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The Chronicle - promoting stronger links between health and education.

Education and health outcomes for Indigenous Australians are inextricably linked – MJA; 174: 488-489

Two hundred copies of The Chronicle are now being circulated widely throughout the NT Department of Education. This is an exciting initiative and one I hope will promote greater communication and collaboration between the two sectors.

The story below, *Reducing Rates of Anaemia in Barunga Improves Academic Performance* is a great example of the benefits gained from strong links between health and education.

Reducing Rates of Anaemia in Barunga Improves Academic Performance - Health & Education Joint Program.

As told by Peter Wordsworth, RAN to Justine Glover, Chronic Diseases Network.



Teachers Kedron & Elizabeth Dunkley & Annette Wellington with RAN, Peter Wordsworth (far right)

Background

Anaemia has been reported as an ongoing problem in many Aboriginal communities. Iron Deficiency Anaemia (IDA) is associated with reduced immunity to infection and delayed

physical and intellectual development¹. Data obtained from NT remote communities in 1995, 1996 and 1997-98 suggested that about half of all Aboriginal children aged under five years and between 22% and 42% of children aged between six and 11 years were anaemic².

Most anaemia in children living in remote communities is related to iron deficiency. IDA is commonly due to diets that are low in iron (ie lacking meat and vegetables). Other factors that affect IDA include:

- Recurrent childhood infections that may cause a transient drop in Hb³.
- Ingestion of tea as it is thought to inhibit the absorption of iron.

Hookworms and other helminths (worms) are now much less of an issue due to community deworming programs.

A recent literature review on anaemia by Edmond K, White A, & Paterson B reported that, "there is a direct link between IDA and delayed psychomotor development. This developmental delay may persist until the age of 5 or 6 years and may result in permanent loss of I.Q. even if anaemia is treated. Mild iron deficiency is also associated with low infant developmental scores. In school aged children with IDA, poor attention span has been shown to improve with

(Continued on page 3)



Northern Territory Government

Department of Health and Community Services

**NEW CEO FOR HEALTH AND
COMMUNITY SERVICES
REVIEW REPORT RECEIVED**

Health and Community Services Minister Jane Aagaard announced on the 26th Nov the appointment of the new CEO of her Department.

Mr Robert Griew, currently Deputy Director General, NSW Department of Ageing, Disability and Home Care, will take on the top health and community services job in late January 2003.

Mrs Aagaard said Mr Griew has had extensive experience in the Indigenous health sector, the non-government sector as well as working as a senior public servant in the health, disability and ageing sectors where he has extensive experience in leadership positions in health and community services.

The Minister said the CEO's first task would be to implement the Government's decisions arising out of the review of the agency.

"I have received the review report. The period of December and January will be used to consolidate the report findings and develop an implementation plan in readiness for the commencement of the appointment of Mr Griew at the end of January 2003."

Inside this issue:

<i>Reducing rates of anemia improves academic performance</i>	1-4
<i>AIHW Publications</i>	5
<i>MSHR Projects funded by NHMRC</i>	6
<i>Alcohol restrictions</i>	7
<i>COPD – Early action encouraged for exacerbation</i>	9
<i>High cannabis use in Arnhem Land</i>	11
<i>Healthy Lung Day – Milingimbi</i>	12-13
<i>NT Heroes of Child Health</i>	14
<i>The highest ever immunisation coverage rates for NT children</i>	15
<i>Heart foundation Kellogg Local Government Awards 2002</i>	17
<i>Medical Yolngu in 6 lessons</i>	17
<i>Self referral most common way to drug and alcohol services</i>	18
<i>A study of the use of free nicotine patches</i>	18
<i>The path to a healthy weight – choices for people with diabetes</i>	19

THE CHRONICLE

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Contributions appearing in The Chronicle do not necessarily reflect the views of the editor or DHCS.

Contributions are consistent with the aims of the Chronic Diseases Network and are intended to :

- Inform and stimulate thought and action;
- encourage discussion and comment;
- promote communication, co-ordination and collaboration.

Asthma Northern Territory-December 2002



Brett Aitkin promoting Asthma Week in the NT

A part from assisting the Asthma Foundation with lots of activities during Asthma Week Brett Aitkin (Gold medallist cyclist) was instrumental in promoting the asthma 3+ visit plan in the Northern Territory.

This plan is a new approach to working with the GP's to manage asthma. It has been developed by the NAC and is based on the latest best practice management.

The Asthma 3+ visit plan involves at least three visits to the GP over a short period of four months – for the sole purpose of improving the management of asthma. Visits are encouraged even though the symptoms are minimal to allow the physicians to gauge severity.

Evidence has shown that people who learn and understand more about their asthma, see their GP regularly, take their medications correctly and have their own written Asthma Action Plan are better controlled, have fewer attacks and hospital visits.

For further information on this program please don't hesitate to contact Asthma NT on 89228827.

Michelle Menzies. Asthma NT

(Continued from page 1)

iron supplementation. Studies in iron deficient adolescents (teenagers) show comparably lower test scores for academic performance (including vocabulary, reading knowledge, use of reference material, arithmetic concepts and problem solving) and students are more disruptive, irritable and restless in the classroom”⁴.

Anaemia in Barunga Community

Barunga Health Clinic staff registered a marked increase in the number of sick children attending the clinic in December 2000. Anaemia was found to be a common co-occurring condition in the children. Primary school teachers at the same time reported that children were more lethargic and had greater difficulty concentrating in class. A screening program revealed that 90% of children under 5 years of age were anaemic.

Developing a joint program

The health clinic and education staff responded to the high rates of anaemia in the community by developing a School Based Program in 2001 targeting the under 13 year olds. The aim was to achieve a Hb of 13 and above in the target group to improve health standards and educational outcomes.

The School Based Program was developed in consultation with the teachers, Aboriginal Health Workers, doctors, Remote Area Nurses, and the community.

The program involved a combination of activities and was reliant on the full cooperation and collaboration of teaching and health staff. The activities included:

- School screening and treatment program,
- Nutrition program, and
- Brain gym.

The conference “Learning Lessons-approaching Indigenous health through education”, held in Darwin November 2000 emphasised the importance of establishing links between health-care and education early in a child’s development to achieve positive outcomes.

Elizabeth, a teacher from the Barunga School commented that “*the cooperation between the school and the clinic was pivotal to the success of this program - it was a coordinated & combined activity*”.

School screen and treatment program

The program commenced with a full school screen of pre-school, early childhood and primary school students. Depending on the results the health staff de-wormed the children for 3 days and started them on daily iron and orange juice with Vit C. The younger children were also given breakfast of weetbix, milk, milo and vitamin drops.

Once this initial screening process was completed the health staff kept a close eye on the children by visiting the school every morning to check on their health status



Health staff: Peter, Glenda Trindle and Joanne Berry

and dispense their oral iron and vitamin supplements.

Health staff reported the program was easy to maintain – it involved 15 minutes at the school each morning checking on the children and then another 15 minutes entering data into the computer. This daily review meant many conditions were detected and treated early. Regular Hb tests were also conducted.

Since the program began, Peter Wordsworth, the Remote Area Nurse said “*there have been fewer documented cases of chest infections, scabies, skin sores, and post streptococcal glomular nephritis (PSGN) - Kids are generally healthier and happier*”.

Health and education staff noticed a dramatic change almost immediately, “*their overall Hb was up -the kids energy levels drove the mums crazy, you literally had to peel them off the walls – the kids just have so much more energy since we started this program*” Peter said.

Nutrition program

A nutrition program run by the teachers at the school complemented the treatment program. Its focus was teaching the children healthy choices and the importance of “strong blood”.

The nutrition program included:

- Nutrition classes,
- Cooking classes,
- Vaalia yoghurt 3 times a week. (education staff stated research shows it reduces the incidence of chest infections by 20%, diarrhoea by 10% and also reduces rates of ear infections),
- Jungamals tablets - an iron and vitamin supplement (dispensed by health staff),
- Subsidised healthy lunches from the store, and
- Breakfast, morning tea and lunch for the younger children - prepared by local mothers.

