Australian General Practice Network

Lifescripts Newsletter

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Update from AGPN's Lifescripts Coordinator

Welcome to 2007! I hope you have returned to work with re-charged batteries ready for another exciting and challenging year for the Network in the area of prevention and early intervention.

An exciting development during January has seen Kinect Australia sign a contract with the department to develop Lifescripts software. This work will see the software developed, tested in general practice and then refined. The software will be completed by the 31st of August. On completion of software development, the department will work to ensure medical software vendors take up the product. I will keep the network up to date with work in this area, and I am sure this will be very welcome news to many.

AGPN has commissioned the development of a *Network Resource Centre* on our website for use by the Network to share resources and information. All employees of SBOs and Divisions are eligible to be allocated a user name and password to access and share information through the resource centre. To access your user name and password speak to your CEO/EO or alternatively contact Sue Aiesi at AGPN.

Work on the development and testing of Pregnancy Lifescripts resources is continuing. The smoking resources have been finalised and are available on the AGPN Lifescripts web site. The development of nutrition and alcohol resources is progressing. Recruitment for practitioners (GPs and practice nurses) to test the resources is currently underway in Queensland, South Australia and Victoria. For further information on this project, please contact John Couto at AGPN via jcouto@agpn.com.au.

Item 717 – The 45 plus health check was released on the 1st of November 2006. Current Medicare statistics indicate that the item has been claimed **19,198** times across the country during the period October 2006 to December 2006. This indicates a clear interest in this item and the opportunities across the country for Lifescripts integration.

There are some great education resources being developed across the country in the area of lifestyle risk factor management and prevention in general practice. This newsletter highlights the work of the NSW Heart Foundation.

Happy reading!

Aimee Black
Lifescripts Coordinator, AGPN

Focus On:

Heart Foundation's General Practice Lifestyle Risk Factor Management Project in NSW: Online Learning Modules

The Heart Foundation (NSW Division) has been funded by NSW Health to work with Divisions of General Practice to increase capacity in the area of lifestyle risk factor management. One of the key strategies for the Heart Foundation's General Practice Lifestyle Risk Factor Management project is the development of learning modules for GPs and Practice Nurses using the RACGP's gplearning program portal.

Online learning is the fastest growing sector of medical education – 91% Medical Practices are now Internet connected compared to 81% of small businesses. 32% GP Practices have Broadband.

All education will be able to be accessed through a browser-based interface. The material is content rich in nature (including streamed sound, interactive videos, videoconferencing etc) – it is accessible with dial up internet access and is enhanced with the use of broadband access – thus supporting the Federal Government's Broadband in General Practice initiatives.

The Modules are directed at educating medical practitioners and practice nurses to effectively work with patients to bring about attitude shifts and behavioural responses to manage and control unhealthy behaviours specifically: smoking, unsafe consumption of alcohol, unhealthy body weight, unbalanced approach to healthy eating and physical inactivity.

This material will be designed to encourage GPs and nurses to develop their own learning needs and meet these needs within the presented Course material including the expansive reference material, links, resources, and patient handout material.

The complete course materials will provide between 8 – 10 hours of educational material in formats which will include:
Patient case studies;
A patient audit;
Peer comparison activities;
Tutorials;
Reference material, links and resources including patient handout material;
Demonstration and Panel discussions

Each module will cover a range of aspects relevant to lifestyle risk factor management and General Practice focusing on managing patients who don't successfully 'change' and ways a GP and practice nurse can manage their own response to patients so they can engender productive attitudes and behaviours to these situations.

The Course will utilise 'Lifescripts' and Heart Foundation resources in their development. The 'Lifescripts' material will be relevant to the five main topic areas. GPs and Practice Nurses will be encouraged to view the patient scenarios to understand more about motivational interviewing. In addition to the specific content areas the Course content will include reference material, further links and resources including patient handout material. A Facilitator's Guide will be also developed to enable face-to-face workshops to be delivered.

General Practitioners will access the modules via the RACGP's GP Learning portal whereas Practice Nurses will have access via the Royal College of Nurses' e-campus.

The release of the modules will commence in mid 2007 with the smoking module and all five modules will be available as an Active Learning Module by early 2008.

If you need more information please contact
Milena Katz,
Lifestyle Risk Factor Coordinator
02 9219 2461
milena.katz@heartfoundation.com.au

Articles of Interest:

Chronic disease self-management education programs: challenges ahead

Joanne E Jordan and Richard H Osborne. Med J Aust 2007; 186 (2): 84-87.
www.mja.com.au/public/issues/186_02_150107/jor10642_fm.html

Australian GPs underestimate obesity in patients with type 2 diabetes

Australian GPs substantially underestimate the prevalence of obesity in their patients with type 2 diabetes, paying too little attention to waist circumference and ethnicity, data from the NEFRON-5 study has shown.

