(4):367–372.
11. Bolger L, Hall KH, Williamson M. Knowing me, knowing you: a qualitative study of the effects on patients of doctors' self-illness disclosures. J Prim Health Care. 2019;11(4):327–333.
12. Adams J, Coquilla R, Montayre J, Neville S. Knowledge of HIV pre-exposure prophylaxis among immigrant Asian gay men living in New Zealand. J Prim Health Care. 2019;11(4):351–358.
13. Tran M, Thiruvilangam V. Blistered skin in a 30-year-old woman. J Prim Health Care. 2019;11(4):380–383.
14. Boggs R, Ross M, Tall M. Diagnosis of internal carotid artery stenosis in a patient referred to a physiotherapist for dizziness. J Prim Health Care. 2019;11(4):373–379.