Education staff reported the nutrition program had a visi-

(Continued on page 4)

ble impact – Elizabeth, said “*the children are making healthy choices themselves in the store buying OJ and yoghurt instead of coke and lollies*”.

The store reported that the consumption of coke was down and the consumption of milk and bottled water was up.

BRAIN GYM®

Helen Summers, a behavioural & developmental optometrist & educational kinesiologist from Darwin visited Barunga for one week to assess the children and coordinate a BRAIN GYM® program. BRAIN GYM® is the registered trademark for an Educational Kinesiology sensorimotor program. It is based on more than 80 years of research by educational therapists, developmental optometrists, and other specialists in the fields of movement, education, and child development. BRAIN GYM® consists of simple movements similar to those performed naturally by young children as part of the process of brain development. The BRAIN GYM® movements have been shown in clinical experience, field studies, and published research reports to prepare learners with the physical skills they need to read, write, concentrate, organise, and otherwise function effectively in the classroom and adult life work⁵.

As part of the program the teachers ran an exercise program for 45 minutes each morning. Teachers reported the exercises were having a positive impact on the children’s reading ability, “*Kids reading has improved in leaps and bounds – they are now reading at a much higher level,*” the teachers said.

On assessment Helen also found some children needed prescription glasses. When these were provided a teacher said “*the kids face lit up because they could actually see clearly.*”

Promising Results

Education and health staff reported the overall results of the program have been very positive.

- The mean Hb increased from 11.5 – 13.2.
- Children’s attention and performance improved – teachers said “*Kids are now doing grade for age – this is wonderful*”. “*There is a noticeable improvement in their behaviour – they concentrate more and are well behaved.*”

- Decreased attendance to the clinic – health staff said “*there are fewer admissions to hospital due to gastrointestinal infections – kids came from a higher plateau of health.*”
- Children making healthy choices – teachers said “*you see kids walking around with a bottle of OJ now instead of coke*”.
- Decreased incidence of skin sores, head lice, PSGN and chest infections.
- Increase weight gains (some putting on more than 10kgs).
- Increased school attendance rates.
- Increased communication between health and education staff and the community.

This program is a clear example of the benefits obtained from a close collaboration between health care and education.

Where to next

Peter Wordsworth said the program will be continued due to its success and will hopefully expand to include other health promotion activities.

For more information on the project contact Peter Wordsworth at Barunga Community Health Centre, PMB 106, Katherine NT 0852 or phone 08 8975 4501

References

1. Condon JR, Warman G, Arnold L (editors), The Health & Welfare of Territorians. Epidemiology Branch, Territory Health Services, Darwin, 2001. P122
2. Ibid, p 122
3. Ibid, p 122
4. Edmond K, White A, Paterson B. Community based diagnosis and treatment of anaemia in NT Aboriginal children – Discussion Paper January 2001.
5. <http://www.braingym.org/faq.html>



ACCESS TO INTERNATIONAL RESEARCH FOR ALL AUSTRALIANS

Source: Media Release Senator the Hon Kay Patterson Minister for Health and Ageing

Minister for Health and Ageing, Senator Kay Patterson, launched a national subscription ensuring free access for all Australians to the online library of the Cochrane Collaboration.

At the request of the Minister, the National Institute of Clinical Studies has negotiated with the publishers of the library to secure a national Internet subscription which will give the general public access to this important resource from their own computers. The Institute plays a key role in promoting the use of research evidence in the health care system.

<http://www.nicssl.com.au/cochrane/index.asp>

AIHW Publications

<http://www.aihw.gov.au/publications>

Diabetes: Australian Facts 2002

Diabetes Series

This report is a concise summary of the latest data and trends relating to diabetes in Australia.

It is the first report by the National Centre for Monitoring Diabetes to present available data across the spectrum of the disease - its levels in the population, the factors that contribute to it, its major complications, and treatment and preventive programs that aim to combat it.

The report also includes detailed data for the National Health Priority Area indicators for diabetes.

Epidemic of Coronary Heart Disease and its Treatment in Australia

Cardiovascular Disease Series

Epidemic of Coronary Heart Disease and its Treatment in Australia is the first AIHW report to focus exclusively on the national epidemic of coronary heart disease.

It provides information on current patterns and recent trends in coronary heart disease, its treatment and costs.

This is the first national report to examine in detail admissions to hospital for heart attack and acute care invasive treatments, such as cardiac catheterisation, percutaneous coronary intervention, and coronary artery bypass surgery.

This report is part of AIHW's Cardiovascular Disease Series, which covers mortality, risk factors, morbidity and medical procedures. It will be a valuable resource for health planners, practitioners and researchers interested in knowing the extent of coronary heart disease and its treatment in Australia

The Chronicle Cumulative Index now available on the Web

<http://www.nt.gov.au/health/cdc/preventable/chronicdisease.shtml>

DHCS

Annual Report

The electronic publication of the Department of Health & Community Services Annual Report 2001/02 has been completed and it is now accessible via the Intranet home page <<http://internal.health.nt.gov.au>> or the DHCS Internet site <<http://www.health.nt.gov.au>>.

Paper copies are also available in Departmental Libraries.

WORLD HEALTH REPORT 2002



AUSTRALIANS COULD GAIN AN EXTRA SIX YEARS LIFE EXPECTANCY WITH RE-NEWED EFFORTS IN HEALTH:

The latest annual report by the World Health Organisation (WHO) has found that preventive health measures could gain Australians an extra six years life expectancy.

World Health Report 2002 is one of the largest research projects ever undertaken by the WHO and provides details of the health status and expenditure of all its member countries.

World Health Report 2002 can be accessed on the Internet at:
<http://www.who.int/whr/en/>

What's happening at Diabetes Australia NT in 2003

National Diabetes Week - 13 - 19 July

What's the Buzz Day fundraiser - 18 July

World Diabetes Day - 14 November

MSHR PROJECTS FUNDED BY NHMRC

The DRUID Study: Diabetes and related disorders in urban Indigenous people in the Darwin region.

The DRUID Study will provide the first-ever data on the burden of diabetes and related conditions in an urban Indigenous population, and will test the effectiveness of a program to prevent diabetes among those at highest risk. The five-year study represents a partnership between researchers, health service providers and members of the Darwin Indigenous community to tackle a high priority health problem. The study will provide an important vehicle for the training and development of Indigenous researchers, and the central involvement of Indigenous people in the study will promote improved local awareness and understanding of diabetes among Indigenous people and increase the capacity of Indigenous people and service providers to manage diabetes and related disorders.

Contact: A/Prof Joan Cunningham, 08 8922 8196 (or 08 8951 4740 until 1 November)

IMPAKT: Improving Indigenous Patients' Access to Kidney Transplantation

Kidney transplantation is the best treatment for people with Kidney failure. A successful transplant leads to better quality of life, longer life expectancy and lower costs to the health system. Indigenous Australians make up less than two per cent of the population, but represent more than 10 per cent of new patients starting treatment for kidney failure. They only have about one-third the chance of non-Indigenous Australians of receiving a transplant, however. The IMPAKT study will identify the barriers to accessing kidney transplantation for Indigenous Australians and propose strategies to improve access. The research findings may be relevant to the experiences of other under-served groups

Contact: A/Prof Joan Cunningham, 08 8922 8196 (or 08 8951 4740 until 1 November)

The Impact of Household Infrastructure Improvements on Child Health in Remote Aboriginal Communities

The outcomes of this project will be a significant advance in the understanding of the relationship between the household environment and health status, and of the improvements in health that can be achieved through improvement in household infrastructure. The relationship between specific components of household infrastructure and the ability to conduct each of a number of "healthy living practices" will be defined, to our knowledge, for the first time. There is a unique opportunity in the Northern Territory to conduct world class research in this area. The new information will be of value in the planning of infrastructure projects in remote Indigenous communities across Australia and in similar settings in-

ternationally.