The study, focused on renal impairment, enrolled almost 3,900 patients being treated for type 2 diabetes in general practice. Caucasians were classified as overweight or obese using conventional BMI criteria (25-29.9 or >30 respectively). They were also categorised as having abdominal overweight or obese if their girths exceeded 94 and 102 cm respectively in men, or 80 and 88 cm in women. Using recommended WHO criteria, lower thresholds were used for people of Asian origin, including a BMI of 23 for overweight and 25 for obesity.

Participating GPs were asked whether they perceived their patients as underweight, ideal weight, overweight or obese. Although 53% were obese by BMI criteria, GPs thought only 31% were obese.

They were much likely to categorise Caucasian patients as obese (34%) than Asians (8%), even though the prevalence of obesity in the two groups was similar. This was largely explained by the doctors' dependence on raw weight, without making adjustments for ethnicity in interpreting body shape.

There were 76% of patients who were obese according to their waist circumference and another 15% who were overweight. "Weight-based criteria alone were inadequate to identify large

numbers of patients with abdominal obesity," the researchers said. "This was particularly true in patients aged >65 years, where 58% of patients with abdominal obesity had a BMI <30."

"While obesity is common in diabetes, and a key target for intervention, it remains inadequately assessed in primary care," they said. "BMI is known to be a less-than-reliable indicator of overall and abdominal obesity in the elderly, the cohort that constitutes the majority of Australians with diabetes."

Although weight reduction interventions were required for virtually everyone with type 2 diabetes, better estimation of obesity would help stratify patients, define the target and guide the intensity of treatment.

Thomas, M. Zimmet, P. et al. 2006, 'Identification of obesity in patients with type 2 diabetes from Australian primary care. The NEFRON-5 Study', Diabetes Care, vol. 29, pp. 2723-2725.

A cognitive behaviour-based lifestyle intervention more effective than an information booklet alone and as effective as individualized diet in weight loss

To investigate the effect of an 8-week group-based cognitive behaviour therapy lifestyle intervention with monthly follow-up to 6 months and further follow up at 12 months on change in weight and other weight-related variables, change in physical activity and change in health and well being, compared to individualized dietetic treatment or giving an information booklet only Brisbane researchers carried out a randomised controlled trial of two intervention groups, a group-based cognitive behaviour therapy lifestyle intervention, Fat Booters Incorporated and individualised dietetic treatment and control group receiving an information booklet only. The intervention groups involved weekly contact for 8 weeks with monthly follow-up to 6 months and further follow-up at 12 months, conducted in real practice setting. 176 adults with BMI >27, age 48 years, mean BMI 34 were involved. Main outcome measures were weight, percent body fat, waist circumference, physical activity, health status, self-efficacy and satisfaction with life were measured at baseline, 3, 6 and 12 months.

They found: "A statistically significant difference between groups was observed for weight change over time (P=0.05). The change in weight for the Fat Booters Incorporated group was significantly greater than the booklet only group at 3 and 12 months (-2.80.7 compared to -1.00.6 kg, P<0.05 and -2.90.9 compared to +0.50.9 kg, P<0.005, respectively). Change in weight in the individualized dietetic treatment group did not differ from the Fat Booters Incorporated group at any time point. For all groups, waist circumference was significantly less than baseline at all time points (P<0.001). Significant differences in self-efficacy were observed over time (P=0.02), with both intervention groups having greater self-efficacy than the booklet only group. Significant drop-outs occurred over time for all three groups."

The researchers concluded: **"A cognitive behaviour-based lifestyle intervention was more effective than providing an information booklet alone and as effective as intensive individualized dietetic intervention in weight loss and improvements in self-efficacy."**

Another study that points to a further use of cognitive behavior therapy.

International Journal of Obesity (2006) 30, 1557–1564. doi:10.1038/sj.ijo.0803263. October 2006.

Exercise improves postprandial glucose, and benefits from supervision

Two Australian studies have provided new information on the benefits of physical activity in type 2 diabetes and the challenges of maintaining exercise schedules.

The first study analysed data from the AusDiab Study of about 9,000 representative adults. Being physically active - meeting the recommended target of 150 minutes of moderate exercise a week - was associated with significantly lower 2-hour glucose levels in an oral glucose tolerance test. The benefit applied in both men and women, and regardless of waist circumference. However, there was no significant link between activity levels and fasting blood glucose.

"It appears that 2-hour plasma glucose is more sensitive to the beneficial effects of physical activity, and these benefits occur across the waist circumference spectrum," the researchers concluded.

The second study, based at the International Diabetes Unit in Melbourne, involved 57 overweight, sedentary men and women with type 2 diabetes. They all completed a two-month program of resistance training, with supervised sessions in an exercise laboratory twice a week. The program was successful in modestly reducing HbA1c by an average of 0.4%.

