6minutes of interesting stuff for doctors today.

Medicine in the media
Page 2

Wednesday 1 February 2012

Newer drugs needed for doctor's bag

Michael Woodhead

Many of the PBS emergency medicines supplied for the doctor's bag are no longer best practice and should be replaced or withdrawn, an emergency specialist says

Benzylpenicillin is no longer the drug of choice for meningococcal disease because of increasing resistance and should be replaced with ceftriaxone or cefotaxime, says Dr John Holmes, Senior Staff Specialist of Emergency Medicine at the Sunshine Coast Area Hospitals.

Writing in the *Australian Prescriber* (link) Dr Holmes says midazolam should be used in status epilepticus rather than diazepam, which is highly irritant to veins, has unpredictable bioavailability when administered intramuscularly and is rarely used rectally.

Some drugs in the doctor's bag needs replacing, says Dr Holmes

Other drugs that should be replaced include haloperidol and chlorpromazine for psychosis, where olanzapine is a better option, says Dr Holmes, and frusemide in acute pulmonary oedema, where first-line therapy is preload reduction with nitrates.

Review of PBS emergency drug supplies (link) should also remove obsolete drugs such as procaine penicillin, terbutaline injection and tramadol for analgesia, which has been associated with life-threatening angioneurotic oedema and also has potentially serious interactions with SSRIs, he suggests.

Likewise, the antiarrhythmic drugs lignocaine and verapamil have no first-line role in cardiac arrest outside hospital "where the highest priority is basic life support, in particular effective chest compressions," says Dr Holmes.

comment@6minutes.com.au

Rural classification changes "arbitrary", says government

Gemma Collins

The rural classification system is "working well" according to the Federal health department, which says making changes for specific locations would be "arbitrary".

After a barrage of criticism from doctors over the current ASGC-RA system, the Department of Health and Ageing concedes that "boundary issues" are not uncommon but says a review of the system last year proved it is "working well".

"There is a commitment to ensuring the integrity of the ASGC-RA by not undermining the system through making arbitrary changes for specific locations", it says in a submission to the Senate inquiry into Affecting the Supply of Health Services and Medical Professionals in Rural Areas. (link)

Meanwhile in a submission to the inquiry, President of Rural Doctors Association of Australia Dr Paul Mara raises concerns that Medicare Locals could have a detrimental impact on rural GPs, particularly with after-hours care.

He says that unless Medicare Locals are efficient, effective and transparent, it could lead to "valuable health dollars being wasted", with the health gap widening between people in rural and remote areas compared to those in metropolitan areas, and the GP rural workforce being "disheartened and discouraged".

He raises concerns that the withdrawal of the PIP afterhours incentive could demotivate GPs and lead them to walk away from providing afterhours services.

Meanwhile the RACGP calls for Medicare Locals to make rural and remote health a priority otherwise their success in improving rural health is "doubtful".

comment@6minutes.com.au

Repeat of 1918 flu pandemic unlikely, Diggers data suggests

Michael Woodhead

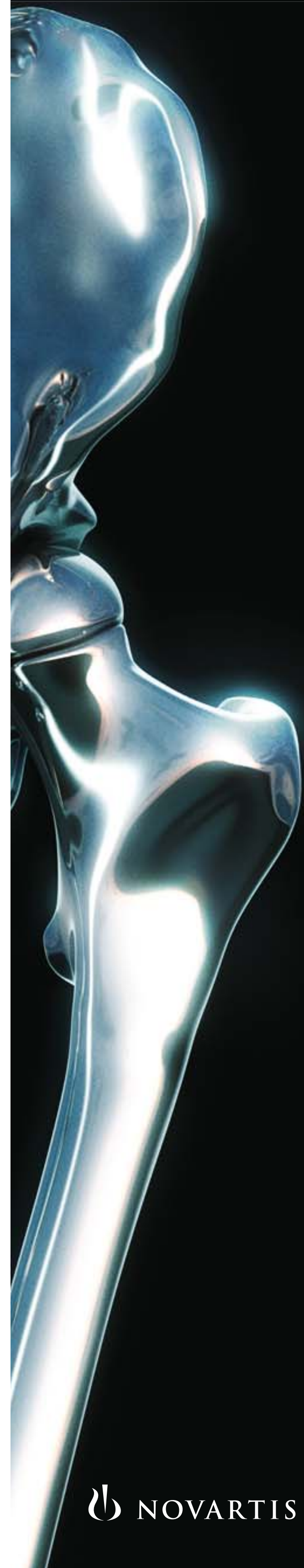
The high death rates seen during the 1918 influenza pandemic were due to unique circumstances and are unlikely to be repeated with current flu strains, according to an Australian researcher.