Contact: Assoc. Prof Ross Bailie, 08 8922 8196

Selective use of long-term antibiotics for chronic lung obstructive disease in Aboriginal adults: A multi-centre trial

The aim of this study is to determine if the judicious use of regular antibiotics will be effective in treating Aboriginal adults with chronic lung disease. Particularly we aim to determine if this treatment can prevent acute exacerbations, which are associated with hospitalisation and death, and reduce inflammation in the airways, which is associated with continuing damage to the lungs and progressive disability. The involvement of 4 Aboriginal communities in this well-designed clinical trial is an important advance to evaluate interventions in Aboriginal health. The project will also provide local training and equipment to improve the assessment and management of respiratory disease in remote Aboriginal communities.

Contacts: Dr Graeme Maguire
Professor Bart Currie, tel: 088922 8196 (from November 6)

Implications of bacterial load for vaccine efficacy and antibiotic treatment outcomes in high-risk populations

For many Aboriginal children, persistent and severe otitis media (OM) and associated hearing loss commence within the first few weeks of life following exposure to multiple strains of pathogenic bacteria. OM progresses to perforation of the ear drum in as many as 60% of children by 12 months of age. Treatment failure is very common. The potential for high bacterial load to compromise the efficacy of antibiotic therapy, vaccines or hygiene practices will be investigated. Advances in technology available at Westmead Centre for Oral Health will be used to measure the burden of bacterial infection in Aboriginal infants. Alternative treatment and preventative therapies (new antibiotics, alternative vaccine schedules) may be proposed where appropriate.

Contact: Dr Heidi Smith-Vaughan, 08 8922 8196

Pneumococcal surveillance in the Northern Territory: implications of vaccination and mass treatment programs

Two important public health initiatives in the NT have been the introduction of a community-wide azithromycin treatment program for eradication of trachoma (and to a lesser extent sexually transmitted diseases), and 7-valent pneumococcal conjugate vaccine. In combination, these two interventions have the capacity to provide substantial improvements in Aboriginal health.

(Continued on page 7)

(Continued from page 6)

This research project will monitor potential indirect effects of these programs on the prevalence of resistant bacteria and serotype shifts. The information will be directly relevant to the participating communities but will also inform health programs elsewhere in the world.

**Contacts: Dr Heidi Smith-Vaughan
Dr Amanda Leach, 08 8922 8196**

Molecular epidemiology of melioidosis in Australia

Melioidosis is a serious infection in the Top End and south east Asia associated with pooled water and mud. The causative bacteria, called *Burkholderia pseudomallei*, can cause different types of disease, including infections of the lung, the abdominal organs and the

brain. In collaboration with colleagues in WA, Queensland and the United Kingdom, this project explores differences in the strains of these bacteria by use of a DNA fingerprinting technique known as MLST. By identifying "guilty" strains associated with disease, we will understand more about the behaviour of disease-causing strains in the environment and how humans acquire this disease.

Contact: Professor Bart Currie, tel: 088922 8196 (from November 6)

Alcohol Restrictions

Source (DHCS Media Release 25th Sept 2002)

At its meeting in September, the Evaluation Reference Group (ERG) viewed the first wholesale sales figures for alcohol since the liquor trial began in April 2002.

Compared to same periods in the previous two years, the amount of pure alcohol sold was 4.6% lower for the months April to June 2002. This shift is made of up some very marked changes across different beverages:

- There was an 81% reduction in cask wine alcohol sales, a shift from around one third of the market to about one-twentieth
- Fortified wines sales increased by more than 700%, increasing from 3,100 litres to nearly 24,000
- Mixed spirit sales more than doubled to round 7,000 litres and heavy and mid-strength beers rose by nearly 12%.

These findings confirm the anecdotal reports that have been received by the ERG over the early months of the trial.

"The restrictions targeted larger containers, such as casks and these figures clearly demonstrate an impact. While some of that reduction has transferred to increases in other beverages, indications are that early problems associated with change are now settling down" said Dr Ian Crundall, Chair of the ERG.

Compared to the same period in 2001, other data found that over the five months since the start of the trial:

- Police reported an 11% reduction in alcohol-related incidents

- There has been an overall increase of 4% in alcohol-related assaults, however, this was mainly in the early months and the incidence has trended down since then
- The number of Protective Custodies has dropped by 15%
- Ambulance call-outs related to alcohol dropped by 5%
- Selected presentations to the Emergency Department are 16% lower
- Fewer people placed in the Sobering UP Shelter

Feedback from the community indicates that many problems that occurred early in the trial are now returning to pre-trial levels. There also continues to be concern among tourism operators about the inconvenience the late opening hours limited stock of casks.

"The trial has been operating for nearly six months and it seems that some of the initial teething problems are starting to be sorted. There has clearly been a shift to beverages of higher alcohol content and there are some ongoing matters such as litter. But there are also some significant gains being reported in terms of health and amenity. It remains to be seen whether the next six months will bring different results or see these current changes consolidate" said Dr Crundall.

Contact details for the ERG can be obtained by phoning 8951 5233.

A summary of the latest progress report is available at www.nt.gov.au/health/casn/liquor.shtml

Eyes on Diabetes

A new site launch – www.eyesondiabetes.org.au

The complications of diabetes can be devastating and develop over the long term. Potentially the most feared and emotive complication relates to the loss of sight.

Diabetic retinopathy, an easily detected eye condition that can be managed and treated, will affect in excess of 90 per cent of people with diabetes after 10 years of diagnosis. If untreated, diabetic retinopathy will send people blind.

Research released for World Sight Day in 2002 showed that only 50 per cent of Australians with diabetes had been screened for diabetic retinopathy.

A new website - the culmination of a collaborative project between Diabetes Australia - Victoria, Royal Victorian Eye and Ear Hospital, Centre for Eye Research Australia, Optometrists Association of Australia, International Diabetes Institute and Victorian College of Optometry - brings

together for the first time all the available Australian resources relating to diabetic retinopathy, targeted at both those living with diabetes and the health professionals who care for them.

The site's aim is to reduce the incidence of and promote better management of diabetic eye disease.

Source Diabetes Australia – Victoria website – www.dav.org.au

Falls hospitalise 120,000 a year

Source: AIHW website media release Oct 2002

Australian hospitals treated more than 120,000 Australians with fall-related injuries during 1999-00-making it the leading cause of injury-related hospitalisation, according to a report released today by the Australian Institute of Health and Welfare (AIHW).

More than 413,000 Australians were hospitalised for injury and poisoning during 1999-00, up from 404,000 in 1998-99.

Falls were the most common cause of injury, hospitalising 54,000 males and 66,000 females during 1999-00-a 4.7% increase on the previous year. This increase is mainly due to the growing number of people in the older age groups, who are at greatest risk of falls requiring hospitalisation.

Hospital Separations Due to Injury and Poisoning, Australia 1999-00 shows that the young (0-14 years) and the elderly (65 years and older) are the groups most at risk from falls injury-accounting for about 26,000 and 55,000 hospital separations respectively.

Other unintentional injuries and medical/surgical care complications followed as the second and third most common causes of injury, hospitalising 110,000 and 68,000 people respectively.

Report co-author, Yvonne Helps, from the AIHW's National Injury Surveillance Unit at Flinders University, said that shoulder and upper limb injuries were the inju-

ries most commonly diagnosed and treated in both males and females.

Children aged 0-4 years, teenagers aged 15-19 years and adults aged over 80 years had the highest head injury rates.

'Males are more than twice as likely as females to be hospitalised with head injuries, across all age groups,' Mrs Helps said.

'Wrist and hand injuries were also very common, particularly among teenage boys right through to middle-aged men.'

Other findings of the report include:

- Injuries leading to hospitalisation most often occur at home, and females were more likely to be injured in and around the home than males.
- Males had almost three times the number of injuries occurring in sports or athletics areas than their female counterparts.
- Injury and poisoning patients are hospitalised for four days on average.
- Hospitalisations due to intentional self-harm made up about 5% of all injury and poisoning admissions.

