

GP Connect

Keeping GPs informed in the changing primary health landscape



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Constipation in Children

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Chronic constipation is the most common bowel dysfunction in children, with an estimated prevalence of around 10 per cent worldwide. Whilst constipation can be attributed to organic causes such as neurological dysfunction or sphincter abnormality, by far the majority of cases of constipation in children can be attributed to functional causes.

Functional constipation is a significant problem in children, comprising three to five per cent of all paediatric outpatient referrals and 10 per cent of gastroenterology referrals. Wait lists can be anything from several weeks to many months, and so the distress of symptoms is ongoing and progressive for children. Pelvic health physiotherapy offers comprehensive assessment and ongoing management, and is an underutilised community resource in the management of childhood bowel (and bladder) dysfunction.

The pathophysiology of functional constipation in children is thought to be multifactorial. Stool withholding behaviour is the most commonly encountered etiological factor. Such behaviour may arise from a single trigger event such as an episode of painful bowel evacuation, or an experience of being afraid whilst in the toilet. In adults, research evidence shows that the pelvic floor muscles, which are integrally involved in evacuation of faeces, are the first area in the body to tense when an individual is feeling unsafe.



For a child who has experienced pain or fear on bowel evacuation, pelvic floor muscle tension can become their conditioned response with each new toilet visit. As such, a cascade of dyssynergic defaecation, incomplete evacuation and subsequent faecal impaction with overflow faecal incontinence develops.

Notwithstanding physical symptoms, the psychological and emotional burden for children is enormous. Functional constipation has been associated with reduced quality of life, diminished academic performance and psychological problems (Mill et al 2019). Waitlists for psychologists with expertise in this field are often lengthy.

Experienced practitioners will observe and feel the parent-child dyad, which also informs management. This non-invasive, therapeutic approach is well upheld in the literature, since invasive assessments should be reserved for resistant cases, to prevent trauma to the child.

Management strategies are targeted towards assessment findings, and include education, defaecation dynamics, dietary and fluid modifications, toilet training, pelvic floor biofeedback, postural/general exercise, and small group therapy as appropriate. Some practitioners also utilise neuromodulation for management of slow transit constipation - an innovative therapy which is showing great promise in the literature.

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For links to resources, clinical updates and more, visit news.wapha.org.au

Constipation in Children (cont)

Pelvic health physiotherapy offers targeted management for children and families dealing with the complex physical, social and emotional problem of functional constipation.

See also the recently published "[Constipation in Children](#)" HealthPathway.

Preparing your practice for the introduction of voluntary assisted dying

Voluntary assisted dying will soon be introduced in Western Australia with the commencement of the [Voluntary Assisted Dying Act 2019](#) on 1 July 2021.

This enables a new choice for Western Australians suffering with a terminal illness and the WA Health Implementation Leadership Team (ILT) is focused on supporting general practice and other service providers through this complex process.

Voluntary assisted dying will take place in a variety of settings. Several resources are available to help service providers and staff consider the impact that voluntary assisted dying will have on their service including:

- Fact sheet – [Health service and other service providers](#)
- Presentation – [Introductory information for health and other service providers](#)

A more detailed resource to assist service providers and staff in preparing for implementation of voluntary assisted dying is:

Fact Sheet – [Health service or related care service provider preparation](#)

Implementation of the Act will require an organisation-wide approach for service providers. This will involve preparing educational resources including a handbook, guidelines and fact sheets, consulting on models of care such as a care navigator service, developing participating practitioner guidelines and overseeing an information and communication technology system solution.

More information on voluntary assisted dying is available on the [Department of Health WA website](#).

GP Hospital Liaison Updates

SCGH Lipid Disorders Clinic

The Lipid Disorders Clinic at Sir Charles Gairdner Hospital is now accepting referrals for patients within the North Metropolitan Health Service catchment.

Specialist expertise and genetic testing is provided for patients with problems such as familial hypercholesterolaemia, complex lipid disorders, statin myotoxicity and drug intolerance.

Urgent referrals are offered for:

- Homozygous familial hypercholesterolaemia
- Severe hypertriglyceridaemia
- Drug intolerance in patients with symptomatic atherosclerotic cardiovascular disease (ASCVD) and elevated lipids
- FH in pregnancy
- Severe statin myotoxicity

Consultation is also available for individuals with:

- LDL >5 and family history of premature CVS disease
- Elevated TG >5 (not explained by T2DM, alcohol or obesity)
- Elevated [Dutch Lipid Clinic Network Score](#) (DLCN) score >6
- Symptomatic ASCVD - lipid levels not at target

Prior to referral, please exclude secondary causes of dyslipidaemia, address significant lifestyle factors, calculate a DLCN score and consider imaging where appropriate. All referrals should be sent via the Central Referral Service.

If you have any queries or wish to discuss an urgent referral please email Dr Stjepana Maticevic at stjepana.maticevic@health.wa.gov.au or phone the Department of General Medicine on 6457 3172, fax 6457 3204.

See also the "[Familial Hypercholesterolaemia](#)" HealthPathway.