Participants were then randomised to continue a supervised twice-weekly program in a community fitness centre, or to do the work unsupervised at home, for a further 12 months. The reduction in HbA1c was maintained with supervised exercise, but slipped back to baseline when people had to motivate themselves and exercise at home. Within each group, HbA1c was correlated with the amount of exercise performed.

"Our findings emphasise the need to develop and test behavioural methods to promote healthy lifestyles including increased physical activity," the study concluded. **Training programs in community facilities such as health centres or gymnasiums not only offered better access to resistance training equipment, but also supervision and group interaction. Social and environmental influences were very important in maintaining healthy behaviours, they said.**

Healy, G. Dustan, D. et al. 2006, 'Beneficial associations of physical activity with 2-h but not fasting blood glucose in Australian adults', Diabetes Care, vol. 29, pp. 2598-2604.

Dunstan, D. Vulikh, E. et al. 2006, 'Community center-based resistance training for the maintenance of glycemic control in adults with type 2 diabetes', Diabetes Care, vol. 29, pp. 2586-2591.

Type 2 diabetes patients report less than half their food intake

People with type 2 diabetes report less than half their food intake when asked to provide detailed information about their diet, metabolic studies in French patients have revealed.

Twelve weight-stable obese patients were compared to nine controls who were similarly obese (BMI averaging 37) but free of diabetes. They were also matched for age and body composition.

An experienced dietitian estimated usual food intake from three-day food recall questionnaires and calculated the total energy intake as well as protein, lipid, carbohydrate and alcohol components. The volunteers had resting energy expenditure measured by indirect calorimetry using a ventilated hood system. The sophisticated and accurate method of doubly-labelled water was used to estimate total energy expenditure.

Total and resting energy expenditure was similar in both groups, but reported energy intake was 400 kcal/day lower in those with diabetes. In the non-diabetic participants, reported intake was barely sufficient to support resting energy expenditure, and it was even lower in the diabetics. "These patients reported eating 22% less energy than is necessary for them to maintain even

basic functions to live," the researchers said. "Furthermore, all 12 of these patients under-reported." Women were worse offenders than men.

Under-reporting of dietary intake was suspected to be a widespread problem in people with type 2 diabetes but it had not previously been investigated in a reliable way. This study unequivocally confirmed the suspicion, using state-of-the art methodology.

The findings suggested that, on average, stated food intake should be multiplied by 2.5 to attain a credible energy intake. The factor probably varied considerably between individuals, and might apply differently to fat and carbohydrates. More work was needed to explain why obese people with diabetes under-reported to a greater extent than similarly obese people without diabetes.

Salle, A. Ryan, M. et al. 2006, 'Underreporting of food intake in obese diabetic and nondiabetic patients', Diabetes Care, vol. 29, pp. 2726-2727.

The war on obesity: a social determinant of health

Issue addressed:
The weight-centred health paradigm is an important contributor to the broader cultural paradigm in which corpulence is eschewed in favour of leanness. The desirability to reduce body fat or weight or to prevent gaining 'excess' fat is driven by both aesthetic and health ideals. The 'war on obesity' is a broad health-based set of policies and programs designed to problematise 'excess' body fat and create solutions to the 'problem'. There is a substantial body of literature that claims to demonstrate the harmful effects of 'excess' body fat. Recent critiques of 'obesity prevention' programs have highlighted the importance of focusing on environmental changes rather than individuals due in part to the risk of harmful consequences associated with individualistic, victim-blaming approaches. Beyond this, there are suggestions that framing body weight as the source of health problems – known as the weight-centred health paradigm – is in itself a harmful approach. The range of harms includes body dissatisfaction, dieting, disordered eating, discrimination and death. Health promotion policies and programs that operate within the weight-centred paradigm have the potential to have a negative impact on the health and well-being of individuals and communities.

So what?
Health promotion practitioners have a responsibility to do no harm to people they work with. The 'war on obesity' is actually a war on fat people, and the casualties from such a war are felt both personally and by the community. Health promotion practitioners working within the weight-centred health paradigm need to be aware of the evidence that demonstrates the harms associated with working in this paradigm. **There is a need for a more health-promoting and compassionate approach to people's health that is based on evidence of effectiveness. The 'health at every size' paradigm offers such an alternative.**
Health Promotion Journal of Australia 2006;17:260-3.

www.healthpromotion.org.au/journal/articles/article15.php

Media:

Heavy weight of words

'WHY are you here to see me?" I ask an 11-year-old girl. She has been referred by her GP as she is overweight with a strong family history of obesity and associated heart disease and type two diabetes, "Because I want to be skinny and beautiful and have friends like Charlene."
http://www.theage.com.au/news/opinion/heavy-weight-of-words/2007/01/27/1169788736681.html

Healthy active campaigns make an impact

New research reveals that the Commonwealth Government's 'Get Moving' physical activity and 'Go for 2&5' fruit and vegetable advertising campaigns have made a positive impact.