Women's Health 10th Annual Conference: will be held from the 28 February – 2nd March 03 at the Sheraton Mirage Gold Coast. For further information please contact Julie Buchan on tel: (07) 3840 8795.

COPD – Early action encouraged for exacerbations

Source: COPD Newsletter - <http://copd.e-newsletter.com.au/index.php>

Patient education and a couple of spare scripts could go a long way to improving the timeliness of diagnosis and treatment in acute exacerbations of COPD.

These are just a couple of management tips from the exacerbations section of the new Australia and New Zealand Management Guidelines and COPD Handbook.

According to Clinical Associate Professor Stephen Cala, a member of the COPD Guidelines Steering Committee, early intervention can help reduce the considerable morbidity and mortality associated with exacerbations in COPD.

While there is some evidence early diagnosis and treatment can prevent hospital admission, he says GPs should not hesitate to direct patients to hospital if they have concerns.

“Exacerbations are an analogous situation to chest pain in that you have an unstable patient and a potentially serious situation. The most efficient and safest course of action is to refer quickly to an emergency room.”

Early diagnosis

The signs and symptoms of exacerbations are usually easy to document objectively.

Pulse rate, respiratory rate, decreased breath sounds and the presence of wheeze can be readily backed up with the results of spirometry and ABGs.

There are times though when decision-making relies more on clinical judgement. For example: In patients with a history of both cardiac failure and COPD, it can be difficult to decide if the cause of unusual breathlessness is mainly cardiac or respiratory. Spirometry may be unreliable when the patient is unfamiliar with the technique or has poor co-ordination.

There can be a wide range of presentations with COPD exacerbations.

Some people adjust to the limitations of a chronic disease with undue stoicism and will find excuses for an “off day” rather than seek help. Symptoms are variable and can come on quickly in patients. Elderly and isolated patients in particular can present in a state that suggests they have been deteriorating for days or even weeks.

Patients at most risk from exacerbations include those with a low baseline FEV1 and those with nocturnal hypoxia.

Dr Cala says patients and carers need to be informed about the potential severity of exacerbations and taught to recognise early signs including increased sputum volume, the presence of purulent sputum and worsening breathlessness.

A self-management plan should include details of how to step-up medications for a possible exacerbation and where and when to present for assessment.

Early management

Although patients with stable COPD are encouraged to use inhalers over nebulisers, the situation is different in an acute exacerbation. Distressed or anxious patients with rapid, shallow breathing are not often in any fit condition to use their puffer properly.

Initial treatment should therefore include nebulised beta-agonist such as salbutamol, given continuously or intermittently depending on the patients' condition.

Dr Cala says a conservative approach to nebuliser use is now outdated and patients should be given as much time as necessary for a response. However the recommendation for patients requiring more than one nebule would be to transfer them to hospital.

The mode of delivery of bronchodilator would normally revert to MDI and spacer or DPI within 24 hours of the initial nebulised dose unless the patient remained severely ill.

If an exacerbation appears relatively mild, is responding quickly to a bron-

chodilator, and hospital admission is not indicated, there is little need for further medication.

However oral glucocorticoids are also routinely used to settle the oedema and airway obstruction in more severe exacerbations. 25-30mg of prednisolone for 10-14 days is an appropriate course and there is no need to taper the dose.

Similarly, antibiotics should be introduced only when there are clinical signs of infection. Bacterial infections with organisms such as *Haemophilus influenzae*, *Streptococcus pneumoniae* and *Moraxella catarrhalis* are just one cause of exacerbations. Viral infections, allergen exposure and even weather changes can also trigger exacerbations.

Oral antibiotics such as doxycycline (200mg initially then 100mg daily for five days) or amoxycillin (500mg every eight hours) would be typical starting points.

Crisis medication

Dr Cala says it can be efficient to provide selected patients with spare scripts for a broad-spectrum antibiotic and prednisolone tablets. Patients at risk of future exacerbations can be carefully instructed to use them in a timely fashion but only when appropriate and with the proviso that they also seek medical attention.

“Doctors have been using this approach informally for a long time. It can be very useful and save hospital stays in sensible patients.”

For more information on managing exacerbations check the Australia and New Zealand Management Guidelines and COPD Handbook on the ALF website. The Handbook is also available on CD-ROM and a short version will appear as a supplement to the *Medical Journal of Australia* early in 2003.

Heart attacks down 20% in 6 years

Source AIHW Website – media release 17 Sept

The incidence of heart attack in Australia fell by 20% between 1993-94 and 1999-00, according to a new report released today by the Australian Institute of Health and Welfare (AIHW).

Hospital admission rates for heart attack fell by 12% over the same period.

And not only are Australians suffering fewer heart attacks, they are surviving them better-fatality rates for heart attack cases fell by 12-16% over the same six-year period.

The results come on top of an overall 30% drop in death rates from coronary heart disease over the same six-year period.

But the author of *Epidemic of Coronary Heart Disease and its Treatment in Australia*, Sushma Mathur, says that despite the great improvements, coronary heart disease remains one of the nation's greatest health challenges.

'There were still over 48,000 major coronary events in Australia in 1999-00, or 132 per day. Half of these were fatal.'

Ms Mathur said that major advances had been made over the last 20 years in medical care procedures for people suffering heart attacks.

'There has been a rapid increase in revascularisation procedures such as coronary angioplasty and cardiac bypass surgery, which aim to overcome the blockages that occur in the heart's arteries.

'During hospital stays for heart attack about 1 in 8 patients now have coronary angioplasty, and 1 in 20 cardiac bypass surgery.

'There have also been large increases in prescriptions of cholesterol-lowering and some blood pressure lowering drugs.

'These measures, as well as declines in tobacco smoking and high blood pressure, have played a part in lowering heart disease incidence and death rates.'

The report shows that men are twice as likely as women to be hospitalised for heart attack, or have coronary disease and die from it.

The elderly are more likely to be admitted to hospital for heart attack, but less likely to receive revascularisation procedures than people aged 40-64 years.

What's on at Arthritis Foundation NT in 2003

Osteoporosis Self Management Courses – March & August 2003

Chronic Disease Self Management Courses –

Feb, April & September 2003

Arthritis Week – April 07-12

Healthy Bones Week – August 03-10

Arthritis Day – October 10

World Osteoporosis Day – October 20

For more details contact AFNT on 8948 5232

Diabetes: Australian Facts 2002

Diabetes: Australian Facts 2002 reports that among men aged 25 or over, 89% of those with Type 2 diabetes were overweight or obese (markedly overweight) compared with 67% of men in the general population. 62% of those with Type 2 diabetes were obese compared with 19% in the general population.

Among women aged 25 or over, 64%

of Type 2 diabetes sufferers were overweight or obese, compared with 51% of all women in this age range. 43% of those with Type 2 diabetes were obese compared with 21% in the general population.

The report estimates that the total number of diabetes sufferers in the nation is approaching the 1 million mark, with strong evidence that half of these sufferers are unaware that they have the disease. The disease affects about 1 in 14 adults and is involved in 1 in every 13 deaths. The number of adults with the disease has trebled in the last 20 years.

The report shows that people with

Type 2 diabetes (covering 85-90% of cases) were significantly more likely to be either overweight or obese than the general population.

The 10-15% with the less common early-onset Type 1 diabetes tend to be of normal weight or underweight.

Publication details available at <http://www.aihw.gov.au/publications/index.cfm?type=detail&id=8028>

Health checks yield results on World Diabetes Day

Darwin Urban (DU) Health Promotion Team launched World Diabetes Day on the 14th Nov 2002 in partnership with Diabetes Australia Northern Territory (DANT).

It proved to be a very successful day and involved all Darwin Community Care Centre (CCC), Casuarina CCC and Palmerston CCC and General Homecare Team. Staff provided free diabetic health checks which included; blood glucose levels, blood pressure checks, waist measurements, eye tests and brief intervention.