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Telehealth commitment continues at Royal Perth and Bentley Hospitals

Royal Perth Bentley Group (RPHG) is continuing to encourage the use of telehealth to all outpatients where clinically appropriate to stay COVID-safe and minimise the risk to the community, should there be a second wave community transmission in WA. This is also in response to positive patient feedback.

During the initial COVID-19 WA response, Telehealth consultations allowed RPHG to continue to deliver outpatient services while helping to reduce the risk to patients and healthcare workers.

Following feedback that patients enjoy telehealth and the associated benefits, the service has committed to offering telehealth appointments to outpatients where clinically appropriate. Some of these benefits include saving time from not having to wait in clinics, as well as reducing travel commitments – particularly important for regional and remote patients. While both video and telephone telehealth consultations are available, patients are encouraged to opt for video-consultations where possible.

Activity across all telehealth specialties at RPHG is steadily increasing. As patients are choosing to attend their appointments by telehealth more often, RPHG staff are continuing to develop their Digital Health services in collaboration with GPs and other community providers.

For more information about RPHG Telehealth Outpatient Services, please contact 9224 2417 or RPH.Telehealth@health.wa.gov.au

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Mondays and Thursdays

Clinical Updates

RACGP CPR requirements in general practice fact sheet

The RACGP has recently released [Frequently asked questions for cardiopulmonary resuscitation \(CPR\) requirements in general practices](#) to help practices understand the requirements for CPR training in relation to both the RACGP Standards and GPs' continuing professional development (CPD) each triennium.

New sexual health portal on Australian Indigenous HealthInfoNet

Australian Indigenous HealthInfoNet has added a new [sexual health portal](#) to its website.

Through engagement with Aboriginal and Torres Strait Islander experts in the field, the portal will focus on the aspects of sexual health that impact Aboriginal and Torres Strait Islander individuals and their communities. These topics include safe sex, healthy relationships, sexuality, sexually transmitted infections and blood-borne viruses, sexual disorders and reproductive health.

Funded by the Australian Department of Health, the portal has information about publications, policies, health promotion and practice resources. It also includes organisation and workforce information to provide up-to-date relevant information for service providers working in this important area.

Users of the portal can stay connected with others in the field through [online yarning places](#) and by [signing up to an online free newsletter](#) to ensure they receive updates.

Partnerships, primary care and people

Stepping up to deal with COVID-19, supporting primary care and our funded services while continuing to deliver on our usual commitments are the key themes of the [WA Primary Health Alliance 2019-20 Year in Review](#).

New HealthPathways mobile friendly site



The HealthPathways WA site is now mobile-friendly and has migrated to a new domain. As a result, all pages shift and adjust the content depending on the device you are using (desktop computer, laptop, tablet, or mobile). This will ensure optimum access to HealthPathways content no matter where you are consulting from and may improve connectivity for those whose practices have slow desktop internet speeds. The “classic” HealthPathways site, with identical content, is also still available (select an interface preference by clicking on the three dots at the top right of the screen on the new site).

Your normal login details or access method will continue to work, but you will need to log in again (if you haven’t already done so) due to the change in domain names.

Your existing bookmarks and links will continue to work but will be redirected, so for seamless use you may wish to update them and/or re-download any desktop or mobile icons and ensure your browser is up-to-date. See also instructions on [how to download a quick-link icon to your mobile device](#) (android or iOS), or [how to add an icon to your desktop](#).

If you need any assistance with this transition or do not know your login details, contact the HealthPathways WA team on 08 6272 4926, or by email at healthpathways@wapha.org.au

WA Safer Baby Bundle

The Safer Baby Bundle is an evidence-based package that aims to reduce risk factors for stillbirth and improve clinical management of pregnant women who may be at increased risk of stillbirth. The Australian Government-funded initiative was developed by the National Health and Medical Research Council Centre of Research Excellence in Stillbirth and has already been implemented in Queensland, New South Wales and Victoria.

A key aim of the bundle is to encourage healthcare providers to talk to patients about their risk of stillbirth and how their care throughout pregnancy can be personalised according to their risk.

The initiative covers five elements:

- [Supporting women to stop smoking during pregnancy](#)
- [Improving detection and management of fetal growth restriction](#)
- [Raising awareness and improving care for women with decreased fetal movements](#)
- [Improving awareness of maternal safe going-to-sleep position in late pregnancy](#)
- [Improving decision-making about the timing of birth for women with risk factors for stillbirth](#)

A 2018 Senate Select Committee Inquiry into Stillbirths in Australia found Australia lagged behind other high-income countries with its stillbirth rate (beyond 28 weeks of pregnancy) 35 per cent higher than the best-performing countries.

The [Safer Baby Bundle](#) aims to reduce Australia’s stillbirth rate after 28 weeks by at least 20 per cent by 2023.

PneumoSmart Vaccination Tool

The Immunisation Coalition has developed a PneumoSmart Vaccination Tool to assist immunisation providers. Developed using pneumococcal disease vaccination recommendations in the Australian Immunisation Handbook, the tool was recently updated to include changes that came into effect on 1 July 2020. The tool is available on the [Immunisation Coalition website](#). Further detailed information regarding pneumococcal disease is available in the [Australian Immunisation Handbook](#).