Dr Dennis Shanks of the Australian Army Malaria Research Institute at Enoggera, Queensland says data from Australian army soldiers and army doctors may explain why most deaths in the 1918 pandemic were in young adults and attributable to secondary bacterial infections.

Writing in *Emerging Infectious Diseases* (link), he says that in 1918 the young adult cohort had been left more susceptible to secondary bacterial infections and death because of prior exposure to an A strain of influenza, which actually increased the inflammatory toxic responses and risk of bacterial infection.

He also notes that soldiers with longer service, and army medical and nursing staff, had lower mortality rates, because they had been exposed to a much wider range of flu virus strains and pathogens. He concludes that in the modern era, the general population will have much greater exposure to different virus strains and will thus be less susceptible to infection.

comment@6minutes.com.au



Medicine in the media

THE PREVALENCE OF DIABETES IN THE AUSTRALIAN POPULATION has more than doubled from 1.5% to 4.1% and men are becoming obese faster than women, according to an AIHW report.
Perth Now.

THE USE OF ELECTRONIC PRESCRIPTIONS can slash medication error rates in hospitals by up to two-thirds, according to a study by the University of NSW.
Sky News.

THE BIGGEST ISSUE WITH PHARMACISTS HAVING the right to dispense without a repeat prescription is that patients may get complacent, fail to go back to the doctor and go without their medication over a longer period, says NPS Chief Executive Lynn Weekes.
Sydney Morning Herald.

A NSW COUPLE WHO HAD A DISABLED SON THROUGH IVF are suing their specialist for failing to find out that the blood condition antithrombin deficiency could be passed on by the father who carries the defective gene.
Nine MSN.

VICTRELIS (BOCEPREVIR) HAS BEEN APPROVED by the TGA for hepatitis C, genotype 1 and the PBS is to consider listing the drug at its March meeting.
Herald Sun.

THE DEATH OF A MOTHER FOLLOWING HOME BIRTH has sparked a public debate with the Premier indicating a ban would be unhealthy.
The Advertiser.

AMA TASMANIA IS CALLING FOR THE STATE HEALTH minister to come clean on her intentions after softening her stance on budget cuts.
ABC.

THE NUTRIENT LYCOPENE WHICH GIVES TOMATOES their red colour has been shown in laboratory studies to slow the growth of - and even kill - prostate cancer cells, according to UK scientists.
Sky News.

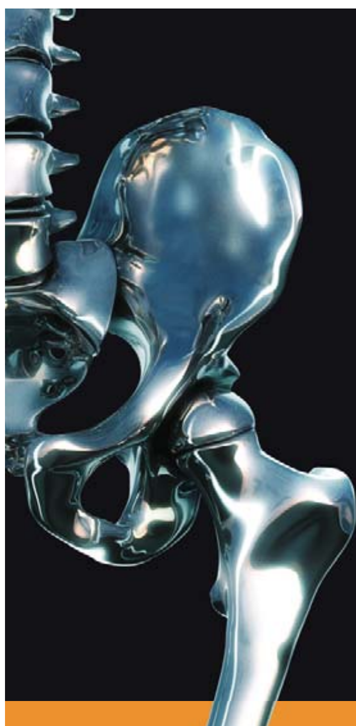
OBESE PEOPLE MAY BE LESS AT RISK FROM heart disease and diabetes, say experts at the Garvan Institute in Sydney who have launched a new study to find out why.
Sky News.

SA SPENDS MORE ON HEALTH THAN THE REST of the country and employs more full-time doctors and nurses, according to the latest figures from the Productivity Commission.
The Advertiser .

THE CHILDREN'S COMMISSIONER IS CALLING for school children to get compulsory alcohol education.
West Australian.

NEWLY DISCOVERED FLU MOLECULES SHARED BY most strains of the virus could help scientists develop a 'universal vaccine', say UK researchers.
Sky News.

PARAMEDICS IN VICTORIA TAKE AROUND 21 MINUTES to respond to a 000 call, well outside the benchmark time of 15 minutes.
Herald Sun.



100% Adherence for a whole year[1,2]

More than 1 in 3 patients on bisphosphonate treatment fail to take their medication properly or stop altogether within the first year.[1,3] If adherence to therapy was increased to 100%, the number of osteoporosis-related fractures could be reduced by half.[1]

Aclasta is the only bisphosphonate that guarantees patients receive a complete therapeutic dose for a full year.[1,2]

ADHERE ALL YEAR[1,2] Aclasta® zoledronic acid

PBS Information: Authority required. Refer to PBS Schedule for full authority information.