DANT carried out 2 supermarket tours, educating the public on the reading of food labels with emphasis on fat and sugar contents.

158 clients of all ages accessed diabetic health checks at

158 clients of all ages accessed diabetic health checks at all 3 CCCs.

all 3 CCCs. Thirty four referrals were made, which included; elevated blood glucose levels, and blood pressure, pap smears, breast screen, alcohol, stress management and other lifestyle issues.

It was interesting to note that most clients exceeded the healthy range with waist measurements. Diabetes Australia stated that "1,000,000 Australians have diabetes, 500,000 are not aware they have it" and "8% of the population of NT have diabetes".

Media coverage of this event included interviews with DU Health Promotion Team and Julie Barnes from Diabetes Australia NT. This exposure raised public awareness of diabetes and its risk factors.

Star Addicott.

High cannabis use in Arnhem Land

Source: Health News 11/10/2002 ABC Website

Cannabis use has risen dramatically in remote indigenous communities over the past few years, causing serious social and medical problems.

Mr Alan Clough at the Menzies School of Health Research and his team, analysed the rates of men and women using cannabis in remote indigenous communities. The group's findings are reported in a letter to the current issue of *The Medical Journal of Australia*.

"We've definitely noticed an emerging trend of cannabis use," said Mr Clough.

Between five and six years ago, 31 per cent of males and eight per cent of females (over 15 years of age) in the region's communities used cannabis. By 1999, this had increased to 55 and 13 per cent respectively.

"Community-based studies suggest this high prevalence of cannabis use was achieved by the rapid development of trafficking to eastern Arnhem Land communities with enhanced connections to suppliers outside the region," said Mr Clough.

Data from one community suggests between 1999 and 2000, males using cannabis doubled and cannabis use emerged among females in that community for the first time.

The Northern Territory has a higher prevalence of cannabis use than anywhere else in Australia, with 34-41 per cent of males and 33 per cent of females using cannabis within the past year.

Preliminary analysis of the data found cannabis is causing serious psychological problems such as dose-related

dependency (44 per cent), anxiety disorders (41 per cent) and mood disorders including suicidal thoughts (19 per cent).

"Suicide as an act of self-harm is quite novel in these communities," said Mr Clough. "One community had not had any incidents, then in 1999 there was a spate of five of them."

High prices are causing other problems. The cost of cannabis in Arnhem Land is much higher than in Darwin. "You can buy an ounce in Darwin for \$350 which would translate into \$1500 in the home community," said Mr Clough. "If the quality is good you can turn \$400-\$500 into \$5000."

This means cannabis users are more likely to feel they have to resort to harassment and violence to obtain cannabis or the money to purchase it.

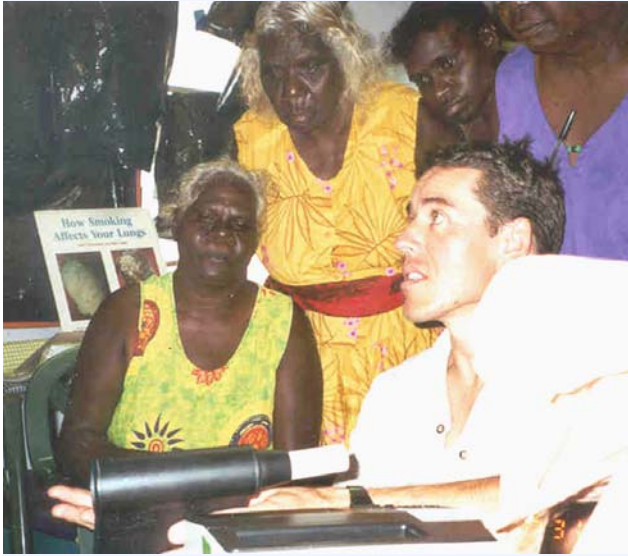
A rapid expansion of cannabis use has compounded existing patterns of other substance use. A majority of cannabis users drink (65 per cent) and smoke (92 per cent) and around half have a history of sniffing petrol (52 per cent).

There is also isolated evidence for amphetamine abuse in low numbers of individuals, all of whom used cannabis.

The researchers found work and training programs are quite successful as a diversionary tactic. "Once they have a constructive activity, their use goes down," said Mr Clough.

Danny Kingsley - ABC Science Online

HEALTHY LUNG DAY MILINGIMBI 29-30/10/02



Brett Lamb demonstrates spirometer to AHWs

This is a story about the Milingimbi health centre, which is looking at new ways to work with the community to improve the health of people with chronic lung disorders.

Lung disease is a major public health problem in NorthEast Arnhem and it is the top preventable chronic disorder in Milingimbi community. Since her arrival in EAD just over 12 months ago, it has been the dream of Dr Anna Morgan to find ways to provide more community education and make sure all the people with chronic lung disease are receiving the proper treatment.

To make this happen, the health team developed a two-day program that included education sessions for staff and community members, spirometry readings of lung function and medical reviews. Physiotherapist Brett Lamb aka visiting Aged and Disability Services worker and guardian of EAD spirometers extraordinaire agreed to participate by organising and providing the education component.

Day one began with a staff inservice comprising reviews of basic lung physiology, tests of lung function and use of inhaled medications, followed by demonstration and practice using the spirometer.

Brett used a mix of Yolgnu matha (language) and English to get the message across. He also used this time to obtain feedback and ideas from health workers and other speakers of Yolgnu matha about how to make the messages clear for community people.

The afternoon was taken up with clinical assessments. People began arriving soon after receiving their appointment slips to come to the health centre for a 'healthy lung' check-up. With plenty of extra helpers, it was easy to organise each visit into four checkpoints and six steps:

- 1 Paperwork completed
- 2 Basic physical measurements obtained
- 3 Explanation and pre medication spirometry
- 4 Salbutamol nebuliser
- 5 Post medication spirometry
- 6 One-on-one education.

Approximately 33 adults and 15 children attended Brett's evening community education, which included a slide show and open discussion about the healthy lung story. This was held in the cool area in front of the clinic and followed by tea and light snacks provided by health staff. Aboriginal health worker Mayanini and community woman Judy Liririnyin were nominated Academy awards for their fantastic assistance with language and story telling. Brett places great emphasis on the importance of language saying that, he quickly realised after his arrival in the district two years ago, it would be 'impossible' to achieve effective 'two-way learning' without being able to speak some basic Yolgnu matha.

The entire program was voted a great success, with a total of 36 people taking the opportunity to have a healthy lung checkup and 48 people attending the education session. Informal feedback revealed some success factors that may be useful to other network members. These included a program that was:

- Designed around a serious health problem in the community
- Developed and provided in the community

(Continued on page 13)

(Continued from page 12)

using a team approach

- Involved community members such as “Strong women’ and senior men
- Visual, hands on, and used a mix of English and language.
- Inclusive - all team members were treated equally and assisted/encouraged to use their new knowledge and skills
- ‘Happy’ (not punitive or too disease focused).

Very special mentions to all those who worked hard to ensure the smooth running of the program including Djileri, Mayanini, Gungarinya, Dhmany, Bill Williams, Mulkimawuy, Milindirri, Gungunbuy, Mary Donovan, Sue MacDonald,

Steve McNally, Nicole, and Rosemary Redgen.

Follow-up will continue using the recall system and doctor’s diary. A repeat of the program is planned for 12 month’s time.

For more information please contact:

- Program (Mary Donovan CNC 3B Milingimbi health centre 8987 9903)
- Community based spirometry and assessment forms (Brett Lamb physiotherapist 8987 0296)
- NT Chronic Disease Management Guidelines (Michel Burgum public health nurse 8987 0433).

Dr Anna Morgan will shortly be taking up a public health position in Townsville. We wish her all the best.

Reported by Michel Burgum

Dress Red for Heart Day wins Angurugu Health Clinic Award

This month the Angurugu Clinic was recognized for their efforts in raising awareness of heart health during Heart Week and were awarded a shiny plaque and \$150 from the Heart Foundation NT.