Supporting LGBTI patients during COVID-19

As a Rainbow Tick accredited organisation, WA Primary Health Alliance is aware of some of the unique issues impacting the LGBTI community during COVID-19. This includes a reduction in social opportunities (including less opportunity to see one's 'chosen family' who may be different from their biological family) and, for young people especially, being forced to stay home in an environment that may not accept/affirm their sexuality and/or gender identity.

While this is currently less of an issue in WA than within other states, it does still have an impact.

It is also important to consider the prevalence of smoking in the LGBTI community, higher rates of HIV and cancer, and barriers to healthcare that prevent LGBTI people from seeking medical treatment. Interested GPs can find more about how they can support their LGBTIQ patients through resources including:

- Equality Australia's [Australian LGBTIQ+ Communities and COVID-19 report](#)
- ACON [online portal for COVID-19 information relevant to LGBTIQ+ communities](#)
- Gay Rights in Ageing [information and resources useful to older LGBTI people](#)

Experiences in Health Care for People with Chronic Conditions

Positive relationships with health care providers and care continuity are key to improving patients' health outcomes. A recent report from the Australian Institute of Health and Welfare explores the experiences that patients with chronic conditions have with their health providers.

Most people with chronic conditions reported positive experiences with their GPs and other specialists. However, younger patients and patients with mental health conditions reported less positive experiences.

Read [Experiences in health care for people with chronic conditions: Exploring the data on how GPs and other specialists communicate with their patients.](#)

New risk stratification tool to address diabetes amputations

New pathway clinical support tools, developed by Diabetes Australia and the Australian Diabetes Society are available to help health professionals deliver the care required to dramatically reduce the number of amputations in Australia.

Developed as part of the National Diabetes Services Scheme-funded Foot Forward diabetes complications prevention program, the tools will help health professionals assess diabetic patients risk of diabetes-related foot disease and ensure they are promptly referred to specialist services if necessary.

Download the [Diabetes Foot Risk Stratification and Triage Pathway](#) and [Active Foot Disease Pathway](#) or visit <https://www.footforward.org.au/> to find out more.

There is also a "[Foot Screening in Diabetes](#)" HealthPathway

Review of kidney health among Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people experience an increased burden of kidney disease, particularly those living in remote communities and the Australian Indigenous HealthInfoNet has produced an updated [Review of kidney health among Aboriginal and Torres Strait Islander people.](#)

The review is also accompanied by a [recorded webinar](#), [factsheet](#) and [plain language summary](#).

CBT self-help guide during COVID-19

The WA State Government has funded Curtin University to develop an evidence-based self-help guide to share with patients.

It covers cognitive behaviour therapy strategies to support mental health during COVID-19. Access the guide via through the "[COVID-19 Mental Health](#)" HealthPathway.

EMHS 2020 Communicating for Safety GP Survey update

Many thanks to the 109 respondents who gave their time to help the East Metropolitan Health Service (EMHS) understand how GPs are finding communication from Royal Perth, Bentley, Armadale, Kalamunda and St John of God Midland Public Hospitals and how this can be improved.

There was a good representation of GPs responding from practices across the EMHS metropolitan catchment, as well as rural and remote areas, and from mainstream GPs as well as Aboriginal Community Controlled Health Services GPs.

The feedback provided was rich in detail and extremely valuable. Results are currently being analysed. Key findings will be published in future editions of GP Connect, along with actions planned.

WA Rural Health Award nominations closing soon

When news of the COVID-19 pandemic broke, the world hit uncharted waters and health professionals rose to the challenge. The WA Rural Health Awards are an opportunity to shine the spotlight on health professionals who have contributed to rural health in Western Australia.

All the awards (except People's Choice) are peer/supervisor nominated, so don't miss out on this opportunity to nominate a colleague or staff member that is worthy of recognition.

For further information on the award categories and criteria please visit the [Rural health website](#). Nominations close 30 November 2020.

New NDIS Resources for GPs

The NDIS has recently added a page to its website collating resources specifically for GPs.

It includes practical resources, such as GP-sourced FAQs, an MBS billing guide, resources specific to psychosocial disability, multilingual patient information, and quick links to NDIS forms.

[Download at the NDIS website](#)

GP Events



Annual Summit on Digital Health and Telemedicine

Presented by the Indo-Asia Digital Health Centre for Innovation and Commercialisation in collaboration with the University of Notre Dame Australia's School of Medicine.

This year's theme is Remote Health Care Post COVID & Applications for Remote Indigenous Communities. Experts from around the globe will discuss successful telemedicine and digital health solutions, projects and successful business models, with the keynote being delivered by burns specialist and Australian of the Year, Professor Fiona Wood.

WA Primary Health Alliance CEO Learne Durington will also feature as a speaker.

Date: Thursday 3 December - Friday 4 December
Time: 8:00am - 5:00pm

CME/CPD points are available

Registration and more information:
<https://www.wapha.org.au/event/annual-summit-on-digital-health-and-telemedicine/>

View more upcoming GP
education events at
[wapha.org.au/event](https://www.wapha.org.au/event)