Evaluations by Woolcott Research show that the campaigns have increased awareness about the need to exercise 60 minutes a day and about the importance of eating the recommended daily serves of two fruit and five vegetables.

The research shows a high level of awareness of both campaigns, with 80 per cent of adults and 90 per cent of children reporting having seen at least one element of the 'Go for 2&5' campaign. Most children and teenagers (99 per cent and 96 per cent respectively) had seen at least one element of the physical activity campaign.

Encouragingly, of those exposed to the $6 million 'Get Moving' campaign, 93 per cent of children and 84 per cent of teenagers said that it prompted them to act.

Evaluation of the $5 million 'Go for 2 & 5' shows that the campaign raised awareness among parents and children of the recommended levels of fruit and vegetable consumption.

Parents citing the correct number of serves of vegetables increased from 24 per cent to 32 per cent and there was an increase from 92 per cent to 94 per cent of parents citing the correct number of fruit serves.

The success of these awareness campaigns will help governments to build other initiatives, such as the $500 million Australian Better Health Initiative to help Australians lead healthy lifestyles and reduce the burden of chronic disease.

The reports are at www.healthyactive.gov.au

Weighty solution

Courier Mail, 4/12/2006 - Fran Metcalf

PSYCHOLOGISTS think they've found the secret to keeping weight off for good. While many dieters manage to shed excess kilograms through diet and exercise, the majority gain it all back again in a matter of months. According to new research by the Australian Psychological Society, that's because we rely solely on our own willpower and lack the skills and support we need to make a success of living and maintaining a healthier lifestyle. Of the 1200 people surveyed online by the APS, 97 per cent had tried to change their eating habits but 39 per cent admitted they didn't always manage to stick to the changes. A further 22 per cent reported that the changes lasted no longer than a few weeks or months before they lapsed back into old habits. "People need to continue whatever supports they have used (to lose weight) and whatever behaviour changes they have made," says APS president Amanda Gordon.
http://www.news.com.au/couriermail/story/0,23739,20869021-5003426,00.html

"Less than one in five adults smoke"

The Age, 4/12/2006 -

Fewer than one in five Victorian adults smoke regularly and more than half have never smoked, according to new research. The Cancer Council Victoria figures show the number of Victorians who smoke regularly has fallen over the past eight years. The data reveals that 18.5 per cent of Victorians smoked regularly in 2005, compared to 21.7 per cent in 1998. Regular smoking also tended to be high among males, 20.2 per cent, than females, 16.9 per cent. More than half of Victorians surveyed (52.2 per cent) have never smoked. Professor Melanie Wakefield, from the state cancer council, said a rise in smoke-free environments, price increases and quit smoking

advertising campaigns, had helped contribute to reducing the number of smokers. Smoking rates are lowest among Victorians over 50, with 11.5 per cent regular smokers, but highest among Victorians aged between 18-29 years with 26 per cent
http://www.theage.com.au/news/health/less-than-one-in-five-adults-smoke/2006/12/04/1165080855787.html

Smoke ban in cars with kids needs to be widened

The Parliamentary Secretary to the Minister for Health and Ageing, Christopher Pyne, is optimistic about the response from other states and territories in considering banning smoking in cars while children are passengers. Speaking after the Ministerial Council on Drug Strategy meeting held on 15 December, Mr Pyne said while he was disappointed that some still seemed reluctant to consider a ban, he remained hopeful that they would review their positions.

To view the full media release, click on the link below:
http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-cp-pyn088.htm

Anti-smoking kit for pregnant women

Pregnant women will be helped to give up smoking under a new Australian Government initiative. To view the full media release, click on the link below:
http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-cp-pyn089.htm

Useful Resources:

AGPN National Resource Centre

To access your password see your CEO or EO or contact Sue Aiesi at AGPN.
www.agpn.com.au

Lifescripts resource library

To access items to support use of the Item 717 - 45 year health check and the new pregnancy Lifescripts resources go to: http://www.adgp.com.au/site/index.cfm?display=5271

Diary Dates:

February 2007

20 February — Queensland Lifescripts Face to Face workshop

March 2007

15-17 March — Qld Divisions Forum
http://www.qdgp.org.au/page/Queensland_Divisions_Forums

May 2007

18-19 May — GetConnected. NSW General Practice Network 9th Annual Vital Links State Forum
http://www.answd.com.au/frame.asp?mainURL=default.asp

Contact the editor:

To subscribe or unsubscribe to the Lifescripts Newsletter or to submit an article please contact Aimee Black at ablack@adgp.com.au or by telephone on: (02) 6228 0829.

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