On the 4th May 2002, staff at the Angurugu Health Clinic dressed up in red for *Heart Day*. The aim of the day was to raise awareness of heart health and motivate the community and staff to think about healthy lifestyle in terms of physical exercise and healthy eating.

Besides raising awareness and having some fun they also managed to raise funds for the Heart Foundation.



Activities included a low fat morning tea for clinic staff and a “guess the number of red lollies in the jar game” which was extremely popular with both staff and clients.

Staff decorated the Health Clinic with red balloons and streamers to advertise the event. The health team, school and community teams challenged each other to a game of basketball at lunch time. Teams were cheered on by school children and community members.

All together about 80 people were exposed to the event raising their awareness of heart health.

NT HEROES OF CHILD HEALTH

RECOGNISED AT 2002 NATIONAL IMMUNISATION AWARDS

Hartley Dentith

Lifetime achievement awards



Hartley Dentith, manager of the East Arnhem Centre for Disease Control in the Northern Territory was one of four recipients of the National lifetime achievement awards for his decades of individual dedication to the coordination and delivery of vaccination programs.

Hartley has worked in disease control in the East Arnhem District of the Northern Territory for the past 16 years. During that time he has been responsible for implementation of both childhood and adult immunisation programs in East Arnhem. East Arnhem District has the highest immunisation coverage in the NT, which is a direct result of Hartley's work in promoting and facilitating immunisation services. His work during the past 16 years includes education to all East Arnhem service providers; facilitating the vaccine provider course "About Giving Vaccines" and directing clinical assessment of course participants; setting up systems and processes for use in remote Health Centres to ensure high immunisation coverage; reporting and follow-up of all adverse events following immunisation occurring in East Arnhem; promotion of accurate and timely reporting of immunisation data and direct support of the NT Childhood Immunisation Database; and assistance with the administration of immunisations particularly during catch-up campaigns.

Without Mr Dentith's work, it is unlikely that East Arnhem would have achieved its current high immunisation coverage rate.

Justine Miller

Recognition of Efforts to Target Hard-to-Reach Groups

Justine Miller is the infant and child health nurse at Wadeye in the Top End District of the Northern Territory.

Justine has achieved high conjugate pneumococcal immunisation coverage in the infants and children of Wadeye.

Justine has been responsible for ensuring this vaccine is administered to both new infants born after the Childhood Pneumococcal Program was introduced, and to children born after 1 September 1999 who require conjugate pneumococcal catch-up vaccination.

Justine's achievements are demonstrated as Wadeye has the highest number of children vaccinated with conjugate pneumococcal vaccine of all remote Aboriginal communities in the Northern Territory.

Other awards include:

Recognition of innovative immunisation activities by a Div of GP:

- Top End Division of General Practice in conjunction with community health workers, organised and carried out the "Big Day Out" immunisation catch-up at the Bagot Community.
- Central Australian Division of Primary Health Inc have been involved in data cleaning.

Greatest Improvement in immunisation coverage for a GP, in each State/Territory

- Night & Day Medical and Dental Surgery Casuarina.

Recognition of significant achievement by a public immunisation provider in each State/Territory

- Alice Springs Community Health Centre Urban – Maternal & Child Health Team

The highest ever immunisation coverage rates for NT children

The Australian Childhood Immunisation Register (ACIR) immunisation coverage rates for NT children for the quarter ending on September 30 2002, were the highest recorded. Further more, the coverage rates for the 12-<15 month cohort, and the 72-75 month (6 year olds) cohort, were above the national coverage rate. This is the first time that ACIR NT immunisation coverage rates have been above the national rates.

Much of the improvement in the immunisation coverage rates is due to data cleaning: ie duplicate records have been corrected and missing data reported to ACIR.

It is heartening to be able to finally demonstrate that immunisation coverage rates in the NT are at least as good as in the rest of Australia, if not better. Congratulations to the hard working staff of the NT Childhood Immunisation Database and other people involved with data cleaning, as well as to **all** NT immunisation service providers.

However, in the NT, the biggest group of children who are showing as not fully immunised in the cohorts as-

essed by ACIR, are those who **are** immunised, but too late to be considered fully immunised for the assessment.

Children in the 12-<15 month cohort, must have received their 6 month immunisations by their 1st birthday in order to be counted as fully immunised. Similarly, children in the 24-<27 month cohort, must have received their 18 month immunisations by their 2nd birthday in order to be counted as fully immunised. In order to gain protection from disease at the earliest possible age and therefore achieve full benefit from immunisation, children should be vaccinated as close as possible to the date that their immunisations are due.

Dr Christine Selvey
Section Head Immunisation

New vaccine fridges for remote health clinics

Source DHCS Media Release 27 September 2002

The Department of Health and Community Services is providing 48 remote health clinics throughout the Territory with a new purpose-built vaccine refrigerator.

The new state-of-the art vaccine fridges will give many benefits including decreased wastage of vaccines due to temperature fluctuations; improved cold chain management resulting in improved quality and decreased maintenance through standardisation of equipment.

Currently, to maintain the vaccines' integrity, clinics store vaccines in a modified domestic refrigerator. Vaccines are extremely vulnerable to temperature fluctuations so the purpose-built refrigerators will give much greater reliability of storage quality.

The cost of the new fridges will be \$163,330 plus

freight charges. It is expected the new fridges will be in clinics by October.

An education package on use of the vaccine fridges has been developed and will be delivered with the refrigerators.

Chris Nagy of the Department's Centre for Disease Control, said the fridge project was a "huge undertaking" but would be worth it.

"Vaccines are delicate biological substances and if they are exposed to temperature fluctuations they may lose their potency. The fridges should ensure a constant temperature is maintained and reduce costs resulting from freezing or heat exposure," she said.

NT Council wins the 'Year of the Outback Award'

at the Heart Foundation Kellogg Local Government Awards 2002

The **Heart Foundation Kellogg Local Government Awards** celebrate local governments that work in their communities to promote and improve heart health.

Kellogg (Aust) Pty Ltd is the proud sponsor of the 2002 Awards. The Heart Foundation and Kellogg offer \$30,000 in grants to Local Government Authorities and community organisations for outstanding programs and facilities in the areas of physical activity, tobacco control, recreation nutrition and policy.

In 2002, the Year of the Outback, the Heart Foundation Kellogg Local Government Awards honours the rural and remote local governments that have entered projects into the Awards over the past 11 years, and who will enter this year and in the future.

These communities have undertaken heart health related projects with significant resource limitations, sometimes with limited telecommunications and high transport costs. In recent years some of the projects entered by rural and remote local governments have innovatively and simply met the needs of the entire community at very little financial cost.

Honouring the Year of the Outback, the Heart Foundation and Kellogg awarded 'the Year of the Outback Award' for excellence to Tiwi Islands Local Government Council for two outstanding entries in 2002.

The Northern Territory received a total of 6 Local Government Award entries this year, with 5 councils/organisations winning awards at a Territory level, 2 highly commended national awards and the Year of the Outback award.

Winner: Best NT Recreation In-

rastructure Facilities Project, Overall Best NT Project and winner of the Year of the Outback Award

Winner: – Tiwi Islands Local Government Council – “Nguiu Swimming Pool Complex”.

The Nguiu swimming pool complex was designed to encourage all community members to participate in a number of activities that encourage a healthy pursuit in recreational and sporting endeavours. The complex is smokefree and provides a safe and healthy aquatic environment for the Nguiu community.

Activities at the complex include, learn to swim lessons, swimming carnivals, community events, Tiwi Turtles swimming club and regular lifesaving courses.

Best NT Healthy Nutrition Project and Highly Commended National Award

Winner: Tiwi Islands Local Government Council – “Jirmani Childcare Centre Nutrition Program”.

The Jirmani Childcare Centre Nutrition Program is designed to improve the health and nutrition of young children and babies in Nguiu.