Before prescribing, please review full Product Information by clicking here. Further information is available on request from Novartis.

References: 1. Access Economics. A future less fragile. 2010. 2. Aclasta Product Information, September 2011. 3. Sambrook P. *Aust Fam Physician* 2006;35:135–7. Further information is available from Novartis Pharmaceuticals Australia Pty Limited, ABN 18 004 244 160, 54 Waterloo Road, North Ryde NSW 2113. OHW NOVA0462/RU

Your say

GPs get mixed report card from Productivity Commission (link)

The report seems to fit the old adage of "he who pays the piper, calls the tune".
It would seem the Productivity Commission has fallen into a common error in assuming cost is the effective gap, whereas the government compensates the patient acting as the insurer thus the whole cost of the visit should be taken into account.
By thinking about the difference between bulk-billing and direct billing the patients then the government compensation is completely bypassed, not commented on and not thought about.
If the Commission is concerned that the cost is a problem putting people off from seeing the GP, imagine how put off the patient must be in seeing a specialist!
Dr Phil

Midwives and doctors differ in their pain relief choice (link)

I wonder whether the study differentiated between midwives who have had babies themselves and those who hadn't been through childbirth.
Likewise, whether the obstetrician was male or female and had also experience with the birth process.
I would suggest from my experience that a health professional's recommendation would be coloured by their personal experience no matter how hard we try to be objective.
Sorry I am not paying $30 to read the paper as the link is to just to the abstract.
Dr Mark Raines

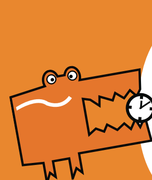
"Fantasy" Medicare fees, says AMA (link)

Patient fee gaps are like speeding tickets and can be a good thing. They are there to warn people to look after their health before it gets more expensive. Sometimes money is the only thing they will take notice of. A practice always has the discretion to bulk bill, it is a choice. Some patients make it a point to say they can't afford it while they spend on the same day $200 on one weeks shopping that includes alcohol, smokes and fatty foods.
They are more prepared to pay for something that can kill them than something that can save their lives. Financial health literacy education that the man on the street can relate to is the real answer. Seriously it is a question of priority as opposed to affordability. It is a good opportunity to get people to start taking ownership of their health. Gaps gives them some skin in the game.
David Dahm
Health and Life CEO

Maybe the government shouldn't waste the money on nurse practitioners, midwives and 'alternative' health practitioners.
Jim Johnson

TROPICAL NORTH QUEENSLAND
Why wait until you retire, to live the 'Absolute Lifestyle'
Positions available now, for our busy General Practices, Cairns, Townsville and Airlie Beach. Privately owned Practices. We can offer Attractive Remuneration, will negotiate with the right applicant, including accommodation. Looking for quality GPs, positions available for Australian Trained, VRs, DWS and AON. Work in modern surrounds, fully computerised and accredited with helpful and friendly support staff, including Practice Nurses.
Full Time / Part Time and Locum Vacancies
Call or email us now recruitment@iig.com.au
PH (07) 4035 8004

WOMEN'S HEALTH CONFERENCE
24-25 February 2012, Sheraton Mirage, Gold Coast
www.whers.com.au T: (07) 3420 4771
E: secretariat@whers.com.au
• Prof Rodney Baber, Menopause & Hormones
• Dr Michael Carr-Gregg, Step-families & bullying
Plus – Allergies & young children, Breast screening, PCOS, Chronic pain management, Diabetes & women, Endometriosis, Urinary problems, Vit D & more.



6minutes.com.au STAY connected with 6minutes

To advertise in classifieds contact Brent Claremont on **02 9422 2812** or **brent.claremont@reedbusiness.com.au**

More than 1 in 3 patients on bisphosphonate treatment fail to take their medication properly or stop altogether within the first year.[1,3] If adherence to therapy was increased to 100%, the number of osteoporosis-related fractures could be reduced by half.[1]

Aclasta is the only bisphosphonate that guarantees patients receive a complete therapeutic dose for a full year.[1,2]

PBS Information: Authority required. Refer to PBS Schedule for full authority information.

Before prescribing, please review full Product Information by clicking here. Further information is available on request from Novartis.

Dispensed Price: $589.17 for annual therapy. **References: 1.** Access Economics. A future less fragile. 2010. **2.** Aclasta Product Information, September 2011. **3.** Sambrook P. *Aust Fam Physician* 2006;35:135–7. Further information is available from Novartis Pharmaceuticals Australia Pty Limited, ABN 18 004 244 160, 54 Waterloo Road, North Ryde NSW 2113. OHW NOVA0462/RU