The program provides 5 healthy meals 5 days a week to 55 children and educates the whole community on healthy food choices and practices, eg. hygiene, healthy recipes, importance of vegetables, posters, workshops and cooking classes.

Horticulture training has commenced with support from the CDEP Council to establish a fruit orchard and vegetable garden at the childcare centre and re-establish a community market garden. The two cooks at the centre are also sup-

ported by the CDEP program.

Best NT Small Rural and Remote Community Project and Highly Commended National Award

Winner: Numbulwar CEC – “Numbulwar CEC Market Garden Project”

The Numbulwar Community Education Centre Market Garden project commenced in 2001 with planting approximately 180 fruit trees to provide fresh produce for the community. The VET students maintain the market garden and are enrolled in Certificate 1 in Production Horticulture course at NT University.

The project is an excellent source of on the job training for the VET students, giving them the necessary skills and qualification to gain employment.

Best NT Project with Limited Resources

Winner: “Jabiru Kindergym”

Jabiru Kindergym was established to encourage physical activity in young children aged 0-5 and their carers in a fun environment.

The program encourages young children and their carers to be active, not only in their classes, but use what they learn in their home environment.

Highly Commended NT Healthy Nutrition Project

Winner: “Jilkminggan School Nutrition Program”

The Jilkminggan School Nutrition Program was initiated to improve the children's nutrition with the long-term goal of improving overall health, learning

(Continued on page 17)

(Continued from page 16)

capacity and attendance at school. The three community women who are being trained to take delivery of the nutrition program are seen as positive role models in the community.

Congratulations to all winners for their commitment to improving heart health in their community.

Medical Yolngu in Six Lessons

Terrence Ritharriwuy Guyula

Senior Aboriginal Health Worker – Gapuwiyak Community, Arnhem Land, N.T.

Dr Stephen Bryce

Gapuwiyak Community Medical Officer

We wish to make your readers aware of the availability of a new CD-ROM, "Medical Yolngu in 6 Lessons".

The Yolngu family of languages remain an important pre-European Aboriginal language group in Australia's Top End. Several thousand Top End Aborigines still use a Yolngu dialect as their first language. There is also a significant Yolngu Community in Darwin. However, amongst this group, it has been estimated that only 12 to 15% have any degree of English fluency.

As a result, mis-communication with health practitioners remains an important contributor to the many poor health outcomes seen in the region.

In view of this, we have attempted to produce a useful resource for busy clinical staff – developing the above CD-ROM in close partnership with Yolngu leaders over the past two years. It is hoped that the material can provide the practitioner with a useful working knowledge of the Yolngu language as well as a core vocabulary of useful clinically-relevant Yolngu words. We also cover key structural differences between English and the Yolngu language, a series of sample consultations and

information on cross cultural issues such as how to befriend traditional Aborigines - as well as how to offend them. Finally, useful contacts and resources are listed for those who wish to do more advanced study of Yolngu language and culture.

The course has been fleshed out with many photographs of East Arnhem Landscapes and Yolngu portraits. We have also had original background music especially composed. It is the result of an over-the-internet collaboration between Gapuwiyak Yidaki (didgeridoo) player, Terrence Guyula and Brisbane composer, Andrew Bryce.

Every effort has been made to keep the CD-ROM succinct, user-friendly and good humoured. The material contained should be able to be covered in a few hours. "Medical Yolngu in 6 Lessons" is presently available for Windows machines only. It requires 128MB RAM (64 minimum) and a Pentium 2 processor or later. However a compressed version is currently being put together (available in a couple of months) that will run on older, less powerful P.C.s as well as Macintosh computers. The CD-ROM can be freely duplicated and distributed. Miwatj Aboriginal Health Inc. fully funded the project.

Copies are available for loan from:

Royal Darwin Hospital Library
Gove District Hospital Library

Alternatively, copies can be obtained *free of charge* from:

Dr Stephen Bryce

Email: STEPHENBRYCE@bigpond.com.au

Miwatj Aboriginal Health Inc. (Funding body)

Ph (08) 8987 1102 Fx (08) 8987 1670

Northern Territory Remote Health Workforce Agency

Att. Nicole Lamb

Ph (08) 8982 1053 Fx (08) 8941 5579

Email: nicole.lamb@nrhwa.org.au

Northern Territory General Practice Education LTD

Att. Lola Gutte

Ph (08) 8946 7079

Email: lola.gutte@gperu.org

Self-referral most common way to drug and alcohol treatment services

Source: AIHW Media Release

One-third of clients receiving publicly funded alcohol and other drug treatment services check themselves in for treatment, according to a report published today by the Australian Institute of Health and Welfare.

Data in Alcohol and Other Drug Treatment Services in Australia 2000-01 show that self-referral was the single most common method of entry to these services. Referrals from other service providers and community-based corrections were also common.

The report, which covers over 83,000 client registrations in all States and Territories except Queensland, focuses on clients using publicly funded treatment services and the types of drug problem for which treatment was sought.

Nearly two-thirds of clients were men, and most clients (62%) were aged between 20 and 39 years of age.

In cases where a person such as a spouse, partner or parent sought assistance on behalf of someone else, the person seeking the assistance was most likely to be a woman (two-thirds of cases).

Among the 77,000 clients receiving treatment for their own drug use, alcohol was the principal drug of concern (34% of clients). Heroin was the next most common drug of concern (28%) followed by cannabis (14%) and amphetamines (9%).

Among the Indigenous clients of these services, nearly half nominated alcohol as their principal drug of concern compared to one-third of the non-Indigenous clients. For heroin, the situation was reversed, at 19% of Indigenous clients compared with 30% of non-Indigenous clients.

Report co-author Gail Weaving also noted that the drug of concern varied considerably with age:

'We found that clients seeking treatment for their own heroin and cannabis use tended to be mostly in the younger age groups, while the proportion of those seeking treatment for problems with alcohol tended to increase with age.

'For example in the 10-19 age group (98% of whom were in fact aged 15-19), 31% of clients were seeking treatment for problems with heroin, 30% for problems with cannabis and 15% for problems with alcohol.

'In the 50-59 age group the respective proportions were 5% for heroin, 3% for cannabis and 78% for alcohol.'

Canberra, 18 November 2002

A study of the use of free nicotine patches by Indigenous people

A joint report on the outcomes of the study was released in 2002 by MSHR, National Heart Foundation NT, School of Public Health & Community Medicine, University of NSW and the Tiwi Health Board.

Executive summary

The prevalence of tobacco use among Indigenous people in the Top End of the NT is up to 80%; tobacco use is probably the most important preventable cause of ill-health among Indigenous people in the region. Nicotine patches have a role in smoking cessation, but are inaccessible to many Indigenous people because of cost.

Results: 84% of the participants were followed up. 15% of participants who tried the patches and 1% of the brief intervention group quit after 6 months. 76% of the nicotine patches groups and 51% of the brief intervention group had reduced their tobacco consumption. Many participants did not complete a full course of patches.

Free nicotine patches may benefit a small number of indigenous smokers. Cessation rates for both the use of nicotine patches and brief intervention alone were lower than those in other populations, possibly because the study was conducted in a primary care setting and because of barriers to cessation such as the normalisation of tobacco use.

Recommendations:

1. Nicotine patches should be stocked in health centres servicing Indigenous people.
2. These should be available free of charge to Indigenous smokers who wish to quit, especially those who are heavy smokers and have made previous attempts to quit. Smokers should be supported and encouraged to complete a full course of nicotine patches. Funding sources need to be identified for such free nicotine patches, but options include for them to be paid from existing health budgets or outside grants.

For further information contact Melissa Farrington at the NHF NT on:

Telephone: 08 8981 1966

Fax: 08 8941 0344

The path to a healthy weight – choices for people with diabetes

A project conducted by the dietitians at Diabetes Australia – Victoria

By Kathryn Cirone and Lisa Cochrane

The occurrence of overweight and obese people in Australia continues to rise. Weight management is an important way to help manage diabetes by improving insulin sensitivity. Weight management also reduces the likelihood of a person developing diabetes.

There are many weight management services available in the community. Some are safe and effective while others promote unsafe weight loss. This project was developed as a pilot study to assess all the weight management services available in North West Melbourne (NWM).

54 different weight management services in the NWM region were identified in the Yellow Pages and 38 completed the assessment. Of these 18 (47 per cent) were found to be suitable

The criteria used to evaluate services and ensure a safe way to weight loss were:

- recommends a weight loss of no more than 1kg a week;
- encourages fat loss not just weight loss;
- encourages activity (exercise);
- ensures an energy intake of at least 5MJ a day (1200kcal);
- recommends a flexible meal plan in line with the Australian Dietary Guidelines; and
- does not encourage meal replacements, powders or supplements.

Specific criteria for a person with diabetes:

- requires that the nutritional information is formulated by a qualified health professional;
- there is a written referral from a general practitioner or dietitian; and
- the program does not claim to 'fix' diabetes.

General practitioners in the NWM region were given booklets to distribute to their patients with diabetes. Feedback from the GPs was positive and there were requests for the booklet in other languages and in electronic format. The level of interest in the booklet was considered high and demonstrates the need for such resources in the community. The project has been extended with the aim of making the information available on the Internet and expanding it from the NWM region to include all weight management services in Victoria.

Source Diabetes Australia – Victoria Website www.dav.org.au

HEALTH HELP FOR OUTBACK AUSTRALIA-ONLY A CALL AWAY

Source: Media Release Federal Health Minister 28 October 2002

The Northern Territory is set to benefit from the introduction of a new reproductive and sexual health service.

Federal Minister for Health and Ageing, Senator Kay Patterson, launched the Northern Territory extension of FPA Health's (formerly known as Family Planning NSW) telephone information service *FPA Healthline*.

The telephone service, already popular in NSW, provides information and referral on reproductive and sexual health issues for the cost of a local call.

"*FPA Healthline* is part of a strategic plan to improve access to current reproductive and sexual health services, education, health promotion and information for people in regional, rural and remote areas," Senator Patterson said.

"This reproductive and sexual health service is of great benefit in both NSW and the Northern Territory, and is making a difference to many people seeking information about these matters.

"The introduction of *FPA Healthline* to the Northern Territory illustrates the commitment of Family Planning Organisations to providing quality health care services to all people in Australia, no matter where they live," Senator Patterson said.

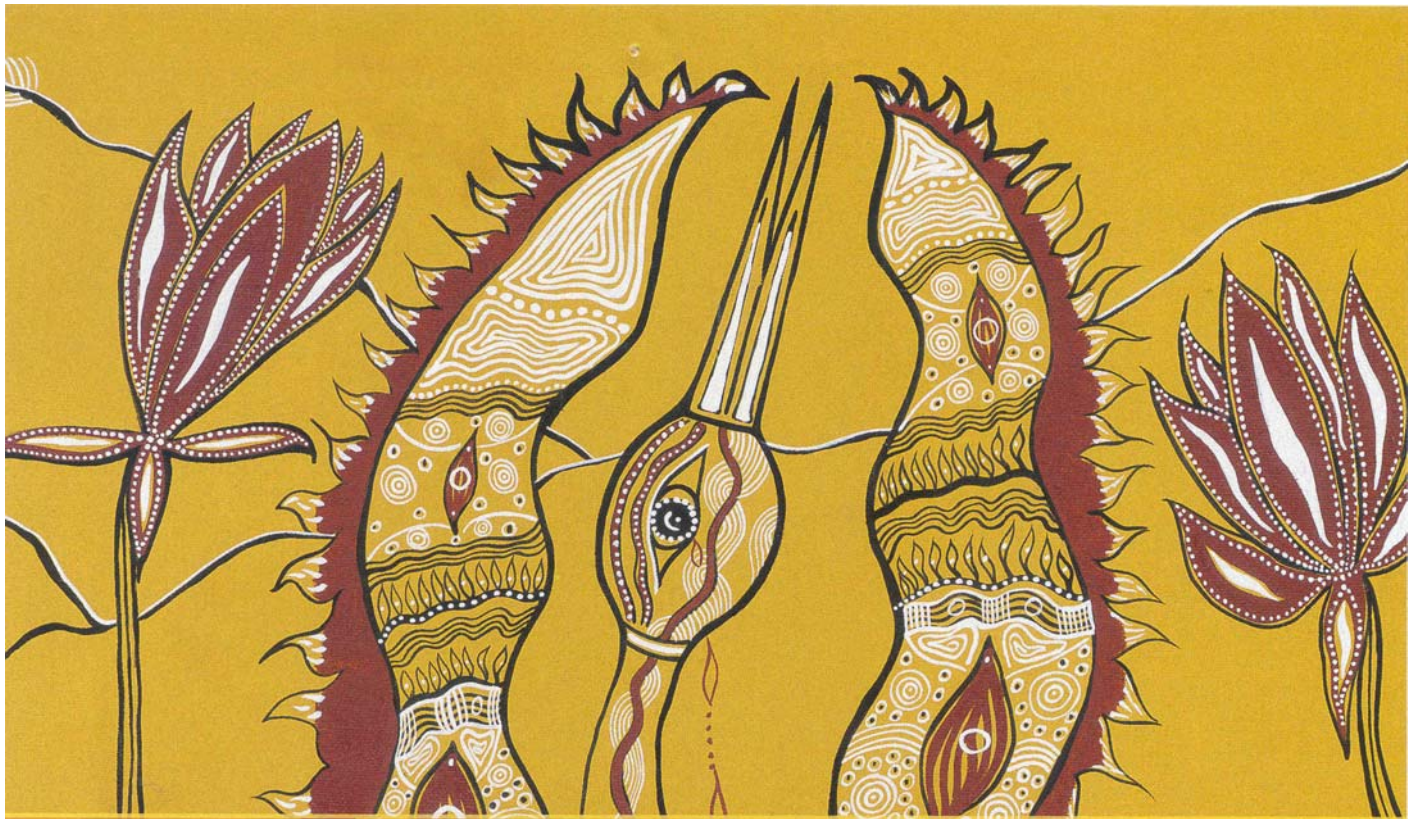
FPA Healthline was established in 2001 in NSW, and in its first year of operation the service received 11,197 calls of which 24% were from people under the age of 24.

Not only has *FPA Healthline* improved access to reproductive and sexual health information for young people, it has also improved access for men, a group traditionally less likely to attend clinics.

10% of the calls *FPA Healthline* has received have been from men, this is triple the number of men that attend other forms of FPA Health services.

"FPA Health is expanding *FPA Healthline* in partnership with Family Planning Welfare Northern Territory to the Northern Territory to meet Australia's changing sexual and reproductive health needs", Senator Patterson said.

FPA Healthline's number is 1300 65 88 86, and may be used for the cost of a local call.



TROPICAL HEALTH

IN THE TOP END

an introduction for health practitioners

This guide was developed by the Top End Division of General Practice in response to a need identified by remote GPs. Its aim is to provide orientation for health practitioners new to the Top End. The guide contains summary information about a range of locally important medical conditions infrequently encountered in practice in southern parts of Australia. It covers 50 conditions identifying sources of further information, advice and clinical guidelines for each one. Some of the more complex scenarios encountered in the Top End are also presented in the form of clinical case scenarios.

Some of the comments received by doctors who have reviewed this guide:

'I think the guide is a really great idea and the content exactly what people need'

GP Registrar - Gove

'I particularly liked the layout of the information and the brevity of information made it easy to digest. The contact details for further information will be really helpful'

Remote GP

If you would like to purchase a copy of
'TROPICAL HEALTH IN THE TOP END-AN INTRODUCTION FOR HEALTH PRACTITIONERS'
please contact the Top End Division of General Practice (08) 8982 1000 or office@tedgp.asn.au
The guide can be purchased for \$38.50 GST inclusive.

